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Lecture.

TREATMENT OF SIMPLE ULCER OF THE STOMACH.

Memoir read before the Soc. Médicale des Hôpitaux, of Paris.

BY PROF. DEBOVE.

The long-recognized and classic treatment of simple ulcer of the stomach consists in submitting the patient to an exclusive milk diet, accompanied by the administration of alkalies, represented by Vichy water, lime water, etc.

This treatment has proven successful in many cases, but frequently fails, or, though well supported in the beginning, induces later on dilatation of the stomach and its attendant evils. [On account of these accidents, Prof. Bouchard has instituted what he calls the "dry diet." The food is taken in small quantities at a time, and very little liquid is allowed.]

In order that an individual may be properly nourished on an exclusively milk diet, the ingestion of large quantities—about four quarts a day—is necessary, and even more is required if the patient leaves his room and leads a more active existence. If the attempt be made at the same time to administer any notable quantity of Vichy or lime water, dilatation of the stomach is inevitable, and this complication alone may cause death.

To obviate these accidents, I formerly proposed the use of a smaller quantity of milk, rendered more nutritive by the addition of milk powder or condensed milk. But when I wished to carry this idea into practice I met with many difficulties, due to the inferior quality of the condensed milk and milk powders as commonly found in commerce. And even under the very best conditions, many patients were not able to long continue this diet. I have also prescribed the concentrated powders of meat; but, notwithstanding their usual facile digestibility, they were always badly tolerated, inducing gastralgic pain, vomiting, and even hæmatemesis.

It may then be said, that most forms of diet, vaunted in the treatment of simple ulcer of the stomach, fail very frequently, and in certain cases also induce grave accidents.

The ideal treatment in such a case would be to suspend completely for a time the functions of the stomach; for the action of the gastric juice, if not the primary cause of the ulceration, at least contributes to its continuance. But it is not possible to keep such patients fasting any great length of time, and alimentation by peptonized enemata has failed. Under such circumstances, we have been led to institute a form of treatment, having its basis entirely in theory, but which has given the best practical results in extremely grave cases.

The gastric juice has an acid reaction, and this acidity is absolutely necessary for the exercise of its digestive action, as well in vitro, as in the stomach. "This acid reaction," writes Claude Bernard, "is so characteristic of the gastric juice, that it suffices to change the reaction to deprive it of its physiological properties; so that it might in reality be said that an alkaline gastric juice is no longer, properly speaking, gastric juice. Whence it results, that if an alkaline reaction is kept up during the sojourn of the aliments in the stomach,

they would not be digested, the gastric juice would have no action on them; but on the other hand, it would not act either on the ulcer, if such exists, and the aliments would pass undigested into the intestine, with an alkaline reaction, that is to say, under the most favorable conditions for intestinal digestion; this digestion alone would furnish sufficient material for the reparation of the tissues."

We have instituted several experiments to determine whether this mode of reasoning was simply a matter of theory. We have, on several occasions, introduced into the stomach a melange formed, for instance, of twenty grammes of meat powder (representing more than eighty grammes of meat) and ten grammes of bicarbonate of soda.

After the space of one hour, on washing out the stomach (lavage), no trace of the meat was found in the liquids obtained, and these liquids were neutral in reaction. If this lavage of the stomach was performed after a quarter, a half, or three-quarters of an hour, the liquids obtained contained a variable proportion of the meat, but no trace of peptones was found, and the reaction was always neutral. The bicarbonate of soda sufficed then to keep up a neutral condition of the contents of the stomach, while the absence of peptones demonstrated the non-digestion of the meat, and the probability that it passed undigested into the intestine.

In four very grave cases of ulcer of the stomach, two having been already treated for a considerable period by the milk diet, with Vichy water, we obtained an immediate cessation of the pain and vomiting, and after two months the condition of the patients was so favorable as to warrant a hope of speedy cure. I will describe in detail the exact course pursued in these cases. During the first few days we washed out the stomach in order to free it from the more or less acid contents, and we do not consider this proceeding at all dangerous. We have not observed that such lavage had any tendency to induce hæmatemesis; and if the stomach-tube used is sufficiently soft, while proper precaution be exercised there is no danger of causing perforation, even if the tube should touch the ulcer itself.

This preliminary lavage of the stomach is not indispensable if there is no dilatation of the stomach, and we generally discontinue it after a few days.

Three meals daily were allowed, and consisted of 25 grammes of concentrated powder of meat given in milk or water, with the addition of 10 grammes of bicarbonate of soda. During the day the patients were allowed to drink a quart of milk with lime water or saccharate of lime. This melange was ordinarily administered through the stomach-tube, for the patients, accustomed to the introduction of the tube, preferred taking it that way on account of the disagreeable taste of the mixture of meat powder and so large a proportion of bicarbonate of soda. But, if desired, the bicarbonate can be administered alone in wafers, five grammes immediately before taking the meat powder, and the remaining five grammes a quarter of an hour later.

Ten grammes of bicarbonate of soda at each repast may seem a very considerable dose, as thirty grammes, or one ounce, is thus taken in the twenty-four hours, and the accidents due to the so-called alkaline cachexia might be dreaded. For my part, I have never observed any accident induced by this treatment, even after it has been continued for months.

Physicians also who have administered alkalies in very large doses in the treatment of rheumatism, have never observed any accidents. Prof. Jaccoud has administered twenty grammes per diem.

"We have not observed," he writes, "in any of these patients, any of the symptoms which have been attributed to the alkaline cachexia."

Prof. Charcot uses almost identical terms. "Notwithstanding the long-continued administration of alkalies, principally bicarbonate of soda, in very large doses (thirty or forty grammes per diem), we have never observed any pathological results of sufficient gravity to cause inquietude."

Although, as we have said, we never have had any accidents from the administration of these doses it may be well to commence with a smaller dose which may be rapidly increased if the stomach is found to tolerate the alkali.

Bicarbonate of soda has the advantage of not having any irritant action on the mucous membrane lining the stomach, but by decomposition in the presence of the acids contained in this organ it gives rise to the development of carbonic acid, which causes eructation, and at the temperature of the stomach may contribute to produce dilatation. It is also very soluble and easily absorbed, whence, if the aliments remain any length of time in the stomach, it may be absorbed before they have entirely passed into the intestine. On account of these properties we have essayed to replace it by other antacid substances, such as lime, saccharate of lime, carbonate of lime, medicinal soap, and magnesia.

Lime was employed in the form of lime water;

but, as this liquid contains but a little over one gramme of lime per litre, the large amount of liquid required might give rise to dilatation of the stomach. Again lime has, if given in very large doses, an irritant effect on the stomach. Saccharate of lime has a less disagreeable taste, is more soluble, and is less irritating, than other preparations of lime. We have employed it dissolved directly in milk.

Precipitated carbonate of lime has no irritant action on the stomach, but gives rise to a considerable development of carbonic acid gas in saturating the acid contents of the organ.

Medicinal soap has a somewhat irritant action on the stomach if given in large doses. It should always be purified by dissolving in absolute alcohol before being used for this purpose. This soap, a stearate of soda, is decomposed on contact with the acids of the stomach, but the matters which result from this decomposition have no ill effect. Magnesia will also saturate the gastric acids, but cannot be employed in sufficient dose, on account of its purgative action.

The advantages and disadvantages of each one of these substances have led me to combine their use in the following manner.

The patient makes three repasts daily, composed each of 25 grammes of concentrated powder of meat in milk or water, to which is added the following powder:

R.	Calcined magnesia,	15 grains.
	Prepared chalk,	30 grains.
	Saccharate of lime,	15 grains.

M.

Immediately before each meal the patient takes a cachet containing two grammes of bicarbonate of soda, and a quarter of an hour after meals he again takes four grammes of the same soda salt.

The patient must not be allowed a great quantity of liquid. We allow a quart or a quart and one-half of milk per diem, containing from one to one and a half drachms of saccharate of lime.

This must be taken in small quantities at a time. Many observations have convinced us of the extreme value of this diet and treatment, carefully carried out, not only in simple ulcer but also in many other forms of non-ulcerative gastritis.

—A house-surgeon at St. Eugénie Hospital is believed by M. Verneuil to have become inoculated with tubercle during a post-mortem examination. The same accident, it will be remembered, occurred to Laennec, but he did not die till twenty years later.

COMMUNICATIONS.

CONTRIBUTIONS OF PHYSICIANS TO ENGLISH AND AMERICAN LITERATURE.

BY ROBERT C. KENNER, M. D.,
Of South Carrolton, Ky.

"But the knowledge of nature is only half the task of a poet; he must be acquainted likewise with all the mode of life. His character requires that he estimate the happiness and misery of every condition; observe the power of all the passions in all their combinations, and trace the changes of the human mind as they are modified by various institutions and accidental influences of climate or custom, from the sprightliness of infancy to the despondence of decrepitude." * * * * "His labor is not yet at an end; he must know many languages and many sciences."—*Samuel Johnson.*

The writer of prose or poetry who would produce works which contain thoughts and inferences which will go down to posterity, must of necessity be acquainted with the passions of men in all the grades of society. Mere scholarship can never make up this want; and the monk, versed in all the erudition of the ages, would come far short of producing poems which would touch the heart of a nation as do those of Robert Burns. Shakespeare was acquainted with the hopes and fears of all classes. He was really a man of all the people, and had mingled in their loves and hates, and known the slavery of poverty and the liberty of wealth, and he was the greatest interpreter of the human heart and mind that has ever given the resources of his study to the world. Blair properly defined poetry to be "the language of passion." Without an acquaintance with the doings of the low, the great, and the wise and the simple, it is not easy to imagine how a poet, a man of genius, can breathe into his productions the breath of passion. Of course, being learned, he could imitate; but the imitation would be transparent, and altogether lack the coloring of nature, which is obtained by contact with the world, and which makes the idealistic creature of the true poet a real personage. Those authors, then, who have left behind works which will always be read and cherished, have been children of nature and citizens of the actual world, have known how hardships affect the heart, and been participants in the struggle with opposition and disappointment for place and recognition in the world. When one reads the "Traveler," he feels with Goldsmith that love of

country which beams throughout the poem, and he enters with delight into those splendid meditations upon the countries through which he roamed as a wandering musician. Goldsmith knew the common ambitions, passions, and aims of the people in all these countries, and easily turned this treasured knowledge into immortal verse.

Now the physician, more than any other man in society, occupies the position to observe the ways and passions of all. He is called when death is about to remove the loved one from the family circle—is almost daily called to witness the most vivid depictures of the passions. He goes to the palaces of the rich, and to the poor man's hovel, and to the den of wickedness, where he often has to remain long, and of course is compelled to learn more or less of their actions, superstitions, and modes of life. To him the matron and the maid, and the saint and the sinner, open their hearts, and nothing is withheld. He is then eminently in the place to observe all those qualities of heart and mind which form such a large part of the poets' essential knowledge.

In an original article of any reasonable length, I can only give a slight notice of a few of the many to whom a place would be given in anything like a treatise on this subject.

I shall not go back much beyond the Elizabethan period. Beyond that time the medical science had not begun the great strides which characterizes its march after Harvey's discovery. This brilliant period of intellectual vigor, like every subsequent one, has witnessed a number of physicians who have found rest and mental recreation in their contributions to literature.

A little prior to Elizabeth's reign, Thomas Linacre (1460–1524) flourished. He was physician to Henry VII., and one of the most eminent medical men of his day. He taught Greek and medicine at Oxford, and was a great philologist and linguist. His fame as a man of letters was established by his numerous translations of literary and professional works, and by the publication of his own treatises, which embrace several subjects. He was the first president and founder of the Royal College of Physicians.

Prominent among that brilliant galaxy of luminaries of Elizabeth's time stands Dr. Arthur Johnston (1587–1654). After taking his medical degree at Padua, he was chosen physician to Charles I., and besides attaining eminence in his profession, wrote many poems and psalms which have been praised for their elegance and general poetical merit.

In this connection John Cains (1510–1573) deserves mention. He was a great friend of education, and the founder of Cains College. He was a great physician, having written several medical works, and been the much-loved physician of Edward VI. He wrote several works on natural history, and a "History of Cambridge."

Dr. John Arbuthnot (1667–1735) was declared by Swift and his contemporaries generally, to have been the most intellectual and humane man in the world. He was the intimate friend of Pope and Swift, and engaged with them in several literary enterprises. He was the chief contributor to "Martinus Scriblerus" and "History of John Bull." He displayed his talents in other works which may be called fragmentary, and among them may be classed his poems. His "Know Thyself" is esteemed by the best judges to be the most philosophical poem in the English language. He was a member of the Royal Society, Fellow of Royal College of Physicians, and Physician to Queen Anne. He attained the greatest eminence in his profession, and was the greatest example of his times of a union of the literary man and physician. His medical productions exhibit the greatest profundity of research and observation. Shaw says, "He seems to have fully deserved the admiration lavished upon him by all his friends, as an accomplished scholar, an able and benevolent physician, and a wit of singular brilliancy and fertility."

Sir Thomas Browne (1605–1682) a man of wonderful erudition and boundless benevolence, practiced medicine at Norwich nearly all his life. He is regarded as one of the greatest and most representative men of his day by all authorities on English literature. His writings cover a considerable field of inquiry. His "Religio Medici" and "Treatise on Vulgar Errors" are two of his works which will give the reader the best idea of his genius and scholarship.

Sir Samuel Garth (——1718), one of the most notable men of his age, was physician to George I., and Physician-General to the army. His "Dispensary," a poem of great felicity of versification, teeming with pathos at once and satire and ridicule, has secured him an imperishable name in the annals of literary history.

Henry Vaughan (1621–1695), "The Silurest," was a poet and miscellaneous writer of great merit, as well as an active and successful practitioner of physic. The chief objection offered to his poetry is that it has a Welsh harshness. But the lover of true passion, set forth in verse, will always read and admire the pure and lofty poems of Henry Vaughan.

Sir Richard Blackmore (1658–1729), enjoying a wide reputation and doing an extensive practice, found time to dally with the muses, and has left to posterity "The Creation," a poem the praise of which Dr. Johnson joined in giving, and which is admitted in the collection of British Poets.

The poems of Mark Akenside (1721–1770), after the publication of his "Pleasures of Imagination," took a place in the literature of his country it is safe to say they will retain. His poesy belongs certainly among the most ornate productions in the language. He enjoyed great popularity as a medical writer and physician. He was a painstaking investigator and student of medicine, and his numerous works show the depth of his research.

Dr. John Armstrong (1709–1779), for a time surgeon of the army, and constantly engaged in medical practice, rode his Pegasus even into the Esculapian domains, when he wrote the "Art of Preserving Health." His literary contributions are of sufficient merit to embalm his memory.

Benjamin S. Barton (1766–1815), a man of the broadest culture and most varied attainments, did an enormous practice in Philadelphia, and upon the death of the immortal Rush he was elected to the chair of Practice in the University of Pennsylvania. His claims on posterity rest chiefly on his "Elements of Zoology and Botany."

John Bell (17—1820), that great English master of surgery and anatomy, gained too prominent a place in the history of medicine of his time ever to perish. Besides his classical works on anatomy and surgery, he exhibited fine literary taste. His "Observation on Italy," is a work in the happiest vein of composition.

Probably no one deserves mention in this connection more than Nathaniel Cotton (1707–1788), that pure-minded and beloved alienist, to whom, as his medical attendant, the immortal author of "John Gilpin" and "The Task" was so much attached. His poems abound in pathos and the qualities of true poetry. His "Visions in Verse," and miscellaneous poems, are greatly admired.

A brief notice of George Crabbe (1754–1832), who was acquainted with the medical sciences, and practiced for some time in his native town, needs be made here. But after going to London and obtaining the friendship of Burke, he quitted his profession, and set out upon a literary life, and enjoyed great prosperity. His "Library," and other poems, attest his genius in a manner which will prevent it ever being called in question.

The name of James Currie (1756–1785) will always be prominent in British biography. He was one of the greatest medical practitioners and reformers of his particular day, having been first to call attention to the use of water in fevers. He contributed to literature, and his "Life of Robert Burns" is a masterpiece of biographical literature, and specifically a book which conveys the fairest and most liberal idea of that wonderful "babe of genius." More interest is felt in Currie, when we remember he was cut off from life at 29 years of age, and just as his genius was ripening and rejoicing.

Erasmus Darwin (1721–1781) was a poet of unquestionable genius. He made unhappy selections of subjects, yet his "Botanic Garden," and "Loves of the Plants" still find readers, and will hold their place as long as literature lives. He attained eminence in the medical profession, and loved it, and devoted some of his best time to its advancement.

His contemporary, Hugh Downman (1740–1809) was a popular physician, as well as a poet of a high order of genius. He wrote "Infancy," the merit of which cannot be denied.

That exulting genius, Oliver Goldsmith (1731–1774), studied medicine at Edinburgh and Leyden, at which latter place he took the degree of M. B. While he made literature his life-work, he alternated it with frequent returns to the Æsculapian science of his first love. His poetry is universally admired. He was a scientific man of no mean proportions, as may be seen from his "Animated Nature."

Lemuel Hopkins (1750——) was one of our foremost American practitioners, and one of our representative men. He was a member in high standing in many societies. He wrote considerable in prose and verse, and died having attained, beside a high reputation as a physician, an enduring fame as a poet and literary man. His poems are productions of great elegance and beauty.

John Keats (1796–1821), This meteoric genius had drunk from all the springs of medical learning. His short life, marred by ill-health, prevented him from engaging in the practice of his profession. He was about to engage as a ship surgeon before his last illness. Keats was a man of great genius, and his poems, as the late Dr. R, O. Cowling said, are "the most beautiful in the language."

Thomas Percival (1740–1804) was connected with the best interests of his profession and general literature as much as any man at the dawn of the nineteenth century. He wrote a work on

"Medical Ethics," and among his literary works his "Moral and Literary Dissertations" may be mentioned as best.

Besides being a great physician and surgeon in the Revolutionary War, Dr. David Ramsey (1749–1805) was one of the most active men in those stirring times in helping to establish and maintain the independence of the Colonies. He was a tireless and profound student and writer. His contributions to American literature were numerous, and occupy the highest rank of authorship. As an historian, he was singularly accurate, original, and charming. He made several translations, and wrote a "History of the United States," of "Revolutionary War," "Life of Washington," and many other works of a similar nature, which maintain the esteem which his countrymen do and have ever felt for him.

Tobias George Smollet (1721–1771), the immortal author of "Roderic Random" and "Peregrine Pickel," will always hold a first place among the English classical authors. He had devoted himself to study and practice of medicine for a period of his life, having been a ship surgeon and practiced in Jamaica.

No man has enjoyed a larger and sincerer share of popular and professional love than Dr. Benjamin Rush (1745–1813). He was professor of "Practice of Medicine" in the University of Pennsylvania, and left an impression on medical practice which lasted longer than that of any American teacher. He joined with his whole heart in the cause of his fellows in throwing off the British yoke, and was a member of Congress and a signer of the Declaration of Independence. He contributed largely to medical literature, and his "Treatise on the Human Voice," and smaller works, entitle him very justly to a place in this article.

A great, and in some respects a remarkable man was John Whitehead (—— 1804). He was a great Methodist revivalist, and an enlightened and lovable physician. He attended John Wesley in his last illness, and wrote his life in two volumes, in which he displayed great force as a biographer.

John George Zimmerman (1728–1795) enjoyed a world-wide reputation as a physician. Was physician to the court. He was called to attend Frederick the Great in his last sickness. He was a prolific medical writer, making a great impression on the medical mind of his day. His "Treatise on Solitude," which was one of the most popular works in the language, now has many admiring readers.

It is impossible, in the range of an original article of reasonable length, to mention, even in the slightest way, the many doctors who have contributed to literature from the time of Rush and Zimmerman down to the day of our own great American Arbuthnot, Oliver Wendell Holmes, and J. G. Holland, that great poet and literateur. I shall then go no further in what would be a pleasant task of dwelling on the qualities of men who were most fit, and did most to make our literature.

INTESTINAL OBSTRUCTION—RECOVERY.

BY HENRY D. FULTON, M. D.,
Of Pittsburgh, Pa.

The following case may possess some interest, on account of recovery from an intestinal obstruction which rendered the patient's condition for some time apparently hopeless.

Was called May 2, 1884, to see J. McC., æt. 30, swarthy, robust river-man, who stated that his bowels had not operated for a few days, and that he was suffering severe colicky pains. The patient could assign no cause for the trouble, was not ruptured, had been of rather constipated habit for some time, and was an habitual drinker of bad whiskey. The abdomen was but slightly swollen, and not painful on pressure. Being in great distress, he was at once given morph. sulph. gr. $\frac{1}{3}$ hypodermically, and a prescription containing hyd. chlor. mit., gr. x.; leptandrin, gr. j.; with a little bicarbonate of soda, to be given in two doses, was ordered. The patient was not seen until the next day, when his symptoms were greatly aggravated. His brother stated that he had given him a large dose of castor oil in the night, which together with the medicine of the day before, had not operated.

The pain had returned with increased severity, and the abdomen was more swollen than when first seen. The obstruction, upon physical exploration, could be determined. The pain was severest in the umbilical region, and was not increased by moderate pressure.

A strictly milk diet was directed, and the patient given another hypodermic of morphia. A large injection, containing turpentine, was administered, and directions given to the attendant to repeat it in three hours. Morphia sulph. gr. $\frac{1}{3}$, was given in solution every two hours, and the belly rubbed with a liniment composed of equal parts of olive oil and laudanum. On the third day his condition was unchanged, save a relief from pain. He expressed a desire for some solid food, but was restricted to the milk.

In the evening he had an attack of vomiting, in

which a large quantity of stercoraceous matter was thrown up. Copious soapsuds enemata were administered through a gum tube, which was passed several feet into the bowel, but without accomplishing anything, and the progress of the case in the next day or two was most unfavorable. The vomiting of fæcal matter recurred at intervals of a few hours, only a small amount at a time being ejected. There was as yet, however, no elevation of temperature, or other signs of approaching inflammation. The skin was cool, moist, and exhaled a disagreeable odor. The expression of patient's face, even when free from pain, was anxious and distressed. The pulse was feeble, and the strength markedly reduced.

The morphia was continued at longer intervals, and nothing else given except milk and an occasional drink of flaxseed tea. An effervescent injection (a seidlitz powder) was administered without effect.

On the ninth day enemata of warm olive oil were administered through the tube passed into the bowel, and after these had been repeated a number of times, a quantity of fæces came away with them. This was followed soon by several free passages, unprovoked by injections.

The colon was again thoroughly irrigated with soapsuds, and the case now assumed a favorable aspect. The stercoraceous vomiting entirely ceased, pain and tympanites disappeared, and the patient quickly improved to recovery. The result was gratifying, but what was the exact nature of the obstruction was not definitely known, nor its situation positively diagnosed.

Hospital Reports.

NEW YORK HOSPITAL.

CLINIC OF PROF. WILLIAM H. DRAPER.

Reported by W. H. Seelye, A. M., M. D.

Hydrarthrosis.

This patient whom I now show you is a legacy received by us from the surgical side, and she is a woman who was attacked with rheumatism soon after confinement. There was nothing unusual about her confinement, and she made a good recovery, and not until the child was a week old did this trouble begin. It came on first with pain and swelling in the ankle-joint, and then after two months it attacked the left knee; and it has been confined to these two joints. But when it appeared in the knee it immediately subsided in the ankle. With the advance of the trouble in the knee you observe how swollen it has become, and the direction which the leg has taken in reference to the thigh. That is the position of greatest ease, with the leg drawn up and the thigh flexed, and it will become permanently fixed in this position unless the adhesions which have formed shall be broken up. She has what is called a hydrarthrosis, and the synovial cavity is distended with fluid. But the inflammation, besides involving the synovial cavity, also generalized about the joint. It is a panarthritis, so to speak. When she came over to this side she was without fever, but there was great tenderness and very great pain in the joint, and especially at night. The part was placed in a comfortable position, and then a Paquelin's cautery was applied, and these longitudinal lines, which you see passing over the joint, are the marks of the cauterization. They were made by drawing the cautery very gently over the skin. As a result the pain has subsided considerably, and there is no longer such great tenderness in the part. Her constitutional treatment consists simply in the administration of an effervescent tonic draught, containing iron, the sulphate of quinine, bicarbonate of potash, and lemon juice. Under this treatment there has already been a decided diminution in the size of the joint, and there is not so great tension as there was, and she can now bear considerable pressure, while before she would scarcely let you put your fingers upon the skin. I show her to you as an illustration of what sometimes happens in rheumatism, and especially if it is confined to one or two joints.

In ordinary cases of rheumatic fever recovery takes place without any ankylosis or deformity of the joint remaining. We unfortunately confound a number of distinct affections in the term rheumatism; and here we have a case which is entirely different in character from an acute inflammatory rheumatism. For we have an inflammation involving only these two joints, instead of several joints, and it is a disease which does not follow the course of the arthritic inflammation which occurs in cases of ordinary acute rheumatic fever, and it has no distinct acute termination. But it is a disease which terminates by leaving the joint, not as it was before, but with permanent swellings from the exudations, and it may be with still farther deformity from ankylosis.

I also show you this case to call your attention to a form of counter-irritation which is of very great value. I refer to the use of Paquelin's cautery. It is an ingenious instrument by means of which you can keep a point of platinum at a nearly white heat for almost any length of time. The ordinary cautery instruments cool off too quickly, but in this one the fire is maintained by the combustion of the vapor of benzolene. So you can touch the part you wish to cauterize with this heated point, and yet do it very lightly and without making deep eschars, and often with but little pain. The value of this form of counter-irritation is very great, and it is extremely so in those cases of neuralgia which are due to a neuritis, and in inflamed joints of this kind, and in some forms of sciatica. And I have known it to act in quite a magical way in relieving pain and restoring motion in joints which had become stiff and immovable as a result of a sciatic neuralgia.

This, gentlemen, is the case of rheumatic arthritis in the knee-joint, which I showed you a number of weeks ago. She has been treated by the method of counter-irritation, which we have

found extremely useful here for such affections. Applications of Paquelin's thermo-cautery were made to the knee every two or three days for a couple of weeks, and each application was followed by great relief from the tenderness, pain, and swelling. After the swelling had thus been considerably reduced, the joint was forcibly straightened while the patient was under the influence of ether; and the synovial surfaces, which had become united by plastic adhesions, were separated by extension of the limb, which was then put up in a plaster splint, and afterwards confined in a bracket, so as to secure a certain amount of permanent extension. Since then she has suffered almost no pain, and there has been but very little tenderness of the joint, and the size of it has been much reduced. It is probable, however, that there is considerable stiffness of the joint, and there may be a permanent ankylosis. But ankylosis of the joint with the limb straightened in this position is much better than if it had been left permanently in the other position. She is improving in her general health, and is much better in every way. Many cases of this character are left to get well with the leg in the position in which you first saw this one. So this case has been instructive in showing you what good treatment can accomplish.

Hysteria.

The next patient is 20 years of age, single, and a factory girl. She was admitted December 13. Her family history is negative as regards chorea, epilepsy, and other nervous disorders. Patient has been employed in a cotton factory, where she worked in a room which was filled with fine dust, and with floating particles of cotton. She has never had chorea, or fits, or rheumatism, or malarial fever. She has not been in the habit of using beer or alcoholic liquors. She is not naturally of a nervous temperament. Has usually enjoyed good health; but she had scarlatina when a child. Eight or nine months ago she fell down stairs and bruised her left tibia, which caused a swelling upon the front part of the leg, and this ended in the formation of an ulcer, which had no disposition to yield. A little over three months ago she had an attack of typhoid fever, and after her recovery the ulcer on her leg, which had previously been very sensitive, ceased to trouble her, and then she suddenly became afflicted with an uncontrollable hiccough, which continued most of the time for nine weeks up to the day of her admission, and which has persisted ever since. Three physicians were called in to see her, and they all pronounced it a hopeless case. The hiccoughing generally comes on in the latter part of the day, and it continues well into the night. Of late the attacks of singultus have increased in frequency and severity, and for the past two days it has been almost unendurable. She hiccoughs twenty-five or thirty times a minute. Now she can not easily swallow even liquid food. She says she has always a full and choking sensation in the throat, as if there were something caught in it. There are no points of tenderness over the cervical vertebræ, or upon the throat, or in the region of the diaphragm. She is very hyperæsthetic over the whole of the surface of the left leg, and especially so over the seat of the ulcer, and at those times when the ulcer is worse the hiccough becomes most severe. Her bowels have been regular, and her micturition normal. None of the other members of her family have ever been similarly affected. She has no cardiac disease. Two months before admission, at the time when the hiccoughing began, menstruation ceased, and it has not returned since, except that there was a slight discharge upon the day of her admission, The pulse, respiration, and temperature were normal at the time of her admission, and they have remained so since.

Gentlemen, I suppose that we shall never know just what relation the manifestation of pain in a hysterical subject bears to the pain itself. I am inclined to think that we are not as lenient as we should be to the sufferings of hysterical patients. There is something so unaccountable about this disease in the minds of the laity, and of doctors as well, that I think much injustice has been done to these patients. Some look upon it as an entirely sham disease, while others more merciful look upon it as a disease involved in much obscurity, but nevertheless worthy of as careful consideration as any other disease.

This young woman gives you the history of some of those various hysterical manifestations which are apt to follow from some violent shock. She had a fall last summer, and subsequently an acute illness. The first manifestation of hysteria after this was a spasmodic one, a singultus which has persisted ever since; and she has also had an hyperæsthesia of the leg, at the seat of the injury especially, and other pains, particularly the globus hystericus. And all these belong to the hysterical phenomena of the disease, which may be defined as a functional disorder of the nervous system that we do not understand. There is no reason to believe that there is here any organic or uterine disease, but somewhere in the nervous system there is doubtless some lesion of considerable extent which is the cause of these phenomena. But singultus is not a very common phenomenon.

This case has lasted longer than any that I have ever seen before. But some time ago I read an article in a medical journal, in which an English physician described a case of singultus which lasted for eight or nine months, and then completely ceased. Since she came into the hospital she has been relieved, sometimes for several days at a time, by dieting and good care. But we have been obliged to take her out of this ward several times because of the disturbance she creates, and this removal from the presence of others to a place by herself always benefits her, and the hiccough ceases. But when she is brought back again, and she becomes conscious that she is an object of general attention, the trouble returns. This effect of being observed is one of the peculiarities of these hysterical phenomena. And I have no doubt that she would go on hiccoughing in this way, as you hear her now, as long as we would stand here about her; and I am also pretty sure that if she were taken into another ward by herself it would immediately subside.

But after all, we must not scold these patients, and tell them that they are shamming, for it would do no good. It is really a disease, and this is one of its features. She has been benefited by

the hospital discipline and diet, and has had days together of complete relief from suffering. Still she has had to take drugs sometimes, to quiet her and lessen the violence of these attacks. The hyperæsthesia of the leg has subsided to a considerable extent since she came in, but it is more tender to-day than it was yesterday. All these symptoms will subside under the influence of nervous sedatives and good nutrition. She is now taking the bromides. The case that I saw last with these symptoms was more benefited by the use of cannabis indica than by any other means. The hypodermic injection of morphia, or the administration of chloroform or cannabis indica, would probably relieve her temporarily; but I have found that cod liver oil and tonics are more especially to be relied upon for a complete recovery.

Medical Societies.

CHICAGO MEDICAL SOCIETY.

Pathological Specimens of a Mono-locular Ovarian Cyst, Weight, Twenty-four Pounds; and an Uterine Myoma, Weight, Thirty-five Pounds.

A regular meeting of this Society was held May 19, 1884. The first specimen was exhibited by Dr. Charles T. Parkes, who presented the following history of the case:

The cyst was a most perfect one, removed from a girl aged nineteen, but four days previously. The tumor had been developing undoubtedly for three years, during two years and a half of which she had been treated by several physicians for various disorders, dropsy, etc. Six months ago she consulted him, and an ovarian cyst was diagnosed. This has gradually increased in size, until the abdomen had attained a size of forty-four inches in circumference. There were no symptoms of inconvenience arising from it, except from its large size. She enjoyed good health. Upon palpation and percussion, a simple wave was easily perceived, and this, with other noticeable symptoms present, it was therefore supposed to be a simple, single cyst of large dimension. There were no symptoms of its being polycystic nor that there would be found many adhesions, or that the viscera were involved. In a few moments the cavity of the specimen was inflated with air, and there was noticeable no corrugations, but a most beautifully-developed cyst of the monolocular variety that we have ever seen. The operation for its removal was extremely easily done. An incision three or three and a half inches in length, sufficient to admit three fingers into the abdomen, was made, and the tumor tapped. There was a very broad pedicle, which, however, is characteristic of this variety of ovarian tumor. There were not many segments and but little hemorrhage, which was easily secured with a double ligature. There were no folds of intestine adherent to the cyst, and but a single shred of omentum was involved. Since the operation at no time has there been a rise in the temperature above 99½°F. Her pulse rose to 100, but now ranges in the nineties, and an auspicious convalescence is predicted. The merits of the specimen consist chiefly in its rotundity, as is shown when inflated with air, and its perfectiou in every other respect, as above demonstrated. The sac weighed one pound, and the fluid that was removed weighed twenty-three pounds, or a total of twenty-four pounds.

The second specimen, presented by Dr. E. C. Dudley, who recited verbally the following history, is both rare and interesting: The patient was a Norwegian woman, who never had been pregnant. She is 48 years old, and never has been married; a domestic. The operation for its removal was performed on the afternoon of the 17th day of March of the present year.

History.—She ceased to menstruate two years ago last fall. The tumor had been for a number of years developing, and during the past three or four years the surgeons she consulted stated that an attempt at its removal would result in destroying her life. Dr. Dudley supposed it to be fibroid, having extensive adhesions. The tumor developed in the left side of her pelvis. There was no tympanitis present on this side, but a line of resonance extended for eight or nine inches over the transverse colon. Upon vaginal exploration, the cervix could scarcely be reached, and no outline of the vaginal portion of it could be felt. The tumor was very hard, and by manual examination and other means it was ascertained to be of unusual size. His prognosis was fatal without operation, and with slight hopes of recovery with an operation. The patient took her departure, and in a few days called again to ask the doctor if the operation was surely fatal, when she was answered again negatively. She went away, and in a few days returned the third time to ascertain the possibility of her chances of recovery. She had grown very emaciated and anæmic, and her appetite was greatly impaired, while she presented almost a cadaveric appearance. Her stomach rejected almost all kinds of food. She was at this visit informed that an operation afforded her the only possible chance of prolonging her life and chance of recovery, although at this date her chances for recovery had grown to be much less. So the above day was appointed as the time for the operation, with the able assistance of Drs. R. N. Isham, C. Fenger, W. W. Jaggard, W. P. Verity, George Isham, and a medical student. During the two days previous she had been put in the best hygienic condition possible. She had two Turkish baths, and her system otherwise had received great care and attention. All the furniture, including carpets, curtains, etc., etc., were removed and thoroughly disinfected, and for 24 hours her bed-room was subjected to the influence of fumes of sulphur. Her abdomen was abluted with a weak solution of corrosive sublimate. The hair was shaven from the pubes and vulva. Every possible site where infection could start was carefully guarded against by thorough cleansing of the surroundings, as well as cleanliness to her clothing, linen, etc. The ligatures to be used were boiled in a 95 per cent. solution of carbolic acid for ten minutes, and again in a 5 per cent. solution for half an hour, and the instruments used were subjected to the flame and then carbolized. The operators and all hands were also washed in carbolized water. Then we proceeded with the operation proper.

After she was anæsthetized (ether being used), an incision was made, extending from the umbilicus upwards to within two inches of the ensiform cartilage, which was eighteen inches in length; this was done for fear of cutting into the bladder, for the tumor drew the bladder up to the umbilicus, as it was adherent to the anterior surface of the tumor; and had the incision been made downwards, the bladder would have surely been cut. The urachus was opened, and a spirt of urine followed as a result. A large bundle of vessels that looked like intestines were then severed, which were with some difficulty ligated; and we saw before us the weighty mass which developed from the left side of the uterus, with the broad ligament involved in it. The tumor was severed; there was at least a square foot of surface in all directions. The enucleation was singularly easy; the posterior surface was adherent to the peritoneum, this part being quite firm, but the bladder peeled up easily. One and a half hour of time had been consumed thus far, before the pedicle was secured, which was done by an elastic ligature, consisting of a solid rubber cord one-quarter of an inch in diameter, and placed four times around the pedicle before the tumor was divided, which, as has already been noted, was a foot in diameter. After this was removed, another tumor, the size and shape of a fœtal skull, was discovered, which filled the pelvis minor, and it is wonderful that the functions of the rectum and bladder were not interfered with more than they were. The lesser tumor sprang from the posterior wall of the uterus, and to secure this one a ligature of the same kind precisely was used as was utilized for the larger tumor. This ligature was the size of a man's fist. The large tumor especially was exceedingly vascular. Esmarch's bandage was first applied, but it slipped off, and this part of the operation was found to be impracticable, and consequently considerable valuable time had been lost in essaying to apply this form of bandage. Her pulse was extremely feeble. Indeed, to all appearances, she was nearer dead than alive, and yet the operation was not completed, as a considerable portion of the larger tumor remained, which was with much difficulty removed, and a clamp applied to the pedicle externally, and two drainage tubes inserted while the patient was being revived, and the minor details, closure of the wound, etc. From the first to the eighth day she was conscious. Flatus passed downwards; her temperature ranged from 98° to 101° F., and her pulse from 100 to 120. On the ninth day her temperature rose to 102° in the morning, to 103° F. in the evening. On the eleventh and twelfth days her temperature rose to 104½° F., with an exacerbation of other symptoms. We thought pus was forming in the lower portion of her abdomen, and with the assistance of Drs. R. Tilley and Fenger, this cavity was opened through the uterus, and at least one-half pint of fœtid matter escaped. A drainage tube was passed in through Douglas' *cul-de-sac*. This abscess had formed below the pelvic organs, which was carefully washed out with weak warm solutions of carbolic acid, and within two days a large amount of pus was discharged, and her temperature had reduced two or three degrees. In a few days it again arose to 104½°, pulse 135 to 140, with hectic chills, etc., and a counter opening was made through these parts, when her symptoms again became ameliorated, her pulse keeping about pace with her temperature and respiration, until the 27th day, when the drainage tube through the *cul-de-sac* was removed, and also the smaller sized ligature; there was only slight absorption of the ligature. From this procedure her temperature advanced a little. On the thirty-seventh day after the operation the large double ligature, consisting of the rubber cord, was removed, and a considerable sloughing mass came away with it. After four days more the opening through the womb into the vagina closed spontaneously. On the sixtieth day after the operation, her temperature rose to 101° or perhaps a little above this point. Was hastily summoned to see her. The cause assigned for this state of affairs was that she injudiciously exposed herself to a draft of air the day previously by sitting at the open window. During the succeeding day her temperature rose to 102°, accompanied by considerable fever. However, under suitable measures, on the evening of the sixty-third day after the operation, all her symptoms again improved, and there can be no doubt now as to her final recovery. Throughout the entire treatment of the wound, it was dressed with iodoform insufflations, and the drainage-tubes were at all times carbolized. Of late she has taken a large amount of food three times a day. There is no pallor in her face and lips; she has greatly increased in flesh, and she sleeps well.

This case illustrates a few things. First, that any amount of operating in the pelvic cavity of a patient may be done, and recovery ensue; and that this variety of tumor may be removed as safely as was formerly supposed an ovarian cyst could be. That in operations in the abdominal cavity, hemorrhage is the chief source of danger, although sepsis through the uterus is another danger that we must well look after. Again, regarding ligatures. A silver or silk ligature shrinks. Rubber cords, doubled twice, as explained above, were employed in this case, and their contractile force proved very advantageous. Other complications may arise. The operator stated that in the foregoing case the patient had diarrhœa and a very sore mouth at one time, which required proper measures to overcome.

In the discussion regarding diagnosis of these tumors, and also to differentiate them from other varieties, Dr. Parkes stated this to be a difficult question for doctors to consider. No exact set of rules can be given for this except to investigate what we have to deal with by cutting into them. The symptoms of difference are wide between myoma and ovarian tumor of either monocystic or polycystic variety, but much difficulty may arise in our attempting to decide which variety of the latter we may have. The uterine sound, percussion, palpation, history of case, etc., will enable us to differentiate these growths, unless two or more varieties are blended together. As to an ovarian cyst of moderate size and a multiple fibroma, he thought we could pretty accurately decide which we have before us to deal with. Multiple fibromæ are difficult to remove. He had operated three times for this variety, and all the cases had died. Yet a physician is justified in advising an operation for their removal; and the

chances of recovery are as good as when ovariotomy was performed years ago. Regarding his cases, one of the tumors removed weighed forty-two pounds. The patient lived five days after its removal, and then died of exhaustion. In the other cases he operated upon, there were many fibroids, all of which were removed, but the cases later proved fatal. Dr. Dudley's case was extremely interesting, from its vast size, and the many other points he mentioned. There is no doubt about the pedicle as being an item of great interest in these cases, and it should be secured by the extra-peritoneal method, as Dr. Dudley had done. This fastening of the pedicle outside is the only safe way to secure it, and not by the intra-peritoneal method. The case to which we have all listened with so much interest, will go on record as one of the many great operations of abdominal surgery (followed by success) that have been performed in the United States.

Dr. J. R. Flood spoke of the great interest centered in this case of "Uterine Fibroma," and the operation, which was certainly a triumph in surgery, considering the magnitude of the specimen exhibited this evening.

Dr. G. H. Randell inquired if it would have been practicable to remove the uterus whilst operating to remove this large fibroid growth?

Dr. R. Tilley could bear testimony to the extensive adhesions and extreme emaciation in the case of uterine myoma. Also, that at the time of the evacuation of pus, he thinks at least a pint and a half was discharged within five minutes, and that Dr. Dudley had so much underestimated the quantity, that he felt justified in making the correction.

Dr. L. H. Montgomery inqured of the operator, how much of the incision of eighteen inches in length yet remained open? He also presumed that when this was made, it did not contract as in cases of ovarian cystic tumors, which could be tapped and the fluid withdrawn, and where the incision would be much less in length. This gentleman thought both these cases reported were of so great interest, that inasmuch as the annual meeting of the Illinois State Medical Society was to be held in the city during the week, each of them be requested to present the specimens before that society. He thought these cases should both be placed on record, and that Dr. Dudley especially should have had a written report of his case; but the oral statements which had been tersely given by him undoubtedly embraced the main features of the case.

Dr. J. H. Etheridge inquired what the depth of the uterine cavity was before the operation?

Dr. Dudley closed the discussion by first replying to the questions propounded: First, regarding the depth of the uterus. This was nearly normal, it being only about three inches. Regarding the opening at this date, it has united along its entire length, except a small space only sufficiently large to admit the tip of his little finger. And, further, as the same speaker who made this inquiry spoke about the length of the incision, this was eighteen inches long at first, and did not contract as if the removal had been an ovarian cyst. Extra-peritoneal treatment is sometimes quite impossible to carry out. In his case, nature had assisted in changing the intra-peritoneal of the pedicle to extra-peritoneal, which saved the woman. One thing he omitted to mention in the treatment of this case. It was that a portion of the time it was necessary to insert disinfectant sponges in the cavity; and at one time these were soaked in weak solutions of corrosive sublimate, perhaps only 1 part to 20,000 of water, which is said to be sufficient to destroy germs. Regarding the use of clamps; the white-heated iron and statistics, with reports of Mr. Keith, of Edinburgh; of Hegar, Katenbach, and others, for fear of prolixity, already in this report, the reader already being familiar with the general details pertaining to these, this may, therefore, be omitted.

The Society then adjourned. L. H. M.

Editorial Department.

Periscope.

Comedones in Children.

In the *Lancet*, April 15, 1884, Dr. H. Radcliffe Crocker says that the following cases illustrate a condition which is not generally recognized as a disease of childhood, the text-books only describing comedones as they occur at puberty and onwards, from which this affection differs in several particulars. I will first relate some cases, and then briefly comment on them. All the cases occurred at the East London Hospital for Children:

George W——, aged three years and a half, came to the hospital in June, 1882, for whooping-cough and an eruption which had existed for three months. It consisted of innumerable black pin's-head-sized papules, with no inflammation round them, which were evidently comedones, and could be squeezed out, but with more difficulty than the ordinary kind, and the necessary pressure was very liable to set up inflammation in their sites, but they did not often inflame spontaneously; the expressed material was firmer and tougher than usual, and microscopically consisted of epithelium, with comparatively little fat. The comedones were massed together on the upper part of the forehead, especially on the right side, extending for an inch and a half into the hairy scalp; there were several patches in the occipital region, and a few on the right parietal. They were mainly in groups, but on the forehead were so closely set as to give it a very dirty, almost black, appearance. The following cases were in infants: Henry A——, aged twelve months; when he was nine months old groups of closely set comedones appeared on each cheek; there were less defined groups under the chin and angle of the jaw. The

child was marasmic and pale. A. M——, aged fourteen months; comedones appeared when he was eight months old, symmetrically grouped on the prominent part of each cheek. The child was brought for rickets.

These are only samples of over a dozen cases that I have seen in my own practice and that of others, so that the condition is probably not a very rare one. The majority were in boys between three and twelve years old; and in addition to the regions mentioned, it was observed extending from the scalp to the eyebrows, in the sulcus behind the lower jaw, on the shoulder, and in girls limited to the temporal regions. In most cases the capsules ceased rather abruptly, and when not too closely set the tendency to group was generally evident. The etiology of this condition is evidently different from that after puberty. The position in most of the boys corresponded with the part where their caps were in closest contact with the skin, naturally suggesting that they had some causative connection; and, on comparison with the cases where other regions were affected, the common factor was found to be warmth and moisture. This was confirmed by a recent case of a girl of three years old with laryngeal obstruction, probably diphtheritic, where after repeated linseed poultices she presented, when I saw her, scattered comedones, mingled with acne papules and pustules, all over the back and the lower part of the chest. This, however, does not cover the whole matter. A short time ago my colleague, Dr. Warner, kindly sent me a brother and sister, the boy with the forehead and scalp affected, the girl with the temples alone involved; further, it was stated that another brother had it in a minor degree, and that there were several boys at the school similarly affected. This is not the only instance I have known of more than one member of a family being affected, and suggests the possibility of some contagious element, probably bacterial, though I have not found any such organism as yet. Possibly other irritants may produce the condition, though doubtless some predisposition is necessary. Comedones in children differ from those of adults in their being mainly dependent on local causes, on their greater tendency to group, and to be more closely set, in their involving the hairy scalp, and, finally, to their being generally readily amenable to treatment, all that is usually required being friction with a weak soft soap and spirit liniment; or a weak sulphur application may be employed in mild cases, preceded by fomentation with very hot water.

Excision of a Portion of Intestine, including Ileo-Cæcal Valve, for Fæcal Fistula.

Dr. C. B. Porter describes this case in the *Boston Med. and Surg. Jour.*, May 15, 1884:

The condition was this: two fæcal fistulæ in right groin, one about one and one-half inches from spine of pubes, and the other about three inches further outside; each about one inch above Poupart's ligament. A bougie was passed into one of the fistulous openings (the one highest up in the groin) emerging from the other opening three inches lower down. This was then cut down upon, the tissues consisting of hard cicatricial masses, and the entire cavity laid open. This cut divided the lower margin of the abdominal ring, and laid open the hernial sac; the incision was then prolonged downwards to expose the whole sac, making a wound through the skin of abdominal wall four inches long. Two openings into the intestine were found, about one inch apart. These were connected by a cut made on the director, dividing the superficial epigastric artery, which was first tied with a double ligature. The opening in the intestine was then seen to be in the ileum and cæcum, just at their union. The finger passed readily into the large intestine, but the attempt to introduce it into the small intestine through the ileo-cæcal valve was impossible, as the cicatricial contraction involved the valve itself, and the opening was not larger than a small lead pencil. The dilator was introduced and this opening stretched, then with the forefinger of the left hand introduced into the opening, a dissection was made to release the intestine from its cicatricial attachments to the abdominal wall, necessitating a section of the muscles from the external abdominal ring outwards for about four inches. This done, the intestine was free from all but its mesenteric attachments. To close up the wound in the intestine, the expediency of cutting out a complete section of the intestine was considered, but was not thought wise, as it would involve removing the vermiform appendix and portions of cæcum and ileum. The cicatricial margin of the opening was trimmed off. The opening then involved about four-fifths of the calibre of the bowel. The edges of this wound were then approximated, but as one side was small and the other large intestine, the edges would not lie together smoothly. To obviate this difficulty a longitudinal cut was made in the small intestine, thus giving a longer edge of cut surface, and forming a sort of oval-shaped wound, which could be approximated accurately to the cut edge of the large intestine. The wound was then sewed up with silk sutures as follows: The needle was entered about one-half inch from the wound, penetrating the peritoneal layer, then traversing the middle layer (muscular) of the gut, and emerging one-eighth inch from the margin of the wound, having left the mucous layer untouched. The needle was then entered at the opposite side of the wound, in a corresponding manner traversing the middle layer, and emerging about one-half inch from the wound. Ten sutures were introduced in this way. When these were drawn tight they rolled in the free margin of the wound, thus bringing two serous surfaces in contact, and turning the cut edge into the interior of the bowel. The intestine was then allowed to fall back in the abdominal cavity, after additional silk sutures had been placed between the previous ones, making twenty in all.

The ring and abdominal opening were then brought together and sewed with fine silver wire, the sutures passing through the peritoneum and fascia of the deeper muscles, but not the skin. The ends were cut short and the points bent over. Five sutures were thus placed. The skin was then united by silk sutures, a large-sized drainage tube, three inches long, being inserted into the abdominal cavity.

A graduated compress of carbolic gauze was

then placed over the wound, and a full Lister dressing surrounding the abdomen and thigh, the whole being confined by a spica bandage, firmly sewed together. The whole operation was done under carbolic spray and all antiseptic precautions, occupying in all two hours and three-quarters. There was but very little hemorrhage, the vessels of the skin being tied before the abdomen was opened. There was no escape of fæcal matter at any time. The tract of the small sinus first opened was thoroughly curetted before any other cut was made.

The condition of the patient was excellent throughout, the pulse being full and moderate. About one and one-half pints of ether were used. Recovery ensued.

Cerebral Physiology.

The *Lancet*, April 5, 1884, says: "At a meeting of the Royal Society held on March 20th, Messrs. Victor Horsley and Edward Albert Schäfer read a preliminary communication on the functions of the marginal convolution. The communication was the first of a series giving the results of an experimental investigation into the physiology of the cerebral cortex and its connection with other portions of the nervous system. The animals employed were monkeys, most of them, if not all, some species of Macacque. In some the portion of the brain under investigation had been stimulated by the interrupted current and the resulting movements recorded; in others the cortex had been removed over the region in question (by means of the galvanic cautery and under antiseptic precautions), and the resulting pareses of voluntary movement observed. The authors have for the most part throughout their experiments taken care to employ an excitation just sufficient to call forth the activity of the brain immediately under the electrodes. The mesial surface of the hemisphere, or rather only the marginal convolution of that surface, has been explored, for it soon became evident that positive results were not to be expected from electrical excitation of the other parts of the mesial surface. A remarkable relation was found on the whole to hold good between the different parts of this convolution and the parts of the body thrown into movement by their excitation. Thus it was found that when the stimulus was applied anteriorly, the resulting movements affected the upper limbs; when applied near the middle of the excitable part of the convolution, the muscles chiefly affected were those of the trunk; whilst when applied posteriorly, the muscles of the lower limb alone were called into action. It is further thought probable that the movements which are produced by stimulation of points which succeed one another from before back, take place in the following definite order, viz., movements of the forearm, movements of the humerus and scapula, movements of the upper part of the trunk, movements of the lower part of the trunk, movements of the pelvis, of the hip, at the knee, at the ankles, and, lastly, at the toes. The authors have further produced complete hemiplegia in monkeys by removing the excitable portions of the frontal and parietal lobes of the external surface, in addition to the excitable portions of the marginal convolution. The paralysis resulting from this operation affected not only the muscles of the limbs, but also those of the head and neck and of the trunk; whereas in animals in which only the excitable portions of the external surface (the motor regions of Ferrier) have been removed, the paralysis is but partial, and confined chiefly to the muscles of the limb. Mr. Horsley advocated the theory that in ordinary hemiplegia resulting from hemorrhage in or part outside one corpus striatum, the trunk muscles escaped because the nerve fibres from their part of the cortex (about the marginal convolution) were the last to get damaged by the extravasated blood. He argued that the bursting of the 'artery of hemorrhage' would first place *hors de combat* the facial fibres, then the brachial, next the crural, and, lastly, or not at all, the truncal fibres; the recovery of the function of these parts took place in the inverse fashion. Further, Broadbent's theory of the bilateral association of spinal nuclei was explained by supposing that in a *discharging* lesion affecting only one hemisphere, it was more reasonable to suppose that the energy would spread the shortest way—*i. e.*, to the opposite cortical area."

Hæmaglobinuria.

There are many obscure cases of hæmaglobinuria, in which it is next to impossible to discover any cause to which the disease might be attributed. At the last German Congress for internal medicine, Dr. H. Schumacher, of Aix-la-Chapelle, drew the attention of the profession to the fact that according to his observations all such cases are caused by syphilis. Notwithstanding the apparent mildness and trivialness of the symptoms, experience had proven to him that the complaint is not only a very grave, but finally invariably, also a fatal one. One case, seen by him in the earliest stage, was subjected to an anti-syphilitic treatment and recovered. But such a favorable result is possible only in the beginning of the disease; later, no remedy will influence the course and prevent the fatal issue of the malady.

This observation of Schumacher coincides with our own. It seems that hæmaglobinuria, if due to syphilis, may be recognized by the following peculiarities. The disease attacks the individual without warning; rarely some slight pain in the back may precede it. There is a total absence of all other symptoms. The most careful examination fails to reveal the least lesion, the least disturbance of general health. It seems to be impossible to elicit any etiological moment. This fact, combined with the healthy appearance of the patient, then the impression which the physician gains that the symptom apparently is without influence on the general system, the absence of fever and of all other signs of disease, are the sure evidences of the syphilitic origin of the complaint. To be sure, the presence of the peculiar dirty-yellowish discoloration of the skin of the forehead, of cicatrices of syphilitic ulcers, or of any other syphilitic manifestations, will as rapidly clear up all mystery, as the admission of the patient of his having suffered from constitutional luës. If not treated specifically in the earliest stages, the hæmaglobinuria will come and go, varying greatly in degree, until some other symptom (depending upon the organ next visibly affected) be-

comes added to the hæmaglobinuria. But from this moment all hope for the patient is gone. Brain, heart, lungs, or liver, may become next involved. In the later stages, the disease is apt to be mistaken for cancer of the kidneys, and those cases of cancer of that organ, which have apparently been cured by iodide of potassium and mercury, have doubtless been such of syphilitic origin.

Reflex Nervous Phenomena from a Parasite in the Thigh.

The Paris correspondent of the *Brit. Med. Jour.*, May 10, 1884, says that M. A. Robin relates an interesting case which has recently come under his notice. The patient, an inhabitant of Rio Janeiro, one day suddenly felt a violent pain in the thigh, which quickly passed off, but reappeared on the following day; and at the same hour, simultaneously with the pain, a small purple pimple appeared. The medical men at Rio Janeiro diagnosed it as a carbuncle; but it continued to increase in size without presenting any sign of suppuration. The patient decided to go to Paris. During the journey the pains became especially acute; they appeared in the morning and late in the night; she described them as pinching, burning, dragging pains. Towards the end of the journey, they attacked the stomach, head, and limbs. The patient then suffered from convulsions; after these fits, trismus frequently set in. Several physicians in Paris diagnosed the condition as nervous, and considered the tumor to be unimportant. M. Robin commenced by trying to ascertain the nature of the tumor. He observed a small orifice at its centre, but there was not the slightest indication of suppuration. On pressure, a small mass was expelled, which resembled the core of a boil, and, when carefully examined, was observed to present spontaneous movements, due to the presence of a larva, which M. Laboulbène pronounced to be that of a dipterous insect, *Dermatobia noxalis*, a species unknown in France. After the expulsion of the larva, the nervous attacks ceased, and the patient is now completely cured. M. Megnin quotes the history of a similar case communicated to him by Dr. Josseaume. The larva M. Megnin believed to belong to the same species as that described by M. Laboulbène, which he considered, however, to be the larva of a gad-fly well known in France. M. A. Robin does not agree with M. Megnin. The body of the insect examined by M. Laboulbène was different from that described by M. Megnin, who assured M. Robin that the exterior aspect of the insect is unimportant, and is frequently decided by age.

Diarrhœa in Children.

Dr. Lees, in his paper in the *Med. Times and Gaz.*, May 3, 1884, calls attention to a class of cases, not very uncommon in children, in which the main symptom is an irresistible impulse to defæcation, experienced almost immediately after food has been taken. Colic pain may, or may not, be present, but there is no sensation of weight at epigastrium, heartburn, flatulence, or other symptom of dyspepsia. The motions are usually semi-solid, not often watery or slimy, and frequently contain undigested food. Usually a motion is passed almost immediately after every meal, and perhaps once or twice more during the twenty-four hours. Dr. Lees points out that these symptoms are evidently due to a hyper-peristalsis of the alimentary canal, without increase of secretion, the two factors of ordinary diarrhœa being here disassociated. Such increase of peristalsis, is probably due to irritation of the vagus nerve, which supplies the excitor fibres to the intestine, the splanchnics conveying the inhibitory fibres. The proximity of the nucleus of the vagus to that of the trigeminus, in the medulla, indicated the possibility that this increased excitability of the intestine may in part be due to dental irritation, the cases in question usually occurring during the period of the second dentition. Believing in the purely neurotic origin of the symptoms, Dr. Lees has treated several cases with bromide of potassium simply, without opium or any astringent, and had obtained immediate success, even in cases which had persisted for several months. The diarrhœa was usually arrested in a few days, and occasionally the children became so costive that the medicine had to be discontinued. Four cases were narrated, also a similar case occurring in an adult, in all of which speedy relief was given by bromide. In conclusion he remarks that individuals who suffer from these symptoms are often of a markedly neurotic temperament, timid, and easily frightened.

Complete Dislocation of the Scapula.

The *London Med. Record*, May 15, 1884, tells us that Dr. Böing, of Dinslaken, reports to the *Berlin. Med. Wochensch.* of October 22, 1883, a case of complete dislocation of the scapula which occurred in his practice. The patient had been caught by the projecting handle of a wheel, and pressed against the edge of an iron upright belonging to the machinery, which had inserted itself under the inferior angle of the scapula, and had pushed the bone forwards under the pectoralis major. When first seen, the patient had a decided hollow where the right scapula with its muscles ought to have been, and the bone was entirely covered by the pectoralis major, only the tip of the inferior angle being discovered on careful palpation. There was no cutaneous wound, only a red mark where the edge of the upright had pressed. The hand could be pushed under both the latissimus dorsi and the pectoralis major, but the only place where tenderness was complained of was the inferior angle in the before-mentioned position. Reduction was easily effected by raising the arm, the trunk being firmly fixed, and using the acromion as a fulcrum, when the scapula slipped suddenly back to its normal position, with the same sound as when a joint is put into place. No muscular laceration could be made out. The first rib was then found to be fractured about the middle, evidently from muscular action, as the fragments projected outwards, and it could not have been the result of direct violence. The fracture caused a wound of the lung, which set up traumatic pneumonia; but in sixteen days the patient was able to go about again, and in a month he was back at work.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——In a recent reprint, Dr. B. F. Baer, of Philadelphia, refutes the popular belief that flooding at the change of life is physiological, and hence rather beneficial than otherwise. He is of the opinion that it is usually the result of uterine disease, hence it demands the attention of the physician as much then as at any other time.

——A sheet or broadside, arranged by Dr. Louis Lewis, showing the condition of the urine in disease, has been published as a supplement to the *Medical World*, Philadelphia. It is handy and perspicuous. Price, 50 cents.

——Dr. Robert M. Smith's paper on the rapidity of the circulation of the blood, to which we have before referred, appears in a neat reprint from the Transactions of the College of Physicians.

——The address on Practical Medicine, read by Dr. John V. Shoemaker at the meeting of the American Medical Association, makes a pamphlet of sixteen pages. It briefly describes some of the most interesting novelties in therapeutics and pathological researches.

——The symptom of unnatural sleepiness occurs in numerous diseases, and its precise significance deserves careful consideration. This it receives in a paper by Prof. C. L. Dana, M. D., of New York city. He cites many extraordinary examples, and traces them to their pathological causes.

——A fertile writer on nervous diseases is Dr. C. H. Hughes, of St. Louis, the editor of "The Alienist and Neurologist." His observations are marked by acuteness and depth.

——We have received from M. P. Chapoteaut a paper introducing to notice a glucoside of boldo, which we should judge would prove a valuable form of the drug.

——Dr. G. Beck's "Therapeutischer Almanach" for 1884, contains its usual large number of condensed notices of remedial novelties. It can be had through E. Steiger & Co.

——Our fellow-townsman, Dr. F. E. Stewart, has devoted much attention to improving the relations between physicians and pharmacists. His latest contribution is entitled, "How Can Physicians Aid in Elevating the Profession of Pharmacy." In this he urges that druggists should give more attention to the scientific aspect of their vocation. They should not sell proprietary remedies. They should practice pharmacy in a liberal spirit, serving science first and commerce afterwards. Such recommendations are more praiseworthy than practical, yet it will do no harm, and perhaps some good, to give them a hearing. The competition of business is pretty sure to be the ruling motive after all.

——The singular symptom of automatic action during inebriety is illustrated by Dr. T. D. Crothers, of Hartford, Conn., in a recent reprint. The cases he quotes are highly instructive.

BOOK NOTICES.

Health Hints for Travelers. By John C. Sundberg, M. D. Price, 50 cents, cloth. Published at the office of the Medical and Surgical Reporter, Philadelphia.

A few years ago the author of this convenient little book was attached to this journal. His wide travels led him to the belief that much of the suffering and ill health to which travelers are exposed arises from an ignorance of simple sanitary laws and elementary points in medicine. These he has aimed to group together in a style at once easy to read and facile of comprehension. From our examination of his work we heartily commend it as containing a great number of suggestions well worthy the consideration of travelers. It will form the most valuable piece of baggage of its size that they can stow in their grip-sack.

One point the author brings out forcibly, and that is, that in traveling a person acquainted with some of the simpler resources of practical medicine can frequently relieve many others from the annoyances and even the pains which exposure to new surroundings often involves. We should be glad to witness a wide distribution of Dr. Sundberg's work among the traveling public.

Medical German. A Manual Designed to Aid Physicians in their Intercourse with German Patients, and in Reading Medical Works and Publications in the German Language. By Solomon Deutsch, Ph. D. Pp. 336. J. H. Vail & Co., New York City.

A practicing physician once informed us that by actual count his knowledge of German had added to his business an amount equal to the interest on $10,000 every year. His case was no exception. It is certainly much the most useful language outside of English in this country. The manual above named appears to be thorough and practical. He arranges the medical terms systematically with reference to the different parts of the body and the various diseases. We doubt not that it will be found a valuable aid to those who would perfect themselves in this useful tongue.

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LEGAL VIEWS ABOUT CREMATION.

The question of cremation has been revived lately by a variety of events, among which are the incineration of the body of the late Professor Gross, and the discussion in the English Parliament over a bill legalizing cremation.

This bill failed to pass; but in view of a recent decision in one of the English courts, it would seem that this mode of disposing of the dead is hardly illegal. This case involved the two questions of cremation as a misdemeanor before the common law, and as preventing an inquest. It will at once be seen that incineration will absolutely destroy the evidences of poisoning, or violent death, and in some cases justice might be prevented if cremation could be adopted at the will of the dead man's friends or enemies, as the case might be.

To this it will be answered that the laws requiring the registration of the cause of death by a reputable physician would prevent the body being put at once beyond the power of examination. But this will not answer the case fully; for the penalty for burying a body without a certificate is in general slight, and the same would apply in cases of cremation. A person guilty of murder might at once burn a body, making himself liable to the smaller punishment to save the greater; and if the entire evidence of the crime consisted in the proof furnished by the body, it would be practically impossible to secure a conviction, no matter how suspicious the circumstances seemed to be.

At the same time, it must be remembered that the right of a coroner to hold an inquest is not an absolute one. He can never interfere with the ordinary preparations for a funeral, without reasonable grounds for believing that the circumstances connected with the death are unusual. If he does thus interfere without good reason, he becomes liable to an action.

In the English case referred to, a man named Price was directed to file a certificate of the cause of death of his five-months-old child, and was informed that an inquest would be held in case this was not done. The certificate was not filed, and

before an inquest could be held, he attempted to burn the body by placing it in a cask of petroleum, which he set on fire. The neighbors extinguished the fire with earth, though the case does not say whether the body was burned sufficiently to prevent an intelligent examination into the cause of death. Price was then arrested and indicted for committing a misdemeanor in attempting to cremate the body, and on the further charge of preventing an inquest.

On both of these charges the jury acquitted him, showing that in the view of the jurors the death was a natural one.

The court discussed the whole matter quite at length, holding that cremation *per se* could not be considered a misdemeanor. The law contemplated in all its decisions burial, but that seemed to be the case, because cremation was not, in the minds of the judges; and without some declaration on the part of Parliament, the courts would not decide that cremation was illegal. It was, however, decided that the mode of cremation might be so public and annoying as to make the act a nuisance, for which a man might be properly indicted. The burning attempted by Price was on his own land, and presumably not of such a character. It has been claimed that every person was entitled to "Christian burial," but these expressions in the law-books were used at a time when cremation was unknown in England. The court declined to express any opinion regarding the propriety of cremation, but said that in the present state of English law the act could not be considered criminal.

What effect the failure of Parliament to act on the matter will have, remains to be seen; but it is reasonably certain that at some time cremation, under certain restrictions, will be allowed by positive enactment.

The English people are exceedingly conservative, and their persistent refusal for so long to permit marriage with a deceased wife's sister shows that any measure looking towards the substitution of cremation for burial will be delayed a long time.

Cremation societies exist in this country, and seem to be increasing in number, although as yet there is but one crematory—that at Washington, Pennsylvania.

THE RESPONSIBILITY OF SURGEONS.

The important question of a surgeon's responsibility in cases of accident was brought up in an unusual way in a recent case in an Illinois court.

A person was injured in a railroad collision, and in a suit against the company for damages it was alleged in defense that the plaintiff had himself been negligent. The principal ground for this claim was not any negligence at the time of the accident, but a subsequent negligence in choosing an incompetent surgeon to attend him. The interesting point of the liability of the surgeon under these circumstances was not considered, but the court held that the claim, if true, was no defense to the action against the company. The verdict against the railroad people was therefore sustained.

A portion of the opinion of the court will be of interest, and is as follows:

"There is evidence tending to show that had this broken arm received ordinary care and ordinary professional skill, the parts would have united with little or no permanent injury, and on this hypothesis alone appellant insists that the matter of this false joint should have been, at least hypothetically, excluded from the jury. We understand the law on this subject to be that plaintiff cannot hold defendant answerable for any injury caused, even in part, by the fault of plaintiff in failing to use ordinary care or ordinary judgment, or for any injury not resulting from the fault of defendant, but caused by some new intervening cause not incident to the injury caused by defendant's wrong.

"Thus in this case, if it be conceded that the false joint, under proper care and skill, would not have resulted from the breaking of the arm alone, but was brought about by the subsequent separation of the parts after they had been properly set, and before nature had formed a firm union, then if this subsequent separation of the parts had been caused by an assault and battery by a stranger, or some foreign causes with which appellant had no connection, and which was not in its nature incident to a broken arm, plainly appellant ought not to be held to answer for the false joint; but if appellee exercised ordinary

care to keep the parts together, and used ordinary care in the selection of surgeons and doctors, and nurses if needed, and employed those of ordinary skill and care in their profession, and still by some unskillful or negligent act of such nurses, or doctors, or surgeons, the parts become separated, and the false joint was the result, appellant, if responsible for the breaking of the arm, ought to answer for the injury in the false joint.

"The appellee, when injured, was bound by law to use ordinary care to render the injury no greater than necessary. It was therefore his duty to employ such surgeons and nurses as ordinary prudence in his situation required, and to use ordinary judgment and care in doing so, and to select only such as were of at least ordinary skill and care in their profession. But the law does not make him an insurer in such case that such surgeons, or doctors, or nurses, will be guilty of no negligence, error in judgment, or want of care.

"The liability to mistakes in curing is incident to a broken arm, and where such mistakes occur (the injured party using ordinary care) the injury resulting from such mistakes is properly regarded as part of the immediate and direct damages resulting from the breaking of the arm."

These views will commend themselves to the good sense of most readers, and strike us as a fair presentment of the points.

A NEW DISEASE.

We had lately occasion to refer to Virchow's discovery of the actinomycetes, which cause the same chalky deposits in the muscular tissue of the hog, as do trichinæ. Dr. Zemann has recently observed five cases of actinomykosis in human beings. These cases seem to throw some light on this obscure disease.

In four of the five cases the disease began with lancinating and cutting pains in the abdomen, and in its further course exhibited the picture of a slowly-developing, a febrile, low typhoid condition, due to chronic peritonitis. In one or more places of the abdominal wall local swelling set in, ending in abscess formation with external discharge of the pus, but frequently communicating with a perforated intestine. In one of these cases the characteristic nodules were detected during the lifetime of the individual. The fifth case happened in a strong and healthy person, and here the disease ran its course as an acute, febrile malady, which on account of the brain symptoms accompanying it, was diagnosticated as meningitis. In all the five cases the disease began in the abdominal cavity, and there in the peritoneum, to which it was limited, and in but one case metastatic abscesses in the liver were observed. The peritoneal covering of the intestines was extensively diseased; affections of the bones were met with in none of the cases, and the spinal column did not evince the least indication of its participation in the morbid process. But some organs were attacked, which had not suffered in any cases thus far published. Twice the bladder was found perforated by mykotic ulcerations; once the disease spread from the neighborhood to the left ovary, and in one case one Fallopian tube was diseased, and found the real and only seat of the morbid lesion. In the latter case, where the intestines were perfectly normal, the infection, in the opinion of Z., had probably taken place by way of the vagina, while in the other four cases the micrococci entered by the alimentary canal.

Concerning diagnosis, the pathognomonic nodules of the parasite form the only sure indication of the disease; without them the diagnosis is impossible, for the disease may be febrile and acute, or febrile and chronic, it may present the picture of a phlegmon, of chronic inflammation of serous membranes, or of inflammation of bones or periosteum, or that of internal organs; and as the entrance of the parasite into the body may happen anywhere, and as the inflammation usually attacks the place of entrance, and is not always limited to it, the possible complications that may arise can not be calculated.

TUBERCULOSIS VERSUS CONSUMPTION.

The question of identity of the two pathological processes, known the one as tuberculosis and the other as consumption, was recently brought before an alderman of this city, and this judicial functionary was requested to decide. This incident, trivial and ludicrous as it may seem, points out with unusual clearness the necessity of an unanimous opinion among the members of the

medical profession as to the identity or dissimilarity of the two diseases.

The facts in the case, stripped of all unnecessary details, are as follows: A young man suffering from constitutional syphilis takes out a policy with a beneficial society, paying ten cents a week premium. The policy contains a clause to the effect that if the holder of it dies of consumption within a year from date, the family is entitled to but one-half of the amount of the insurance. This young man died of acute general tuberculosis ten days before the expiration of the year, and the company pays but half the amount of the insurance. The widow, however, sues the company for the other half, and on the testimony of the attending physician, who by the way believes in the individuality of tuberculosis and phthisis, the alderman decided in favor of the plaintiff. In other words, the burning question of the identity of phthisis with tuberculosis was decided in the negative.

The expert testimony, as well as that of the attending physician, went to show that the term "consumption" used in the policy is too vague, and covers too much ground in a scientific point of view; and at the same time it elicited that the popular interpretation of the word was that it meant destructive lung disease only. Since in the case in question the lung symptoms had been very slight, and were altogether overshadowed by the symptoms of tubercular deposits in almost all the other organs of the body, the magistrate was certainly in the right to deliver his decision for the plaintiff.

Notes and Comments.

Black Tongue.

The following case of this affection, which Dr. G. T. Broatch reports in the *Brit. Med. Jour.*, April 19, 1884, may prove interesting to our readers:

The patient is a man aged sixty, a painter and glazier by trade, but, on account of ill-health, has not done any work for seven years. Shortly after he commenced his apprenticeship, he was attacked with lead-colic, and the blue line characteristic of lead-poisoning appeared on his gums, and remained for about twelve months. He has never enjoyed robust health, and at present suffers from ulcers on his legs, which have existed for the last thirty years.

On examination of the tongue, the blackness is seen to be in the form of a circular patch, about an inch in diameter, situated at the posterior third of the dorsum. The greater part of it is of a deep black color, while at the margin it is lighter, being brownish; and surrounding this for about half an inch there is a whitish tinge. Behind the coloration are a number of light-colored nodules in the position of the circumvallate papillæ. The other parts of the tongue, except being slightly fissured, are normal. Upon stroking the patch with the finger from before backwards, it feels soft and smooth; while, on reversing the motion, it feels roughish, this being caused by the finger passing over what looks like a mass of black hairs. The discoloration is entirely composed of these black filaments, some of them of considerable length, with shorter ones intermixed. They can be detached easily with dressing-forceps, bringing along with them a portion of the subjacent tissue, which is light in color. The blackness commenced about two years ago, the patient feeling, as he describes it, as if his tongue were too large for his mouth; and, on examining it, he found a small discolored spot, which has gone on extending ever since. He has no pain in the tongue, nor any diminution in his sense of taste.

On microscopical examination of one of the filaments, it is seen to be composed of epithelial cells of a brown color, closely packed, and overlapping one another. In some cases, the centre of the filament is very dark, with a lighter margin; and in other cases it is the reverse. When the latter condition occurs, there appears to be a tendency for it to split down the centre. On examination from the apex of the thread downwards, the color gradually becomes less, till, at the point where it springs from the tongue, no staining of the cells can be detected. These filaments appear to be, as stated in the article by Mr. Stoker, the fringes of the papillæ greatly hypertrophied, and their cells stained of a brown color.

The Hot-beds of Yellow Fever.

Dr. Domingo Freire (*El Siglo Medico*, December 9, 1883), commissioned by the Brazilian Government to inquire into the origin, prophylaxis, etc., of yellow fever, found on examining the earth from the cemetery of Jurujabù, where those dy-

ing from yellow fever in the Marine Hospital of St. Isabel were interred, that the soil was swarming with the same micro-organisms which exist in the vomit, blood, and urine of patients suffering from the disease. The soil was taken from the grave of a person who had died the year before, at the depth of one foot from the surface. In appearance, smell, and other characters, it presented no peculiarities, but, on examination under the microscope, with a power of 740 diameters, myriads of micro-organisms were seen, identical with those found in the organic liquids of the fever patients. These organisms are the cells of the *Cryptococcus xanthogenicus* in various stages of development, varying in size from a scarcely perceptible black point to more or less large round corpuscles, highly refractive, grey or black, or encircled with a black fringe or areola. Many of these organisms made spontaneous movements. Yellow masses spotted with granulations, due to the coloring matter of the cells, and black points, the remains of the cryptococci, were also seen, as were some rapidly moving vibriones. These observations, which were fully confirmed by Señores Chapot, Cæsar, and Caminhoa, show that the germs of yellow fever are perpetuated in cemeteries, which are so many hot-beds or nurseries for the cultivation of new generations destined to devastate the country. He recommends the removal of cemeteries to remote parts, or, better still, cremation.

To Remove Foreign Bodies from the Eye.

Before resorting to any metallic instrument for this purpose, Dr. C. D. Agnew (*American Practitioner*, May, 1884,) would advise you to use an instrument made in the following manner: Take a splinter of soft wood, pine or cedar, and whittle it into the shape of a probe, making it about the length of an ordinary dressing probe. Then take a small, loose flock of cotton, and, laying it upon your forefinger, place the pointed end of the stick in the center of it. Then turn the flock of cotton over the end of the stick, winding it round and round, so as to make it adhere firmly. If you will look at the end of such a probe with a two-inch lens you will see that it is quite rough, the fibres of cotton making a file-like extremity, in the midst of which are little interstices. As the material is soft, it will do no harm to the cornea when brushed over its surface.

When ready to remove the foreign body, have the patient rest his head against your chest, draw the upper lid up with the forefinger of your left hand, and press the lower lid down with the middle finger, and then delicately sweep the surface in which the foreign body is imbedded, with the end of the cotton probe. When the foreign body is lodged in the center of the cornea, it is most important not to break up the external elastic lamina; for if you do, opacity may follow, and the slightest opacity in the center of the cornea will cause a serious diminution in the sharpness of vision.

Glycerine and Codeia Jelly.

In the *Brit. Med. Jour.*, April 19, 1884, Dr. G. S. Mahomed draws the attention of the profession to a preparation consisting of codeia with citric acid, tolu, and glycerine, which he thinks will be found a pleasant and serviceable agent in the treatment of chronic laryngitis, phthisical cough, etc.

He had lately to treat a lady suffering from laryngeal catarrh. During the defervescence of her attack she was much troubled by thirst, dryness of the fauces, and consequent cough and sleeplessness. It appeared to him that if he could get the mucous membrane back to its normal state, instead of the dry, hyperæmic, concentrated-viscid-mucus-secreting condition into which it had fallen, the cough would vanish. We have often to deal with a similar condition in phthisis.

Of all agents, glycerine, both from its mechanical and hydroscopic properties, would be the most suitable for such a purpose; and the comfort obtained from oranges or lemon-juice, under such circumstances, is well known. He thought codeia would be the least noxious sedative, and that something in jelly-form would remain longer in contact with the parts. The jelly is flavored with lemon, and very pleasant to take; and he thinks many will agree with him in thinking that it is often preferable to order such a preparation, particularly in long and intractable cases, to writing fresh prescriptions. Patients take them more readily than ordinary medicines, and, if unrelieved, are less prone to be discouraged.

Certain Contra-Indications in Medicines.

Dr. Rabuteau has made the observation, that certain medicines which, administered alone, cause no disagreeable symptoms, usually produce them when given in connection with other drugs, which by themselves neither induce such phenomena. It is, therefore, their combination which at times must be avoided. We select from his observations (*Fortsch. d. Med.* 9, 1884) the following two, as they concern remedies which are very generally

employed; in one of them it is this combination, and in the other the time, at which the drug is administered which brings about the unusual effect.

Nausea, vomiting, gastralgia, and colic have been observed, when iodide of potassium and sulphate of quinia are prescribed together. The same phenomena have been noted, when iodides and bromides are employed at the same time. In both cases iodine is set free, and the peculiar action of such combinations has to be ascribed to this fact. Quinine is contra-indicated during the period of menstruation. Female patients who at any other time do not suffer from disagreeable effects of the drug, complain of intense pains in the hypogastric region if they take the same doses of quinine that had been administered to them at some other time without disturbance, during the menses. It is well known that quinine causes irritation of the uterus. As the irritability of this organ is usually increased at the time of the monthly period, the occurrence of labor-like pains ensuing upon the internal administration of quinine can thus be easily explained.

Gastrostomy.

A remarkable operation of this kind was performed by Mr. Knowsley Thornton, of England, on May 6, at the Samaritan Hospital. A girl, aged 18, had indulged for some years in the habit, not unknown in the records of clinical medicine, of eating the combings of her hair, and swallowing cotton and other like materials. A large mass gradually collected, which was moulded into the shape of the stomach, and measured nine and a half inches in length, and five in breadth at the cardiac end. The stomach was opened on its anterior surface by an incision five inches long. Very little hemorrhage ensued, and the mass was extracted by means of a vulsellum. During this process, precautions were taken so that neither the wound nor the peritoneum was fouled by the contents of the stomach. The wound was closed by five silk sutures, deep and superficial, interrupted and continuous. A case of a similar kind, which terminated in the recovery of the patient, is recorded by Schönborn in Langenbeck's *Archiv.*, vol. xxix, 1883, page 619.

A New Remedy for Diphtheria.

The Medical Society of Hospitals in Paris in its meeting of May 9, this year, debated the treatment of diphtheria. Nothing new was brought up save a peculiar method employed in Delthil's clinic. D. burns in the sick-room an equal mixture of coal-tar and ol. terebinthinæ, causing the formation of thick, black vapor. The air of the room becomes impregnated with carbon in various combinations, and the latter are said to dissolve the fatty substances which unite the constituent parts of the diphtheritic membranes. In consequence of this chemical action it is believed the membranes lose their tenacity and their adherence to the tissues, and their expectoration is easier.

D. tried this method on four children, on whom on account of laryngeal diphtheria tracheotomy had been performed. Three of the patients died. But remembering the fatality usually attending cases of this kind, the result is, if anything, favorable. Dr. Féréol employed the same treatment on an adult, suffering from a mild type of the same disease. After each fumigation, which was very well borne by the patient, free expectoration ensued, and on the second day the membranes had become soft and were much less adherent. (*Deutsch, Med. Z.*, May 22, 1884.)

Operation for Strabismus.

It is not always easy to decide at what time the operation for strabismus should be made. The effort which Dr. J. Hock, lecturer at the Vienna University, recently made (*Deutsch. Med. Z.*, p. 449, 1884) to determine the time best adapted for this purpose, throws for the first time some light on this important subject. H. has come to the following conclusions. The operation should be performed:

In cases of convergent strabismus—

1. Immediately after the first appearance of squinting, *i. e.*, within a few hours or days.
2. During the stage of periodical squinting.
3. As long as regular diplopia is manifest.
4. In cases of relative squinting at any time.
5. In constant, inveterate squinting it is all the same when the operation is performed, its purpose being but cosmetic.

In cases of divergent strabismus—

1. As long as regular diplopia is present.
2. During the stage of relative squinting, but with the above limitations.
3. In cases of exclusion if the patient demand the operation.

Symptomatic Hemichorea.

A soldier, æt. 23, for some time psychically affected (hallucinations, fear of being persecuted, etc.,) was seized with right-sided hemichorea. This increased gradually, a true "folie muscu-

laire" of the right half of the body developed itself, accompanied by unconsciousness, often lasting for several hours, and soon after death set in. Besides opacity and thickening of the meninges in the fronto-parietal regions of both sides, especially on the left, softening, due to hemorrhage, was observed in the posterior crus of the internal capsule on the left side, spreading over the neighboring parts of the thalamus opticus and the corpus striatum. As a remarkable fact may be stated that neither hemiplegia nor hemianæsthesia was noted during the progress of the disease. What caused the hemorrhage could not be explained, neither syphilis, nor atheroma of the vessels, nor vitium cordis being present. (*Revue de Med.*, 6, 1884.)

Dropping Fluids into the Eye.

We had but recently the opportunity of watching the dropping of a borax solution into the eyes of a child suffering from catarrhal conjunctivitis. The child cried vehemently, for the physician opened the lids with his fingers and thus dropped the fluid into the eye—a procedure, if not painful, at least very disagreeable. It may, therefore, not be amiss to mention the following by far better method.

The inner corner of the eye is first cleaned from all impurities, and then thoroughly dried. While the child is in the recumbent position, the eye is kept closed. One or two drops of the fluid, indicated in the case, are then dropped into the corner. When the child opens the lid, the drops flow slowly into the eye. Should the child be asleep, or not at once open the eye, the operator needs but slightly to separate the eyelids, when the drops will immediately enter.

Chronic Mercurial Poisoning.

Two interesting cases of chronic poisoning by mercury have recently been published by Dr. Neukirch (*Berl. Klin. Wochenscrift*, 15, 1884). The important point in both cases is the fact that they were caused by the bad condition of the mercurial covering of a mirror, and that they were induced in this manner has been proven beyond a doubt. After removal of the mirror from the room, the morbid symptoms soon ceased. The diagnosis was verified by the discovery of rather large quantities of hydrargyrum in the urine of the patients, who presented besides all the usual symptoms of chronic mercurial intoxication. None of them had been using any purgative pills, nor any other medicine, nor any substance containing mercury. Moreover, the immediate improvement ensuing after removal of the patho genic cause, leaves no doubt whatever.

A Modification of Syme's Amputation.

Mr. Jones describes a modification of Syme's amputation which he has practiced in four cases with success, in the *Brit. Med. Jour.*, May 10, 1884. It consisted in leaving untouched the cartilage capping the lower extremity of the tibia. After disarticulation of the foot, the malleoli alone were removed. By adopting this mode of operating, the amount of exposed cancellous tissue was materially diminished, and so also were the risks of suppurative osteomyelitis. The anterior incision should be made slightly convex, with the convexity directed forwards; otherwise the operator might find some difficulty in approximating the edges without undue tension. The stumps were of a good shape, and readily bore pressure.

Bromide of Ammonium in Puerperal Mania.

In the *Southern Practitioner* for June, 1884, Dr. J. B. Jackson reports a case of puerperal mania coming on the fifth day after delivery, wherein chloral and bromidia signally failed. He then prescribed the following:

℞. Ammonii bromid, ℥ j.
Water, ℥ iij.

Sig.—One teaspoonful every three hours in day time.

Ordered treatment continued, and when he called next day she was combing her hair. She laughed and said, "Doctor, I am not poisoned, I am well." She recovered without another untoward symptom. In these cases where we have a feeble circulation, he is satisfied that we will find ammonia bromid. second to nothing. These cases are rare in country practice, but when they do occur, they require prompt attention, as the friends become very anxious.

Subnitrate of Bismuth as a Surgical Dressing.

After extolling its merits and relating cases in the *San Francisco Western Lancet*, February, 1884, Dr. J. F. Morse concludes by saying that it is an excellent surgical dressing. He calls attention to the fact that the subnitrate of bismuth produces a peculiar change in the difference of the granulations filling a wound. If they are pale and flabby, they at first become black, and then firm, and assume a purplish hue, and if they are bright red they change to the same purple color. The secretions which escape from a wound, providing the wound is a fresh one, are also changed to a jet black hue during a short interval.

Ferric Chloride Reaction in Urine.

The addition of ferric chloride to urine may teach us: If a green discoloration ensues, it denotes the presence of bile, and also proves that the urine is rich in Indican. If an intensely red discoloration takes place in diabetic urine, it seems to indicate that fatal coma is approaching. The same reaction frequently happens in cases of cancer of the bowels, and in one case, where besides pain (which could not be definitely located) in the abdomen and gradual emaciation, no other symptom indicated the existence of a grave disease, the reaction mentioned enabled the physician to make the diagnosis of cancer of the bowel, and the post-mortem examination is said to have verified the diagnosis. In perityphlitis, the reaction ensued.

Probably an Accident.

We find in the *Rheingauer Burgerfreund* the following two advertisements, printed in the same manner as we bring them:

"1. *Special Notice.*—I may be daily consulted professionally from 3½ to 5 p. m. in my private sanitary institution X. to Y. on the Rhine. Dr. F. R., practical physician."

"2. *The respected public* is hereby informed that I have settled down in X. as barber and surgeon. My residence is———. With high regards, I. N. authorized surgeon II. Cl."

In some parts of Germany there still exists surgeons II. Cl. These are barbers who have the right of cupping, leeching, pulling of teeth, venesection, and other minor surgery. As the new law does not recognize these hermaphrodites, they will soon disappear.

The Urine in Strangulated Hernia.

The Paris correspondent of the *Brit. Med. Jour.*, (May 10, 1884,) says that Dr. Englisch, of Vienna, on examining the urine of patients under treatment for strangulated hernia, has ascertained that it always presents albumen in proportion to the duration of the strangulation. If surgical means be not adopted, the albuminuria continues until the death of the patient. The quantity of albumen is not affected either by the date of the hernia, the size of the sac, the frequency of anterior strangulations, nor by a febrile condition. When there is simply protrusion of the omentum, albumen is absent. Professor Nothnagel attributes this albuminuria to diminished intravascular pressure, resulting from the presence of a strangulated hernia.

Liquor Arsenicalis in Nævus.

Dr. John Blair reports a case in one of our foreign exchanges, where, after seven weeks use locally of this drug, the patient was entirely cured, and that without appearing to suffer any pain, except for a short time when the nævus was ulcerating. He had to stop the application on two different occasions, owing to severe gastric disturbance, which he attributed to the absorption of arsenious acid, and which ceased after a rest of two or three days.

Correspondence.

The Title "Eclectic;" Conception without Intromission.

Eds. Med. and Surg. Reporter:—

I see, in the number for May 31, 1884, of Medical and Surgical Reporter, in your notice of Dr. Hamilton's "Conversations on the Subject of Medical Ethics," you say that Dr. H. is in error as to the title "Eclectic," adopted by the medical school of that name. They adopted the title for the reason given by Dr. H.—as I know of my own knowledge. I had it from Dr. T. V. Morrow, who was at the head of the movement when it was adopted, and from several others who were with him in it. I attended lectures there in 1846–7.

I have seen three letters in the Medical and Surgical Reporter, reporting cases of pregnancy without intromission. When reading medicine forty-two or forty-three years ago, I saw the statement "That John Hunter said that a young woman lying on the dissecting-table was pregnant. He judged by areola around nipple. On examining pudenda, a hymen was found with very small opening. Hunter insisted he was right, and on opening the uterus a fœtus was found." I believe the book I read it in was "Dewees' Midwifery." In 1845 or 1846 a girl came to our office and told me she "had taken cold and stopped her courses." I questioned her some, and then said I thought she was pregnant. She requested me to examine her *then*, as she was sure it could not be: she had not had intercourse. I found a hymen with an orifice about ⅜ inch in size. Still I said she was pregnant, and told her how she got it. She had thought intromission necessary, or no danger. I explained to her and the young man that it had been thrown in by force of the discharge. They married in two days, and all went well; the baby came in 6½ months, fully developed.

Davenport, Iowa. W. H. Davis, M. D.

High Operation in Senile Gangrene.

Eds. Med. and Surg. Reporter:—

In a recent number of the Reporter I saw an article on the subject of amputation in senile gangrene, recommending the high operation in such cases. This brings to mind a case which I treated in the summer of 1881. Inasmuch as the profession is not agreeed upon the time and manner of operative interference in such cases (some recommending no operation until a line of demarca-

tion is set up, and others being very uncertain in their teachings), and inasmuch as experience and observation are often necessary to a definite line of treatment, I submit a report of the following case for publication:

On June 21, 1881, I was called to see Mr. A., aged about 70 years, on account of dry gangrene of two toes (first and second) of right foot. He lived in an adjoining county, and was under the professional care of Dr. James Hoffman.

His general condition appeared pretty good for one of his age. We agreed to amputate the foot, and accordingly performed Chopart's operation, the patient being under chloroform. He did very well for a while, and hopes were entertained of a speedy recovery. But about July 1, gangrene attacked the stump, and on July 5, in consultation with Dr. Hoffman, we agreed to amputate above the *knee*, and did so at once. The patient was not in as good a condition as at the time of the other operation, but bore the operation well, being anæsthetized. On examination, the arteries in the flaps presented a very peculiar appearance, being largely occupied with atheromatous deposits. They were studded with hard, chalky or lime deposits, and were so stiff that the larger ones gaped wide open, with no disposition to collapse, and the smaller ones appeared to the touch like so many hard sticks all through the flaps. These deposits were visible and tangible in the larger arteries in the shape of hard mounds. There was no appearance of any line of demarcation in this case at any time, though the toes had been affected for several weeks before the first operation; and I am of the opinion that if we had waited for such line the patient would have died.

After this last operation the patient recovered promptly, and had no return of gangrene, and lived in fair health and comfort until a few weeks ago, when he died, but I know not from what cause.

I forgot to say that Dr. Wm. L. Moody (now deceased) was present, and assisted in one of these operations. N. T. Dulaney, M. D.

Blountville, Tenn., April 24, 1884.

Herpes Preputialis.

Eds. Med. and Surg. Reporter:—

Mc.'s case (page 732, June 7, 1884,) is, in all probability, one of herpes preputialis, and is, when it occurs after coition, excited by contact with an irritating discharge from the vagina of the female with whom he has sexual intercourse; and if a vaginal examination be made, the parts will be found hot, tender, and covered with a secretion unhealthy both in odor and appearance. Therefore, it is very likely that both parties need medical treatment of a local and general character. Supposing Mc.'s patient to be a married man, his wife should at once receive attention. She should be ordered:

℞.	Iodide of potassium,	ʒj.	
	Bromide of potassium,	ʒij.	
	Pulv. chlorate of potash,	ʒj.	
	Simple syrup,	ʒij.	
	Aqua distil.,	ʒiv.	M.

Shake well and take a tablespoonful before each meal and at bed-time, with a five-grain blue pill night and morning. Locally she should use:

℞.	Plumbi acetas,		
	Zinci sulphas,	āā ʒj.	
	Aqua distil.,	Oj.	
	Tinct. opii,	ʒij.	M.

For an injection a No. 2 hard rubber female syringeful of this injection should be injected into the vagina three times a day. This treatment should be continued until all heat, tenderness, and discharge have disappeared frpm the vagina, being careful to omit the blue mass as soon as the gums are touched. In the meantime, the husband should be kept under the influence of protoiodide of mercury, or iodide of potassium and blue pill, for two or three months at a time, omitting the mercurial as soon as the slightest tenderness of gums appears, and be directed to wash his penis well with cold water after each act of coition, and to powder it immediately with finely powdered oxide of zinc. Should he have diseased his wife, as I am supposing, sexual intercourse with her ought to be firmly proscribed until both are well. J. B. Johnson, M. D.

Washington City, D. C.

A Valuable Mercurial Powder.

Eds. Med. and Surg. Reporter:

More than thirty years ago I met with several cases of typhoid fever, wherein intestinal hemorrhage occurred about the eighth to twelfth day, which was easily arrested, but was followed by a low fever, with a red, dry tongue, with other symptoms of disease of the mucous membrane of the duodenum and ilium. I wanted a very mild mercurial, and prepared a powder by rubbing blue mass with pulverized white sugar, small doses of which I found produced a very satisfactory effect. I afterward made a preparation by rubbing mercury with sugar of milk—1 part of mercury to 9 of sugar of milk by weight—and have used the same preparation from that time to the present, discarding calomel and blue mass with great satisfaction. My druggist constantly keeps a supply of the powder on hand.

I find in Ringer's Therapeutics he refers frequently to what he calls the *grey powder*, but for which he gives no formula nor mode of preparation, but which I suppose to be the same as my mercurial powder, which is a bluish-grey powder. I regard it a very valuable preparation of mercury, from the use of which I have never known a case of salivation to follow. Combined with pulv. ipecac, five parts of the mercurial powder to one of the ipecac by weight, I have found it the most valuable combination in fever with intestinal irritation, or in dysentery, I have yet met with.

The mercury must be rubbed with the sugar of milk, in a mortar, not only until the globules disappear, but until the color of the powder assumes a decided blue tinge, and the powder mixed with ipecac. I regard a most thorough trituration as a condition necessary to the proper preparation of the medicine.

Although I have constantly used this preparation of mercury for over thirty years, and regard it the most valuable preparation of mercury we possess, I have never seen the form or manner of preparation in any medical work, or work on therapeutics or materia medica.

It is specially valuable in low forms of fever

with dry, red tongue, or a dry, furred tongue of a brown or yellow color. Its effect seems to be to allay irritation of the mucous membrane and also to stimulate and loosen the secretions of the stomach and liver.

The mercurial and ipecac combination with one-half to one-drop doses of tinct. aconite diluted in water, I find the most reliable remedy yet met with to meet the indications found in catarrhal fever, so prevalent during the past winter and spring in both children and adults, in one-half to three or four grain doses. The mercurial powder alone, in doses varying from two to eight or ten grains, I find the proper dose.

Mt. Pleasant, Iowa. W. Bird, M. D.

Thompsonianism: Lobelia Inflata: Indian Tobacco.

Eds. Med. and Surg. Reporter:—

I have known this thing almost from its birth. Some 50 years ago it sprung up in this vicinity like a huge toadstool in a foggy night. It prevailed mightily, but like its prototype, withered before the rising sun. Its success proved suicidal. I could give you the story, both sad and funny, but *it isn't worth while.*

The following paragraph from a review of "The New System," published at that time, may afford information to younger readers:

"The first thing that an inquirer into the 'New System' learns is that it is patent, and that before he can be initiated into its mysteries, he must pay $20 for the book that contains them. But if he should chance to be a practicing physician, he must pay $500 for the same privilege. $20 is the price of a family right; $500 the price for a right to practice it as a profession."

To the uninitiated, the price may seem exorbitant for a duodecimo volume of 300 pages, gotten up, too, in the coarsest manner. But, on opening the book, he is met by a formal agreement between the author and himself, "made in the spirit of mutual interest and honor," to give, whenever applied to, any information that shall be necessary to give a complete "understanding of the system, and imposing upon the latter an obligation of profound secrecy, except to the initiated." The purchaser has, however, by right of purchase, obtained admission into "The Friendly Botanical Medical Society," with all its blushing honors; and is, moreover, entitled to the privilege of a "free intercourse with the members, for information and assistance."

The common name of lobelia inflata, *Indian tobacco*, is descriptive of its near affinity to nicotiana, both therapeutical and toxical. It is, no doubt, an active emetic, though in my hands it has not been reliable, or specially effective. In throat affections, diphtheria, etc., its toxæmic effects may be useful.

I have said that the success of the system was suicidal. I could relate a number of their disastrous cases.

A healthy young man, in carrying a sick wife to her bed in the evening, caused an inguinal hernia. An irregular doctor succeeded in reducing it the next evening; and strangely enough, without any occasion, directed lobelia to be given every hour or two through the night. It caused much sickness, without vomiting. Before the morning he had settled down in an arm-chair, in an unconscious state, from which he could not be roused; and I was called, only to find that he had been dead near half an hour. His breathing had gradually become shorter; his skin cold and clammy. Lobelia narcotism.

R. L., of an intelligent and respectable family, who had a "right," felt unwell in the morning, and took lobelia. It failed to respond, and was repeated, according to rule, until in the night, when, becoming alarmed, they went for their confidential adviser. He directed its continuance, perhaps in larger doses. Soon the narcotism increased, and she manifested symptoms (probably spasmodic) which he pronounced to be the "crisis," assured them that all would now be right, and left her to return home. It was the crisis, for she died, two hours after, of lobelia narcotism.

Previous to this sad occurrence, I had conversed earnestly with the father relative to the narcotic poisons, and their toxic effect, which he seemed to fully comprehend. Subsequently, he acknowledged that she had died with the symptoms I had described, and that the lobelia was probably the cause of her death. E. Michener, M. D.

Toughkenamon, Pa.

News and Miscellany.

American Public Health Association.

The twelfth annual session of the Association will be held October 14–17, 1884, at St. Louis, Missouri, the following topics will be considered:

1. Hygiene of the Habitations of the Poor.
2. Hygiene of Occupations.
3. School Hygiene.
4. Adulteration of Food.
5. Water Pollution.
6. Disposal of Sewerage by Irrigation or Chemical Action.
7. The Observable Effect upon the Public Health of Official Sanitary Supervision.
8. The Work of Municipal and State Boards of Health.

Persons intending to present papers on any of these subjects are requested to notify the secretary at once, and to furnish him with a condensed abstract of the same not later than September 1. Members desiring to participate in the discussion of these papers are also requested to inform the secretary.

It is requested that the complete papers shall be in the hands of the secretary at least three days prior to the meeting, as all papers must be examined by a committee before being read. They may be sent by mail or express to the secretary at his office prior to the 1st of October, after which date to his address at St. Louis, Mo., care of Dr. Jos. Speigelhalter.

Active and associate members have equal rights in the presentation and discussion of papers.

Extensive preparations are now under way for making this the largest meeting that the Association has ever held and the committee urge the attendance and coöperation of persons in all trades and professions interested in the advance-

ment of public health and general sanitary science.

A circular, giving full and concise information regarding local matters, programme, transportation, etc., will be issued in due season before the meeting.

All inquiries of a local character should be addressed to Dr. Jos. Speigelhalter, Chairman of Committee of Arrangements, St. Louis, Mo.

IRVING A. WATSON, Secretary.

Ohio State Medical Society.

At the thirty-ninth annual meeting held in Columbus, June 10, 11 and 12, the following papers were read: "Tuberculosis," by Dr. Kinsman. "Impurities in Drinking Water," by Dr. W. J. Scott. "The Necessity for the Radical Operation in Empyema," by Dr. S. F. Forbes. "The Pupils as a Factor in Diagnosis and Etiology," by Dr. H. P. Allen. "Irritation of the Prostate," by Dr. R. Harvey Reed. "Treatment of Varicose Veins," by Dr. J. W. Craig. "Milk Sickness," by Dr. W. M. Beach. "Sanguineous Cysts of the Neck," by Dr. Joseph Ransohoff. "Historical and Critical Notes on the Management of the Third Stage of Labor," by Dr. Reeve. "The Remote Effects of Congenital Phimosis," by Dr. W. J. Conklin. "Foreign Bodies in the Urethra," by Dr. N. P. Dandridge. "Diseases of the Female Urethra," by Dr. C. A. L. Reed. "Restoring the Ruptured Perineum," by Dr. H. Z. Gill. "The Use of Boroglyceride in the Treatment of Suppurative Eye and Ear Diseases," by Dr. D. W. Greene.

Officers for the ensuing year:

President—J. C. Reeve, M. D., of Dayton.

Vice-Presidents.—E. B. Pratt, M. D., of Mt. Sterling; B. W. Davis, M. D., of Marion; C. R. Merriman, M. D., and J. F. Baldwin, M. D., of Columbus.

Secretary—G. A. Collamore, M. D., of Toledo.

Assistant Secretary—C. E. Brush, M. D., of Zanesville.

Treasurer—T. W. Jones, M. D., of Columbus.

The Hippocratic Oath.

Having received several requests so to do, we take pleasure in reproducing the famous Hippocratic Oath:

"I swear by Apollo, the physician, by Æsculapius, by Hygeia and Panacea, and by all the gods and goddesses, that, to the best of my power and judgment, I will faithfully observe this oath and obligation. The master who has instructed me in the art I will esteem as my parents, and supply, as occasion may require, with the comforts and necessaries of life. His children I will regard as my own brothers, and if they desire to learn I will instruct them in the same art without any reward or obligation. The precepts, the explanations, and whatever else belongs to the art I will communicate to my own children, to the children of my master, to such other pupils as have subscribed the physician's oath, and to no other persons. My patients shall be treated by me to the best of my power and judgment, in the most salutary manner, without any injury or violence; neither will I be prevailed upon by another to administer pernicious physic, or be the author of such advice, nor will I recommend to women a pessary to produce abortion, but will live and practice chastely and religiously. Cutting for the stone I will not meddle with, but will leave it to the operators in that way. Whatever house I am sent for to, I will always make the patient's good my principal aim, avoiding, as much as possible, all voluntary injury and corruption, especially all venereal matters, whether among women or men, bond or free. And whatever I see or hear, in the course of a case or otherwise, relating to the private affairs of life, nobody shall ever know it if it ought to remain a secret. May I be prosperous in life and business, and forever honored and esteemed by all men, as I observe and not confound this solemn oath; and may the reverse of all this be my portion if I violate it and forswear myself."

New Hampshire Medical Society.

At the ninety-fourth annual meeting held in Concord, June 17 and 18, the following papers were read: "The Importance and Welfare of Medical Associations, Especially the New Hampshire Medical Society," by Dr. J. W. Parsons. "An Inquiry into the Causes of Insanity, with Especial Reference to Prevention and Treatment," by Dr. C. P. Bancroft. "Aids in Obstetrics," by J. G. Anthoine. "The Report on Surgery," by Dr. Edward O. Otis. "Surgical Cleanliness," by Dr. Charles R. Walker. "Diseases of the Eye," by Dr. S. M. Dinsmoor. "Treatment of Phthisis," by Dr. S. C. Morrill. "Respiratory Irrigation in the Treatment of Empyema," by Dr. E. S. Berry. "Mother's Marks," by Dr. M. C. Lathrop. "Report on Gynecology," by Dr. Ezra Mitchell. "Report on Obstetrics," by Dr. Mary S. Danforth. "Laceration of the Perineum," by Dr. Perkins.

Officers for ensuing year:

President—Dr. John Wheeler.

Vice-President—Dr. George A. Crosby.

Secretary—Dr. G. P. Conn.

Treasurer—Dr. D. S. Adams.

Executive Committee—Drs. Charles R. Walker, Geo. D. Towne, and John R. Kimball.

A Good Opening.

The *Allgemeine Wiener Medicinische Zeitung*, of March 11, contains the following advertisement in prominent type:

"A young unmarried doctor of medicine, of the Jewish persuasion, has the opportunity, by marriage, and the succession to a lucrative dental practice, of insuring a very agreeable existence. The practice can be proved to be worth 10,000 florins per annum. The young lady in question is the daughter of highly respectable parents, seventeen years of age, handsome, well brought up, and equally well educated. Her father is desirous of retiring from the business, and will make over to a young doctor of medicine, without compensation, his dental practice, and his excellent dwelling house, with all the material, dental instruments and apparatus of the value of from 8,000 to 10,000 florins. A knowledge of the dental art is not at first requisite, as, under the tutelage of the present professor, this can be acquired in a few months."

Applicants are referred for further information to the editor of the journal.

Lady Practitioners in Ancient Athens.

From a foreign exchange we learn that one of the very first of these was Agnodice, who, while yet a girl, was passionately fond of the medical art, and with a view to practice disguised herself in male attire, and attended the prelections of Hierophilus. When duly qualified, and still retaining man's clothing, she visited many patients, particularly females. The regular practitioners, who found themselves losing their *clientèle*, among women especially, cited her to appear before the Court of the Areopagus, where she was tried, and on the point of being condemned. At this juncture her female patients came forward, and gave evidence how much they, and through them the State, owed to her practice. The Athenians thereupon changed their law, and admitted free-born females to become medical practitioners.

Antimony in Clothing.

The *Centralblatt für Textil Industrie* records the fact that antimony is to be found in cotton yarn which has been dyed with aniline colors, and remarks that unless great care has been taken in the cleansing of the yarn, it is possible for such a quantity to remain as to be injurious to the skin. Experiments made on different classes of yarn produced results varying according to the nature of the dyeing substance. The samples in which hot water acted as a dissolvent showed only a small proportion of antimony, the highest proportion found being 0.014 per cent. The proportions of antimony which were soluble in muriatic acid varied from 0.036 to 0.31 per cent. of the weight of the yarn. Of course, practically speaking, only the portion soluble in water comes under consideration, but as a pair of long cotton stockings weighs about two to two and a half ounces, the antimony would represent an appreciable, though minute, quantity, the effect of which is a question, it is remarked, for medical experts to decide.

Fatal Poisoning from Cake.

The *Louisville Med. News* tells us that a fatal poisoning, supposed to be caused by a specimen of cream sponge, occurred in Louisville recently. A father and his two little daughters felt seriously ill after eating the cake, and one of the girls died. The cake, bought at a neighboring shop, was made by one of the oldest and best confectioners in the city. He claims that portions of the same material used in making this sponge were used in some of his other cakes, and that none of his customers have been made sick by them. The case is still a mystery which, it is hoped, the chemist will be able to unravel.

New Disinfection Furnaces at Paris.

Mortuary depositories have been ordered to be erected in the Paris cemeteries, and these depots, of which there is one at Père la Chaise, are to be supplied with disinfecting apparatus, which will not only be employed in the case of death, but will be open to the public for the disinfection of the clothes and bedding of the sick. The Assistance Publique now possesses ten gas furnaces, three at the St. Louis, and one each at seven other hospitals. These establishments, together with ambulances for the conveyance of patients suffering from contagious diseases, the Parisian population owe to the exertions of several hygienists, as MM. Pasteur, Colin, Vallin, Vidal, etc.

Homeopathy.

Speaking of this schism, Dr. Wythe, in the *Pacific M. and S. Jour.*, March, 1884, says:

"Yet we are asked to regard such dreamers as our equals in science, and a bill is now even in the Senate of the United States to enable them to practice in our army and navy with full rank and pay. Such a bill should never pass until we are fools enough to believe that our cannon-balls should be reduced to homeopathic pellets, and the ten-millionth of a grain of gunpowder will do more execution than a full-sized cartridge."

Items.

—In 1878 the importation of quinine was 17,549 ounces; in 1883 it was 1,055,764 ounces.

—It is said that the recent flood has improved the health of Cincinnati by cleansing the unhealthy districts.

—Fifty-four amputations in one day are said to have been performed by Von Graefe during his active military service.

—It is stated that more than 1,000,000 persons, or one-quarter of the population of London, are the recipients of gratuitous medical aid.

—A man is reported to have died in Ireland recently from blood-poisoning, caused by a bite inflicted on his face by a man with whom he was fighting.

—The progress of cremation is attested by a project for building a crematory at Bordentown, N. J., the idea being that it will be within easy reach of both New York and Philadelphia.

—For the relief of intense itching, Dr. Startin, in the *Lancet*, recommends sponging the parts once or twice a day with pure rectified spirits containing 1 per cent. of carbolic acid.

—Dr. Lawson Tait, of Birmingham, England, is about to visit this continent for the purpose of giving an address on abdominal surgery before the Canada Medical Association at Montreal, Aug. 25.

—Dr. Posada Arango praises nux vomica, in doses of 10 drops of the tincture three times a day, as a galactagogue. Where there is a complete suppression of milk, strychnia is to be preferred.

—The Senate has passed a bill changing the title of United States surgeons with the rank of colonel to assistant surgeons-general, and of those with the rank of lieutenant-colonel to deputy surgeons-general.

—The contagiousness of consumption has gained substantial recognition in New York, if we may judge from the announcement that certain wards in Charity Hospital are to be set apart for the isolation of consumptives.

—The German Parliament has awarded to the German Cholera Commission the sum of $50,000, *i. e.*, besides their salaries and expenses. Medical science is more acknowledged in other civilized countries than in ours.

—Dr. Robert Koch, the distinguished discoverer of the bacillus of tubercle and of cholera, is described as a man of medium height, thin, grey-haired, with a serious, spiritual countenance. He looks much older than he is—forty-one.

—The ashes of Professor S. D. Gross weighed about seven pounds. They were enclosed in a marble urn about three feet high, unornamented, and without inscription, and placed beside the coffin of his late wife in the family vault at Woodland Cemetery.

—In the *Brit. Med. Jour.*, May 31, 1884, Dr. Albert E. May reports a case of operation for strangulated femoral hernia in a woman eighty-five years of age—recovery; and Dr. Charles J. Marsh a recovery from a similar operation in a woman aged 75.

—According to the *Medical Times and Gazette*, the universities of Prague and Gratz have each established a chair of hygiene, the chair at Prague to be filled by Dr. Soyka, and that at Gratz by Dr. Gruber, both of these gentlemen having been pupils of Pettenkofer's.

—The International Congress of Hygiene meets this year at the Hague, August 21st. Dr. Van Overbeek de Meijer, Professor of Hygiene at Utrecht, is secretary. The Dutch Minister of the Interior is honorary president. Pasteur will be present and read a paper.

—Dr. William Goodell, of Philadelphia, recommends the following prescription in pruritus vulvæ: Carbolic acid, one drachm; morphine sulphate, ten grains; boracic acid, two drachms; vaseline, two ounces. Also, pat the parts with a sponge soaked in boiling-hot water.

—M. Pasteur has been furnished with an opportunity of testing his theories concerning rabies upon a human subject. One of the servants of the Paris and Lyons Railway at Tarascon-sur-Rhone, having been bitten by an undoubtedly mad dog, has just placed himself in the hands of the illustrious savant.

—Dr. Charles D. Homans, of Boston, the newly-elected president of the Massachusetts Medical Society, comes of a rather medical family; that is to say, he is a son of Dr. John Homans, formerly president of the society, a brother of the distinguished surgeon, Dr. John Homans, and the father of a third Dr. John Homans, who is just now in Europe.

—The new salt field in western New York is expected to produce 600,000 bushels of "the finest salt in the world" this year, and expects to double the production next year. A wide belt of country—the extent of which is not yet determined—is underlaid at a depth of from 1200 to 1600 feet, with a deposit of pure rock salt from sixty to ninety feet in thickness.

—An inopportune dislocation of the jaw is one of the topics dealt with by a *feuilletoniste* writing in a recent issue of the *Union Médicale*. It seems that during the performance of a wedding ceremony the bride sneezed so violently as to dislocate her jaw at the critical moment when she should have pronounced the solemn "oui." As she was unable to articulate the word, it was found necessary for the whole party to repair to a surgeon before the ceremony could be completed.

—Sir Joseph Fayrer, who has been investigating snake poisoning, says that to him one of the greatest of mysteries is that a poisonous snake cannot poison one of its species, scarcely its own congeners, and only slightly any venomous snake, but it kills innocent snakes quickly. A vigorous cobra can kill several dogs, or from a dozen to twenty fowls, before its bite becomes impotent, and then the immunity is of brief duration, for the virus is rapidly re-secreted.

—French public prizes are something worth having. The following have just been awarded by the Academy of Sciences: M. Legrand du Saulle, $2,000 for medico-legal studies on epilepsy and the value of wills made by insane or hysterical testators; M. Fauvel, $1,000 for studies on cholera; MM. Strauss, Roux, Nozard, and Huillier, each $2,000 for studying the cholera in Egypt; and MM. Gaston Tissandier, Duroy de Bruignac, and V. Jatin, $600 for advancing the science of aeronautics.

MARRIAGES.

BATES—SMEDBURGH.—In Albany, June 16, 1884, by the Rev. Dr. F. L. Norton, Dean of the Cathedral of All Saints, Dr. Wynkle G. Bates, of Boston, and Elizabeth, younger daughter of N. C. Smedburgh, of Albany.

BEAN—KINGSBURY.—In Lyme, N. H., June 7, 1884, by Rev. E P. Butler, Dr. J. Walter Bean and Ellen S. Kingsbury, both of Lyme.

BEEKMAN—DAWSON.—On Wednesday, June 4, 1884, at the Church of the Ascension, by the Rev. E. Winchester Donald, and Rev. Wm. H. Neilson, of Trenton, New Jersey, Dr. John N. Beekman and Annie L., daughter of the late B. F. Dawson, New York.

CHARLES—ESHLEMAN.—June 5, 1884, at the residence of Jacob Kurtz, near Ephrata, by Rev. S. Schweitzer, Dr. J. Charles, of Lincoln, and Miss Lucinda Eshleman, of Ephrata, Pa.

MARCY—HATHEWAY.—In New York, June 11, 1884, at the Tabernacle Church, Broadway and 34th street, by the Rev. Wm. M. Taylor, Dr. T. Knowlton Marcy and Miss Ellen M. Hatheway, both of New York city.

TALBOT—BRANNAN.—In New York, June 4, 1884, by the Rev. E. W. Donald, Dr. Bower Talbot, of Sutton, Northamptonshire, England, and Alida, daughter of General J. M. Brannan, United States Army.

TODD—TEN BROECK.—At New Brunswick, N. J., June 5, 1884, by the Rev. Dr. Todd, J. C. Todd, M. D., of Tarrytown, N. Y., and Elizabeth Buchanan, daughter of the late R. V. D. Ten Broeck, of New Brunswick.

WHITTAKER—HARRISON.—In Cincinnati, Ohio, on Tuesday, June 3, 1884, at the residence of the bride's mother, by Rev. Dudley W. Rhodes, Dr. Ias. T. Whittaker and Ella M. Harrison.

WILDER—TAYLOR.—In Cincinnati, Ohio, on Tuesday, June 10, 1884, at the residence of the bride's parents, by Rev. Dr. Dickinson, Dr. Wm. H. Wilder, of Walnut Hills, and Miss Ella Taylor, of College Hill.

DEATHS.

ADAMS.—At Liverpool, England, on Thursday, June 19, 1884, John G. Adams, M. D., son of the late John Adams, all of this city.

CHALMERS.—At New York city, June 4, 1884, at his late residence, 25 West Seventeenth street, Thomas C. Chalmers, M. D., in the 74th year of his age.

GREEN.—At Green Hill, Worcester, Mass., Wednesday, May 28, 1884, Dr. Samuel Fiske Green, brother of Andrew H. Green, of this city.

SUTTON.—In New York, on Friday, June 20, 1884, Wm. Sutton, M. D.

VAN WAGNER.—In New York, on Monday, June 9, 1884, James E. Van Wagner, M. D., in the 83d year of his age.

WORTMAN.—In St. Louis, on June 10, 1884, Dr. Wm. S. Wortman, aged 55 years and 4 months.

THE

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

REFLECTIONS AND SKETCHES OF TOWN AND COUNTRY PRACTICE.

BY GEO. HILL, M. D.,

Of Hughesville, Lycoming county, Pa.

One of your correspondents (Dr. H. Corson) deserves great credit for his incisive grit, in urging the proper use of the lancet, which it seems has become almost obsolete. It is simply incomprehensible that so great a power for relieving pain, relaxing spasm, arresting morbid action, and oftentimes aborting disease, should have fallen into disuse almost everywhere. Forty-six years of continuous experience has left with me but very few regrets for having bled in mistake, while more are in memory for omission of its early and proper use. But in hundreds of instances has bleeding yielded the writer the consciousness of a sudden relief, as well as a permanent benefit, to his suffering patients. In glancing over my last diary—1884—I count more than a score of venesections. This note is not given to champion any specialty in therapeutics, but merely to prove that *a little bleeding is not a dangerous thing*, even in 1884. The abandonment of this old and sovereign remedy is, perhaps, not so much due to the now defunct Thompsonian *way* of practice, as to the more popular *path* of the homeopath, who has his sugar-coated infinitesimals, backed by a flexible literature and principles which enable him at will to abandon his *tiny mite* for 20 grains of quinine, *pro re nata*—and he too a pronounced non-bleeder, *par excellence*.

A few cases are culled, not because of anything new or specially important, but only as a trifling exhibit of what has been done in the past, is now (to some extent), and ever will be.

1. Mr. A. B——, town, retired farmer, aged sixty-eight years, weight 165 pounds. Called in January 6, 1884, at 10 a. m.; has been bleeding at the nose for thirty hours; his wife thinks he has bled nearly two quarts! pulse jerky, and 80; hands and feet cold; goose skin on arms; dizziness and pain in the forehead. Ordered warm bath with mustard for feet and hands; ice in bladders to the head; ergot and bromide of potassium every two hours. At 2 p. m. still bleeding. Now bled from the arm about one pint, with immediate relief of pain and dizziness, and hemorrhage stopped while binding up the arm. Medicine continued four days; able to be about; dismissed. This man had symptoms threatening apoplexy for two years previous to this hemorrhage, and now, after four months, is better than he has been for years.

2. Mrs. S——, town, second pregnancy, aged twenty-five years. Called in at 4 a. m., January 9, 1884. Ruptured the membranes at 10 a. m.; at 1 p. m. pain harassing and frequent; os hot and rigid; presentation favorable, but no progress; gave one and a half grains of opium, and bled about twenty ounces; pains at once became regular and tolerable, and parts yielded favorably; child born in one hour and twenty minutes. Gave half teaspoonful fluid extract ergot immediately after extrusion, and in ten minutes delivered placenta; future all right.

3. Mrs. J. K——, town, age forty; fifth pregnancy. January 10, 1884, 8 o'clock a. m., had pains all night and day before; waters escaped at

9 a. m.; first presentation, 2 o'clock p. m., no progress; patient fretful and nervous; os unyielding and tender on effort at forcible dilatation. As is common in nervous cases, patient determined *to die* at every throe; gave two grains of opium, and in fifteen minutes bled about one pint. Pains now became more tolerable and not so frequent; womb yielding, with occasional vomiting. Child, a male, born at 5 o'clock a. m. Immediately after extrusion, gave a teaspoonful fluid extract ergot, on account of previous tendency to post-partum hemorrhage. Placenta spontaneously cast off in first after-pain. Case proceeded favorably, and recovered perfectly in the usual time.

4. Mrs. K——, town; age, sixty-five years; weight, about 160 pounds. Called in February 13, 1884. Patient sick three days with chills, fever, pains in chest, right side, temperature, 100⅘°; mucous râles; cough with scant and reddish expectoration.

Diagnosis.—Pneumonia; offered to bleed; refused; ordered blue mass, followed by castor oil; also ammonia acetate and tincture digitalis every two hours after physic.

14th. Worse. *Insisted* on bleeding, and removed eighteen ounces of blood, with immediate relief in breathing. Applied a blister 6x6 over the seat of pain. Medicines continued.

15th. Better and free of pain. Expectoration slightly increased and easier.

17th. Improving rapidly.

20th. Convalescent, and needs no further attention.

5. Mrs. P——, farmer's wife. Called in February 14, 1884. Was taken with tooth-ache, pain in frontal sinus and antrum of Highmore of the left side after exposure, suffering severely, and had been for three days. Ordered rest, foot-bath, mush poultice, with mustard about the face and back of the neck, and saline cathartic.

February 3. Getting worse; bled one pint, with immediate relief of pain; ordered salts and former applications.

5th. Better, and then rapidly recovered by resolution.

6. Mr. I. A——, town; age, thirty-two years; weight, 180 pounds. Called in April 9, 1884. Case, inflammation of frontal sinuses and antrum genæ of the right side, four days' standing; growing worse, pain excruciating. Bled in sitting posture till symptoms of fainting appeared, with immediate relief and permanent good. Revulsive catharsis ordered, kept up with salts and senna for two days; nothing more.

These catarrhal cases are often called sun headache, because always much worse during the day, especially from 8 a. m. to 4 p. m. Quinine in full doses is frequently given with good results, especially after free bleeding, which latter should never be neglected if at all admissible, this being the *only* reliable course to bring about rapid resolution, instead of the worse and almost sure ending, suppuration, of which the sequel is often chronic catarrh.

7. Mrs. R——, three miles out, first pregnancy, age 32, medium in stature, plump and florid. Case, labor. Called April 10, 1884, 8 o'clock a. m. Waters entirely drained off the day before. Vagina close and fleshy. Os hot and irritable, and on contraction hardly admitting the tip of finger. Vaginal temperature 100½°. Nurse reported no sleep during the night before. Pains very frequent and harassing. 12 m.—No improvement, pains exhausting; gave opium gr. ij., and bled about ten ounces. 2 p. m.—Pains at longer intervals, with but little improvement. Diagnosis, forehead front. Now bled twenty ounces. Directly after, the patient having occasion to rise, fainted; was laid upon the couch. Examination revealed general flaccidity, when Dr. G. Wood was called in to administer an anæsthetic, and the patient was with the forceps delivered of a living male weighing nine pounds, and as soon as consciousness returned gave her a teaspoonful of fluid extract of ergot, and in twenty minutes removed the placenta. No unpleasant feature occurred in this case after delivery, and recovery is now complete. How it would have been possible to have avoided laceration of the womb or perineum or both in this case without free venesection, is impossible to conceive. I declare emphatically, the thing could not have been done.

One of your late correspondents attributes the *numerous lacerations* of late years to the injudicious use of ergot as an expulsive, with which I agree, but further he finds frequent use for this drug as an expulsive in what he calls favorable cases. In this I disagree, believing there are no such cases, with only the rarest exceptions, where this remedy might be given as an expulsive. The womb that has been goaded to expulsion by this savage drug where there is the slightest impediment, is in many cases, if not lacerated, rendered atonic and a ruined viscus for life. This I know is no exaggeration, by my own experience and that of others. About the only use, for many years, that I find for ergot in the gravid uterus is in quite small doses, in connection with bleeding, to prevent abortion or premature labor.

8. Sarah D——, aged seven years, seven miles out. Called in at 11 o'clock p. m., April 20, 1884. On entering the room found air loaded with a very strong odor. Tonsils, uvula, and a considerable portion of the roof of the mouth densely coated with a half-dry ash-colored deposit, posterior nares also clogged, as the child was breathing with open mouth. Glands much swollen on both sides of the neck, with some tumefaction also under the chin.

Diagnosis.—Malignant diphtheria; prognosis, death. Gave the child chlorine water, glycerine, and sulpho-carbolate of soda, which soon corrected the horrible odor emitted from her throat.

This is one of the sort of cases in which whisky can be administered in enormous quantities without inebriation. The child swallowed with difficulty, but manifestly without much pain; the absorbents of the stomach in a state of atony; the viscus a mere receptacle. The patient was allowed grog in such quantity as might not be chemically injurious if recovery were possible. The diet, hydrocarbons, as fat, sugar, and starch, and all albuminous and fibrinous diet absolutely forbidden; and not only so in diphtheria, but they should be as surely also in all zymotic diseases. The critic may say this is mere theory:—it is; but what is practice without theory? The physician who prescribes the simplest pellet without theory, is a *professional sinner*.

Child died Monday, 23d, at 5 o'clock a. m. As this case has special interest, the history is here given.

April 13, 1884, the father, mother, and child went nine miles distant on a visit, and remained over night where the disease is prevailing. Sarah slept with a child who had sore throat. She had, in the opinion of the parents, taken cold on the return the next day, as it was cold and rainy; and on Tuesday, April 16th, commenced with chills and sole throat, growing worse until Saturday night, when I was called, and found the case as represented, without hope. One point of interest is, that here is a case of diphtheria fully initiated in but a fraction beyond two days after exposure to the contagion, in a child in the best of health, living in a district where there is not a case within three miles, and never one before in the house.

In a former number of the Med. and Surg. Reporter, I took the ground that this *causus morbi*, when present, may remain dormant for an indefinite period, and even die out of the system, without development, and further that colds in winter favor the development of the disease; and I now add the logical inference that if the soil is in condition and the seed sown, it will sprout immediately.

There are in this family four other children: one girl nine, one eleven, one son fifteen, and an elder sister twenty years old. On my first visit I urged that all of these children be put under vigorous preventive measures forthwith, when the following was written and in a few hours put to use:

℞.	Chloral hydrate,	grs. xc.
	Glycerine,	f.℥iv.
Dissolve, and add,		
	Aqua creasoti, q. s., ad	f.℥viij.
Mix.		

Sig.—Dose, respectively, 1, 1½, 2, and 2 teaspoonfuls in water every four hours day and night, according to the ages.

This combination was chosen at this time on account of its specially antiseptic and rapidly diffusible qualities, and was followed by

℞.	Aqua chlorinæ,	f.℥iij.
	Glycerine,	f.℥ij.
	Aqua creasoti, q. s., ad.,	f.℥viij.
Mix.		

To be taken as above, and to be continued eight or ten days.

On my first visit, April 23, the oldest girl, who had been in constant attendance on Sarah, the deceased, had some inflammation of the throat, with a slight deposit on the left tonsil. The boy had been ploughing and had taken a cold. Upon his right tonsil two small specks of real deposit were seen. The two younger girls have presented no disease at any time, although the youngest one was much of the time in immediate contact with the sick sister. On the 25th everything like diphtheria had disappeared, and yesterday, May 10th, all were well, and from past similar experience I think safe from contagion.

It seems that in chlorine and its compounds, in proper combination with several of the alcohols, lie all our hopes for neutralizing the zymotic poisons as far as yet known; and none of them perhaps is more essential than glycerine—not only as an antiseptic, but on account of its affinity for moisture, is it adapted to enter into the compounds, especially all gargles, thereby facilitating the early sloughing of the deposit.

It is to be hoped that pathology may soon learn a lesson from advanced chemistry in nomenclature, or rather that disease shall be designated, as far as possible, by the lesion instead of a symptom, which latter is ever misleading. It is just as correct to call diphtheria a fever as the *intestinal affection* and succeeding *lesions* which constitute what is falsely called typhoid fever. When

this is done, then it will become clearer why whiskey and spirits of turpentine have long had earnest but perhaps somewhat blind advocates in the latter. It might then also reasonably follow, or occur to the medical mind, that early and thorough antisepsis of the bowels and air passages may not only cure, but actually cut short or even abort this *typhoid inflammation of the bowels.*

A MISTAKE IN DIAGNOSIS: MAMMARY ABSCESS EXTRAORDINARY: DEATH IN NINETIETH YEAR.

BY E. MICHENER, M. D.,

Of Toughkenamon, Pa.

Rachel, the widow of Thomas Hicks, late of London Grove, Chester county, Pa., was born 1789–1–18. Having an ample development of all the tissues, she was a large woman, though not obese; possessed great physical and mental energy, and remarkable endurance. She married late in life, and had one child in her *fortieth* year of like ample dimensions with herself. The labor was natural, but was tedious and severe. It was followed by an equally tedious and severe *phlegmasia dolens.* And this, in turn, resulted in obstinate *ulcers* on the affected limb, causing much suffering in after life.

In 1867–6–19, then in her seventy-eighth year, she had a fall, fracturing the *os femoris* and inflicting other injuries, which, for a time, placed her life in jeopardy.

After her widowhood, she removed to her home with her daughter, *Amy H. Fell*, near New London, where *Dr. Fulton* was the family attendant. To him, to her daughter, and to her step-daughter, *Mary H. Bernard*, near Doe Run, I am indebted for details in her subsequent history.

"As she still complained of those ulcers, which had continued, without particular change, for forty years (near fifty), about a year, perhaps more (it was probably three years) before her death, I commenced the treatment of them, mainly by strapping, and succeeded in healing them."—*Dr. Fulton.*

"I think it was some three years before her death mother had something like *erysipelas* of the ankle. Dr. Fulton attended her. The ulcers did not trouble her much afterward."—*Amy.*

Soon after—1877–10–30—then near the completion of her eighty-eighth year, while on a visit to her step-daughter, she again fell, on a stairs, and was badly hurt. It was, and is generally believed, that the mammary disease was the result of a contusion then received.

"I am not convinced that her breast was hurt then. She did say while in bed that her breast hurt her. There was slight hardness, but no discoloration. After attention, and bathing, she soon ceased to complain of it. I think that it was diseased before the fall."—*Mary.*

"When mother returned home, her head was *affected*, and her hip *very painful* for a long time. As the face and hip on that side were injured, the breast could hardly escape."—*Amy.*

The date of discovery of the tumor, after the fall, is not known. Rachel survived the fall about fifteen months. *Amy* thinks from recollection that the tumor was about six months in maturing, which would allow more than another six months for the *incubatory* period.

"When I first discovered it, the tumor was the size of a hickory nut. She did not complain of it till it had become much larger. It was located near the centre of the breast."—*Amy.*

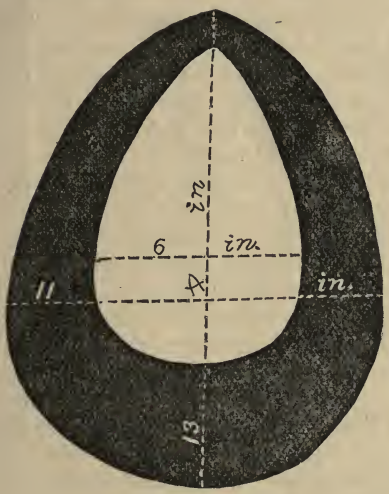
In 1878–10–10, Rachel Hicks and daughter, returning from meeting, paid us a social visit. It had often been told that she had a cancer that was rapidly growing worse; and that any treatment would be useless and inexpedient at her age. This I had accepted as the judgment of Dr. Fulton, but Amy informs me that no other physician has seen the case.

On a careful examination I found the milk gland more than twice the normal size during the nursing period. It was almost of stony *hardness*, with the surface mostly *smooth*, except an inch of its inferior margin that was still soft and quite *natural* to the feel. It moved freely, and bore pressure with scarce any tenderness. The little pain that she felt in it seemed to her to be caused by the weight and dragging of the tumor; with the exception of frequent slight twinges shooting through it. The skin of the breast was perfectly *free, soft, and natural* in color, touch and temperature.

After due consideration of existing symptoms, and the extraordinary history that I have eliminated, I could only follow trail, and call it *a scirrhous degeneration of the mammary gland.* My only suggestion was a belladonna plaster, and an effective suspensory for the breast. Here the matter rested for almost three months. My impression was that she was under medical advisement, and the numerous reports of increased suffering were not of a kind to create any doubt of the correctness of my *diagnosis.*

In 1879–1–29, I made this sufferer a non-professional visit, and judge of my *surprise*, instead of a distinctive *cancer* to find an enormous *mam-*

mary abscess, which, with a milder name, had been no less certainly and rapidly sapping the *life of the patient*. Here was a huge sac of attenuated cutis, resembling a large bladder, distended with fluid, surging back and forth with every motion of the body, and ready to burst at any moment from the weight of its contents. When erect, it appeared as if suspended from a point just below the clavicle. When reclining, it became more oval and depressed. By a cautious manipulation I was able to ascertain the base of attachment, and to measure the vertical and transverse diameter and circumference of the sac.



Measurements.—The white base 6 by 8 inches.

The black overlap varied with position, 13 by 11 inches.

Vertical circumference about 27 inches, including base.

Horizontal circumference about 26 inches, including base.

I learn that several physicians had transiently seen the case since the softening, but for *etiquette* or other reasons, avoided interference. I strongly urged its earliest discharge at whatever hazard. It was accordingly done by Dr. Fulton, who in response writes:

"The amount taken away when first opened, was *two and a half quarts* of dark, offensive, unhealthy pus. The discharge continued till the time of her death. There was no after-adhesion of the skin to the muscular tissue. The gland was not entirely collapsed. She finally sunk, with the appearance of *lung congestion*—whether from absorption of *poison*, or some other influence, was difficult to answer."—*Dr. Fulton.*

"It was opened the 2d of 2d month, 1879, fifteen months after the supposed injury. She held the bowl while it was discharging. It was so great during the night that I had to change all her clothing. But she arose, dressed herself, and with assistance walked down stairs. She grew weaker, but did not seem to suffer much. On the 22d, she grew worse; the breathing became quite difficult, etc., until the 5th of 3d month, 1879."—*Amy.*

She died thirty-three days after the discharge of the abscess, aged ninety years, one month, seventeen days. I can fully adopt the following response as my own:

"The question has frequently arisen in my mind, whether it is possible that the *drying up* of discharge, *so long continued*, in a person of her age, had any influence on the after results."—*Dr. Fulton.*

The sad mistake in the *diagnosis* of this interesting case is greatly to be regretted, as it caused much unwonted suffering; but I have yet to learn how any one could have decided differently. Nor is it strange that she, and a numerous circle of intelligent friends, should have accepted my diagnosis, and concluded that active treatment would be useless and inexpedient. But it is *very remarkable*, that when the tumor *broke down*, there should have been no one found to notice and suggest the character of the change that had taken place. I have placed the whole history of the case on record, as a *beacon light* for others to walk by. While I deprecate *hasty censure*, I cordially invite *friendly criticism.*

DEATH AMONG THE MAGNATES.

BY C. C. VANDERBECK, M. D., PH. D.,
Of Philadelphia.

There seems to be something enticing in the inquisitiveness one has about the manner of death of a great man or woman. In fact the curiousness is not restricted concerning magnates, but we all find it a foremost question in our mind when the death of a friend or a neighbor is announced, "Of what did he die?" For twelve years it has been my constant habit of reading, like Madame de Stael, with pen in hand, taking copious notes, saving striking thoughts, and pretty couplets, as well as important points in science, art, literature, and history. From this material, now grown into a half-dozen good-sized volumes, preserved by being well bound, the material of this article has been garnered. To some of our profession who can hold for a moment from the eager grasp after

the practical, and enjoy general medical literature, I commend my labor.

Death does not approach the rich and the great any more than it does the poor and obscure, with dignity and courtly bearing. It is surprising how trivial has been the agent ofttimes, such as a mosquito or bee sting, or a spider bite. Pope Adrian lost his life by the sting of a gnat; Anacreon, the famous Greek poet, by the seed of a grape; and Emperor Charles the Sixth by a mushroom. I do not attempt to make an exhaustive list of the subject in question; doubtless many of my readers can readily add other examples, from whom it will please me to hear.

Apoplexy.—This disease has caused the death of many noted men, among whom are the following: Leonard Euler, while playing with one of his grandchildren, at the tea-table, was seized with an apoplectic fit, and died in a few hours. Dickens, and Thackeray, who was cut off in his fifty-second year, dying alone and unseen in his chamber, before daybreak on the morning of December 24, 1863. His brain weighed 58½ ounces. Napoleon I., and Charles the Second, of England, who, in the midst of a life of vicious indulgence, was attacked by apoplexy, and died after a few days' illness, February 6, 1685, being fifty-five years old. Morton, one of the three disputed discoverers of modern anæsthesia, died from a stroke of apoplexy. Dr. Wm. Hunter, Napoleon III. (embolism), Thiers, Wickliffe, Peyton Randolph, first President of our Republic. J. Q. Adams was stricken down, if I mistake not, in the House of Congress. Louis XI. and Charles VIII. of France. George I. is said to have died of apoplexy, though others say it was of drunkenness, politely called apoplexy by his physicians. Henry VI. is reported to have died of apoplexy, though there is some doubt of this. Vice-President Wilson had three different strokes of palsy, the third and fatal one occurring two years after the first attack. Ex-President Johnson also died of apoplexy. Trajan died in the second attack. Verus, the Roman, also died of this disease.

Angina Pectoris.—Rev. George Junkin, of Lafayette College renown, died of this painful malady, as did also the late Rev. Dr. Bedle, of Philadelphia; and likewise Sir Charles Bell. This great physiologist awakened with a frightful spasm of angina, asked to be supported, and immediately expired, June 12, 1842.

Small-pox.—Queen Mary of England, Pomfret and Louis XV. of France, are recorded as dying of this horrid disease.

Fevers.—Robert the Pious, on returning from a pilgrimage to the chief sanctuaries of France, was attacked by a fever—marsh fever, probably—and shortly died. Louis VIII., putrid fever. Mercedes, Queen of Spain, gastric fever. Alexander the Great died of malarial fever, as did also Lord Byron and Oliver Cromwell. Jeremy Taylor died of some fever. Francis I. of France, "long consumed with a slow fever." Otho III. of Germany of a spotted fever (perhaps poisoned). Constantine died of ague; also Marcus Aurelius.

Lung and Heart Affections.—John Keats, Edward VI., and Laennec, were destroyed by phthisis pulmonalis. John Bunyan died in consequence of a cold caught in a journey undertaken by him in inclement weather, with the object of reconciling a father and a son. Charles Montague, inflammation of the lungs; Whitefield, asthma. The cause of our Washington's death was œdema of the glottis. The late Prof. Biddle died from congestion of the lungs, joined probably with pleurisy. Prof. Dunglison, of heart disease.

Diseases of the Abdomen.—Augustus Cæsar perished from effects of an exhaustive diarrhœa, acting on an old and enfeebled frame. Gray, of gout of the stomach; Livingston, dysentery; Pepin of France, dropsy; Dr. Adam Clarke, cholera; John Racine, abscess of the liver; Caroline of Brunswick, wife of George IV., fell a victim to strangulated hernia (umbilical); Louisa, daughter of George II., when Queen of Denmark, died of an operation for hernia. Queen Caroline, her mother, also died of hernia, after an operation by the celebrated Raub.

Dr. J. Addison Alexander, and James W. Alexander, both of diabetes.

Prof. Henry, of the Smithsonian Institute, acute Bright's disease.

Injuries.—Sir Humphrey Davy died from the effects of an injury to one of his elbows. Louis the Stranger, from a fall from a horse. The Queen of Philip died, also, from the effects of a fall from a horse. Philip IV., while hunting, his horse fell with him and hurt him so badly that he died shortly afterward. Henry II. died from the effects of a lance-wound over the eye, surviving the accident eleven days. Louis VI. lost his eldest son, a promising youth, crowned but two years before, by a fall from his horse. The streets of Paris then were narrow, full of dirt, and pigs were allowed to range about in them. One of these pigs ran against the horse which the prince was driving, and caused him to fall, and the rider was so severely hurt as only to survive a few hours. On this occasion, an order was issued declaring that no pigs should be in future suffered in the streets

Miscellaneous.—Robert Duke, starvation. Augustus II., gangrene of an old wound. Camillus. Louis IX., Thibaud, king of Navarre, Alphonso, the King's uncle, and his wife, Countess of Provence, all perished from the plague. Chaucer, old age. Dr. William Hunter was subject to gout, but during one of these attacks he was paralyzed (as mentioned above), and shortly died. Gray died of gout of the stomach. Burns shortened his days by his excesses. Thomas Olney perhaps choked to death. It is said that when almost starved, the poet received a guinea from a friend, on which he rushed off to a baker-shop, bought a roll, and was choked while ravenously swallowing the first mouthful. Louis X. drank freely of cold water after heating himself with playing tennis, and then sat down to rest in a damp grotto. He was seized soon afterward with a sudden chill, and died the next day. Charles VII. (France) starved himself for fear of prison. Francis II., of France, abscess in the head. Charles the Bold, perhaps poisoned by his Jewish physician. Charlemagne is said to have enjoyed excellent health till just before his death. His last words were: "Into thy hands I commend my spirit." Boadicea, of early English fame, poisoned herself. Edmund, killed by a robber. Richard III., poisoned by his brother, Duke of Normandy. Brunhild and Fredegund, wives of two of the youngest sons of Clotaire, struggled one with the other for many years, and deluged the royal houses with blood. Brunhild finally fell into the hands of Clotaire II., who, after parading her on the back of a camel through his camp, tied the miserable woman to the tail of a wild horse, which dragged her over the rough ground until life was extinct. Henry I., of England, died from a surfeit of lampreys, as he was preparing to leave Normandy to repress an uprising of the Welsh. President Taylor died from the effects of over-exertion in celebrating a 4th of July. Prince William, of England, and Shelley, were drowned. Thomas Chatterton and the wife of Shelley committed suicide. Tarquinius Priscus, fifth king of Rome, noted for the building of the Circus Maximus and the great sewers at Rome, was assassinated.

—It is not often that things are put so plainly as this. In the monthly report of the Cathcart Parochial Board we read: "The inspector then proceeded to read the medical officer's report for the month of March. There were, he said, 'nineteen cases on the roll. The doctor had cured five and killed one, leaving only thirteen on the roll.' He meant to say one had died."

Hospital Reports.

A CLINICAL LECTURE DELIVERED AT THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

BY WILLIAM GOODELL, M. D.,

Professor of Gynæcology in the University of Pennsylvania.

Reported by WILLIAM H. MORRISON, M. D.

Fibroid Tumors—Oophorectomy as a Remedy for ~~Fibroid Tumors~~—Dysmenorrhœa—~~Forcible~~ Dilatation.

GENTLEMEN: The first case is one which comes for diagnosis. The patient is a colored woman, 45 years of age, who has been married sixteen years, and had seven children, the youngest of which is five years old. She has not seen the menses for over one month. Previous to this they had been coming every two weeks, and were profuse.

If she were an unmarried woman, or married and sterile, I should say that she either had a fibroid tumor or a polypus. But as she is a married woman and has children, then I would say, if she were white, that most likely she had carcinoma. On the other hand, she is a colored woman, and I have never yet seen carcinoma of the neck of the womb in a colored woman. We therefore come to the conclusion that she has some growth which causes the bleeding. ~~Let me go over this again, for it is important. We have a colored woman, aged 45 years, who has been married sixteen years, and had seven children, who has been having her periods every two weeks, and been losing too much. If this were the history of a white woman, I should say that carcinoma of the cervix would probably be found. She is a colored woman, and as I have never seen carcinoma of the neck of the womb in a colored woman, I lay that aside, and we conclude that the bleeding is due to either a fibroid tumor or a polypus.~~ The diagnosis lies between the rare disease of cancer and fibroid tumor. It is true that the bleeding might be due to fungous vegetations, but usually these do not cause bleeding every two weeks. They produce menorrhagia, with a profuse leucorrhœa between the periods. It might be a malignant growth within the cavity of the womb, but this is rare.

We shall now make the vaginal examination. The womb is decidedly larger than it should be, and on its posterior surface I feel a number of disseminated nodules. This is evidently a case of multiple fibroids. I had expected to find a tumor of some magnitude. The sound gives a measurement of 3.5 inches. I can feel the left ovary, which is hard, enlarged, roughened, and hardened. This is interstitial or parenchymatous degeneration, the result of ovaritis, and is not uncommon. I have never seen but one ovarian tumor in a colored woman, and that was in a mulatto.

I can touch without much difficulty the promontory of the sacrum. She states that all the labors were hard, but that instruments were only used in the next to the last labor, and that all her children were very large. I can trace the sacrum all the way from the coccyx to the promontory. When you can touch the promontory of the sacrum

with the finger, you may be sure that the pelvis is contracted. The promontory can be reached more readily in those cases in which the sphincter perineum is relaxed or torn. In this case the perineum is torn down to the sphincter.

One word in reference to the weight of children. Never accept the statements made by mothers in regard to the weight of their children, for mothers take a pride in giving birth to large children. The babies are often weighed with the clothing on, and no allowance is made for this, or the weight is simply guessed at. You will be told of children weighing fifteen and eighteen pounds. The largest baby I ever saw weighed a few ounces over eleven pounds. That was a very difficult labor. The plan which is adopted at the Preston Retreat enables us to obtain the exact weight. As soon as the baby is born it is placed in the receiving blanket, which consists of a piece of flannel, the exact weight of which is known. The child is then weighed and the weight of the blanket subtracted. When mothers tell me they have had children which weighed thirteen or fourteen pounds, I do not contradict them; I do not say, "Oh! that is impossible." I take the statement as it is given, and mentally make my own deductions.

Here is a woman whose womb measures three and a half inches, who has fibroid nodules in the posterior wall of the uterus, and also a laceration of the perineum. This latter, however, is not sufficient to demand the operation. She is not suffering enough to demand the operation. The change of life is coming on, and the nodules are not large enough to warrant the idea that she is going to lose much blood. There has boen an interval of a month since the last period, and perhaps the next may be longer than a month.

We shall order for her ten grains of chloride of ammonium ~~three times a day~~, and twenty drops of fluid extract of ergot three times a day. She will return in the course of a month, and report results.

The immunity of the colored race from cancer of the uterus is rather remarkable. Some of the southern physicians say that they have seen cancer in the colored race, but not so commonly as among the white race. They have another form of disease which the whites rarely have, that is keloid disease of the skin. I have seen this a number of times in colored people, but only once in the white race. Colored women are, however, very subject to fibroid tumors of the uterus. It is rare to find a fibroid tumor in a white woman before the age of thirty-five years, but in sterile colored women from the age of twenty to thirty-five, they will be found quite frequently, These tumors as a rule do not cause death, although a physician who sees a great many of these cases has to operate occasionally. In a case which I saw the other day, I found a fibroid tumor as large as a man's head in an unmarried woman of thirty-nine. She is losing a great deal of blood, and it is an anxious question to decide what is best to be done. Her physician states that during the past few months it has been growing rapidly. Now a fibroid tumor which increases rapidly in size may become so large as to interfere with any operation.

In operating for fibroid tumor of the uterus an exploratory incision is made, and if the tumor is found to have a pedicle, this is tied and the tumor removed and the wound closed, just as in the removal of an ovarian tumor; and this ought to be as successful an operation as removal of ovarian tumors. It is, however, rare to find a fibroid tumor with a pedicle. They usually spring directly from the womb. When this is the case, the proper plan is to remove the ovaries, which is a simple operation. By so doing, not only is menstruation stopped, but large blood vessels passing to the uterus are ligated, and in this way the blood supply is to a great extent shut off from the tumor, and in the great majority of cases it will diminish greatly in size. I have performed the operation a number of times, and have failed to check the hemorrhage in only one instance, and in this case the tumor proved to be malignant. If the tumor is allowed to become too large, it may render the operation impossible. Two years ago I operated on an enormous fibroid tumor in a white woman of thirty. I had seen her a year previously and had urged the operation, but she preferred to wait. At the time of operation the tumor filled the abdominal cavity, and must have weighed forty pounds. I had to make the incision from the ensiform cartilage to the symphysis in order to get the tumor out of the abdomen. The ovaries were attached to the tumor, and one of them was stretched to a length of six inches. It was a very serious operation, and the girl died in forty-eight hours. I have always regretted that I did not remove the womb in that case, although the result might have been the same. When the tumor is not large, it is possible to get at the ovaries without much difficulty. In these cases the ovaries and Fallopian tubes will, as a rule, be found to be diseased. Very often the tubes are cystic. When the ovary is affected it is often a follicular degeneration in which the capsule is thickened and the follicles are enlarged and project from the surface, or else an interstitial degeneration in which the organ is enlarged, roughened, and hardened, cirrhotic in character.

Dysmenorrhœa: Rapid Dilatation.

Here is a patient thirty-one years of age, married and sterile, who has had a great deal of pain since the time of puberty. This has been so bad as to incapacitate her for work, and it has been growing worse and worse. Why should she have pain, and why should it grow worse? If an unmarried woman, or a woman who is married and sterile, comes to you with a history of dysmenorrhœa, what should pass through your mind? That it is a dysmenorrhœa from anteflexion; that it is due to a stenosis caused by the womb bending too sharply towards the front—towards the front because she has never borne children, and the natural position of the womb is slight anteflexion. This is an exaggerated condition. There are very few exceptions to this rule. Sometimes there is retroflexion. As a rule, you will find anteflexion. The dysmenorrhœa is mechanical, and it usually gets worse after marriage. The woman may have been able to get along pretty comfortably before marriage, but afterwards the pain becomes worse and worse. Nature intended that when a woman got married she should become pregnant, and if a married woman does not have children, she nearly always suffers.

The pain of dysmenorrhœa, due to stenosis, is

usually of that character. It gradually becomes worse until it culminates, and when it reaches the highest point, there is a sudden gush and the pain subsides. Then it begins again and reaches another culmination, which is followed by a gush and relief. The womb is bent. The menstrual blood tries to overcome the bend, but it cannot do so until it has straightened the womb. After the womb is sufficiently distended to remove the bent condition of its neck, there is a sudden gush of fluid followed by relief. The same thing is seen when a rubber tube is bent; the water flows through the tube until it reaches the bent portion, when it is arrested until the force behind becomes sufficient to straighten the bend, and thus overcome the obstruction. The pain is due, not only to the distention of the womb, but also to the efforts of the organ to force the blood out of its cavity. This causes thickening of the endometrium, which in turn tends to increase the difficulty. When a woman suffering with this form of dysmenorrhœa gets married and does not bear children, the congestions arising from sexual intercourse will cause greater thickening and hypertrophy of the lining membrane of the womb, and consequently the cervical canal becomes still more contracted. There is not only thickening of the endometrium, but also hypertrophy of the parenchymatous structure of the womb. Then there is congestion of the ovaries, and structural changes following on this congestion. These changes may either result in follicular or interstitial degeneration.

I shall now make a physical examination. The first thing I detect is a virginal cervix. It is not thicker than my little finger. The os is very small. With a little manipulation, I get the sound past the bend and obtain the measurement of three and a quarter inches. This increased length of the womb has been produced by the dysmenorrhœa.

I propose to operate for this trouble to-day by forcibly dilating the neck of the womb. The cutting operation is the one usually recommended in the books, but that is a dangerous operation, and is by no means as successful as forcible dilatation. I have notes of one hundred and fifty cases in which I have performed this operation, and there has not been one fatal result, and in but one or two has there been any pelvic inflammation. To show you the result of the operation, let me refer to a case on which I operated a number of years ago. A clergyman's wife came to me suffering greatly with dysmenorrhœa. She had been married several years, and was sterile. I dilated the canal and heard no more of the case until a few days ago, when I saw her physician, who told me that after the operation she had gone home, and the first year had twins, and has been having children ever since. I have had a number of such cases in which pregnancy followed the operation. In the majority of cases, it is not necessary to perform the operation more than once, provided it is done thoroughly under ether. Women often object to taking ether, and want me to do it in my office without ether. I tell such patients that the operation gives a great deal of pain, has to be repeated frequently, and is very imperfectly performed under such circumstances. I tell them of the man who had a dog of which he was very fond. The dog had a long tail, greatly disfiguring him. The tail had to be cut off, but the owner of the dog disliked to give the dog so much pain—he therefore concluded to take off an inch a day until a sufficient length had been removed.

I shall first take this Ellinger's dilator and tunnel my way into the womb. First, introducing the dilator as far as it will go and dilating to that point, then pushing it a little further, I again dilate, and in a few minutes the instrument passes the internal os. Sometimes when the os is too small to admit the entrance of the dilator, I enlarge it with the scissors, keeping the blades closed, and using them with a boring motion. As I remove the dilator, you observe that a quantity of thick mucus follows its withdrawal. Whenever this is seen it is an evidence of obstruction. I shall now introduce the larger Wilson's dilator. In buying a dilator of this kind, you should be sure to see that it has these little shoulders on the blades to prevent it slipping too far into the uterus; for if the blades should come in contact with the fundus of the womb and be separated in that position, there would be risk of producing serious injury. After dilating up to a certain point, I wait a while. In all the cervices that I have dilated, I have torn only two. One was in a virgin and produced a slight laceration. The other was in a case which had been treated by the application of nitrate of silver until the tissues had been made brittle by the formation of cicatricial tissue. In that case a slight laceration was produced, and the bleeding was free enough to require the application of Monsel's solution. That is the only case in which I found it necessary to apply any styptic.

Sometimes I get hold of a very small cervix, one which is really infantile. Under such circumstances I do not expand the instrument to its fullest capacity, for fear that I may tear the cervix. In the majority of cases, however, I dilate to the fullest extent of the instrument. This gives an os through which the finger may be passed to examine the interior of the womb, and in many cases this is better than dilating with sponge tents. There is not the same danger as exists with sponge tents. On the other hand, tents will dilate to a greater extent. After a dilatation of this kind, I can often introduce my finger into the womb, although I am not usually able to do so in sterile cases.

I have now separated the blades of the dilator to their fullest extent. I shall remove the ether and allow the instrument to remain until the woman begins to flinch. Just before beginning the dilatation, I introduce a suppository of one grain of the aqueous extract of opium into the rectum, so that by the time the operation is completed the suppository will have dissolved and the opium be absorbed. At first the pain is great, but it soon subsides. Usually two suppositories are all that is required, one being given at the time of operating, the other two hours afterwards. If the pain continues, the opiate must be repeated. If there is much soreness, I have a poultice placed over the abdomen. I always like to keep these patients in bed for forty-eight hours. For the first twenty-four hours I order a light diet, and after that the patient returns to her ordinary food. If the soreness continues, I keep them in bed until it disappears.

The woman is now beginning to show evidence of feeling the pain, and I shall remove the dilator. It is very probable that some of the muscular fibres have been ruptured. I know that some of them have been over-stretched and will never contract as before. There is, as you see, a little oozing of blood, but I shall not attempt to check this, for I consider a little bleeding an advantage, as it tends to prevent the occurrence of inflammation. I have never had severe metritis or peritonitis after this operation. I have, however, seen slight localized inflammation follow it.

You will often be consulted by sterile women who want to have children. It is a mania with them. If a woman wants to have children, she will go through fire and water to become pregnant; and, on the other hand, if she does not want to have children, which I am sorry to say is the crying evil of the day, she will go through fire and water to prevent conception. If a woman wants children, all her friends know of it. Sometimes this operation will enable such a woman to become pregnant. At times, however, the condition has lasted so long that changes in the uterus have been induced which effectually prevent conception. If you are fortunate enough to enable her to have children, she will blazon your name and skill all over the neighborhood.

If this operation is done carefully, I can recommend it most confidently. It is much safer and far more successful than the cutting operation, which I am happy to say is now rarely performed.

Fibroid Tumor.

This patient was before the class two weeks ago suffering with a fibroid tumor of the womb, with a great deal of hemorrhage. You can see the effect of loss of blood in her countenance. Her complexion is very like that of carcinoma. It has a leaden hue. If she lived in a malarial district and was impregnated with the malarial poisoning, she might have the same sort of a complexion although, perhaps, a little darker. She is forty-four years old and unmarried. The menses return every two weeks, and she loses a great deal of blood. For the past four or five years, the bleeding has been much worse than before. If she were a married woman and had borne children, we should have at once suspected carcinoma; but being forty-five years of age, unmarried and with this bleeding, the probabilities were in favor of a growth of some kind. On making the examination, a fibroid tumor on the right side of the womb was found. We concluded that the tumor was partly mural and partly submucous.

She was given ammonium chloride and fluid extract of ergot. She states that she is improving. The best thing to do in this case would, I think, be to remove the ovaries, for then the patient is cured almost at once, and is able to attend to her duties. The woman is, however, not willing to have the operation performed, and we must therefore endeavor to check the growth of the tumor and keep the woman alive until the change of life occurs, which will probably take place at about fifty.

The womb measures five inches, and the tumor is not a large one; this shows that it is submucous and more or less mural. It occupies the posterior portion of the womb. The os is dilated so that I can introduce the tip of my finger.

If the use of ammonium chloride and ergot fail to check the growth and control the bleeding, one of two things could be done. The os might be dilated so that the tumor could be reached and enucleated. There is, however, an objection to this, in the fact that rarely is there only one large tumor, but there are many smaller ones; so that when the large one is removed, the others spring into growth and the trouble is reproduced. The other operation is removal of the ovaries. By removing the ovaries, the change of life is brought about.

We shall place this patient on the hypodermic use of Bonjean's ergotin. The injections will not be made in the median line, which is the best place, but to one side. The object of this is that in case we find it necessary to perform oöphorectomy, there will be no hardened and thickened tissues in the line of the incision.

The operation of enucleation of a fibroid is more dangerous than the removal of the ovaries. The patient is forty-four years old, and even if she should marry, she could have no children. Even after enucleation of a fibroid, I have never known pregnancy to take place.

As I have said, we shall try the use of ergot. This sometimes increases the flow of blood at the monthly periods. If it acts in this way, it will have to be discontinued, and reliance placed upon other remedies. There are three to fall back on when ergot fails. The first that I shall mention is oil of erigeron. This may be given in doses of five drops on sugar, or better in capsules, repeated every hour until bleeding is diminished. The next is digitalis. This is an excellent remedy, if its effects can be watched. It should be given in ten-drop doses every two hours until it produces the desired effect, or the patient has some trouble with vision or some of the symptoms of the systemic action of the drug are produced. In my experience, the first symptom produced in cases of this kind is blurring of the sight. The third remedy is gallic acid in very large doses—from ten to twenty grains—repeated every two, three, or four hours, according to circumstances. An objection to this remedy is the obstinate constipation produced.

There is another remedy which I might mention, and that is quinine with sulphuric acid. I give them separately, giving the sulphuric acid in the form of the aromatic sulphuric acid in doses of twenty drops every two hours. The quiuine I give in doses of two grains every two hours. This is not as efficient as the liquid preparations of quinine, but I always make it a rule in giving quinine or other bitter or nauseous drugs to administer them in pill form. This is a general rule which you will do well to adopt; never give unpleasant medicines when it can be avoided, and when you have to do it, give them in as pleasant a form as possible. For instance, never give castor oil unless there is some positive indication for it.

If you have a hemorrhage which is not checked by ergot, give oil of erigeron; if this fails, try digitalis, gallic acid, or quinine and sulphuric acid.

Medical Societies.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

Stated meeting, Thursday, April 3, 1884. The President, R. A. Cleemann, M. D., in the chair.

Dr. Cleemann made some remarks on the subject of

Digital Dilatation of the Os Uteri During Labor.

He had been taught not to dilate or stretch the os uteri with the finger, and for years this early teaching deterred him from making any attempt to supplement the contractile powers of the uterus by assisting in the process of dilating the os. Some time since he was called to attend a primipara, the waters had been discharged the previous day, the pains had continued, but the os uteri was very small, and the cervical rim hard and unyielding. He felt called upon to interfere actively, and tried to dilate the os with his finger; it softened rapidly, and in half an hour was sufficiently dilated to allow the head to pass, and delivery rapidly followed. Since that occasion he has tried the same procedure on several cases, and always with gratifying results, the labors being brought to rapid terminations, where previously hours had been wasted in weary and painful waiting. The irritable condition of the os which had been lectured upon as the consequence of such interference, has not been experienced; no injury has resulted in any case. The soft finger can do no more harm, if clean, than a Barnes' or other form of dilator; and there is no danger, as in the case of the latter, of pushing the head aside and converting a vertex into a shoulder or other faulty presentation.

Dr. W. T. Taylor, since he had dared to deviate from the teaching of Professor Hodge, had used his finger to assist the dilatation of the os; he did not do so if the cervix was irritable, or its edge wiry.

Dr. Githens had practiced digital dilatation of the os uteri throughout his obstetrical practice, a period of eighteen years. He does not confine it to any class of cases, nor does he wait until after the membranes are ruptured. In any or all cases he finds that a "pain" is accompanied by a contraction of the circular muscular fibres of the cervix, as well as by a contraction of the longitudinal fibres of the body of the uterus. The contraction of the circular fibres retards the progress of the labor. The intention of the digital distension is to paralyze these circular fibres, and thus favor the dilatation of the os. In practice this effect is rapidly produced. One or two fingers are swept around the inside of the cervix, the pulp of the finger being next the cervix, and the alter is pulled away from the head. This operation is kept up during the interval between pains; when the pain occurs the finger is withdrawn; the operation is repeated in the next interval. The membranes are not ruptured by this process. Irritable condition of the os, if such exists, is subdued. If the rim of the cervix is wiry and thin, or hard and thick, it softens and yields; the cervix and vagina, if hot and unyielding at first, become cool and pliant; cervical tears are almost entirely avoided, and the time, pain, and exhaustion of the labor are reduced to a minimum. The process is useful in every case of labor throughout the first stage.

Dr. Philip M. Schiedt practices digital dilatation largely. His patients say they recognize the assistance it gives them, and in subsequent labors ask the doctor to help them. By the great shortening of the first stage of labor resulting from this method, the use of the forceps is frequently avoided.

Dr. Parvin would be sorry to see digital dilatation adopted as a rule for all cases. "The fingers used as recommended do not act only, possibly not chiefly, as dilators, but by evoking uterine contractions." Voluntary efforts at bearing down are not needed during the first stage; they are dangerous rather than helpful. The method may be useful in some cases after the rupture of the membranes, which is the natural dilating agent. There is also danger of septicæmia from germs on the fingers. He does not think "the fingers so good a dilator as Barnes's dilator," because unequal partial pressure upon the os does not evoke the decided uterine contractions that general uniform pressure does. He thought the danger of a change of presentation by the use of Barnes's dilator very slight. He would prefer a mechanical dilator to the finger whenever dilatation was necessary, but thought something ought to be left to nature. Any sort of interference carries a possibility of danger.

Dr. Elliott Richardson thought there was a possible danger of rupturing the membranes. Our authorities caution us about the introduction of the finger into the uterus and the too early rupture of the membranes.

Dr. Harris remarked that one point had been overlooked. Why does the os not dilate easily when the head is the dilating agent? It is because it is a round surface, over which the cervix does not slide easily. On the contrary, the finger is applied at successive points. One benefit of the method is that any change or danger is at once detected. The method should not be used indiscriminately, and we should not interfere unnecessarily.

Dr. Cleemann would not recommend the method in every case of labor. He has resorted to it in cases where there has been early rupture of the membranes and the assistance of the bag of waters has been lost. In a recent case he saved a patient hours of suffering, and the os was not bruised or injured in any way. The sight of any instrument causes the patient much anxiety, and the exhibition of the Barnes' dilator, and the water, syringe, etc., cause nervous excitement. The bags sometimes burst and thus give the patient a terrible shock, with the added discomfort of the escaping water or air. He has always carried them, but does not like to use them.

Exanthematous Disorders in the Puerperal State.

Dr. Parvin had recently an experience of the invasion of measles and scarlet fever in the Obstetric Wards of the Philadelphia Hospital. In the first case in which measles occurred, he did not think that the full term of pregnancy had been reached. Authorities state that premature labor is usually caused, as a result of the high temperature of the exanthematous fever. One patient had septicæmia in addition, but recovered.

The infants were not affected. In one case, soon after labor the temperature rose to 103°, and the patient was sent to the Fever Ward. At the second visit, a slight rash was observed, which subsequently proved to be scarlatina. Desquamation was very abundant. Albuminuria was very marked on the tenth day; rheumatic pains were also felt. The patient recovered. The child remained well. Children have been born with measles, but he did not know of such an experience with scarlet fever.

Dr. W. T. Taylor, some fifteen or twenty years ago, had reported in *Amer. Jour. Med. Science*, 1853, a case of congenital small-pox. The mother had some febrile symptoms and pain in the back, and the child had the disease, being marked with pits. He had a case of scarlet fever in a mother two days after labor. It proved fatal in two days. The child lived.

Dr. Harris remarked that in the reports of the Rotunda Maternity Hospital, in Dublin, are a number of interesting reports on complications of the puerperal period by exanthematous fevers. Their mortality has been very materially influenced by these epidemics. Erysipelas is the most interesting and most fatal of these complications; in some cases it resembles septic poisoning.

W. H. H. Githens, *Secretary.*

Thursday, May 1, 1884, the President, R. A. Cleemann, M. D., in the chair.

Dr. Henry Bates, Jr., read a report of a case of

Cystic Leiomyoma Uteri,

the fluid of which contained Drysdale corpuscle and other characteristics of typhoid ovarian cystoma.

The early history of this case, owing to the inability of the patient to state with precision a few minor details, is somewhat incomplete, yet sufficient accuracy is available to supply a clear, unequivocal clinical record, and distinctly demonstrate that the Drysdale corpuscle, when found in considerable number in fluid derived from the abdominal cavity, is not pathognomonic of cystoma ovarii.

Mrs. L——, aet. 51; housewife; a mother; noticed, four years prior to admission to the Philadelphia Lying-in Charity Hospital, a lump in the lower abdominal region. The menopause had not yet occurred. The tumor was round, painless, and occasioned no inconvenience. Its development was comparatively slow, and not until it had attained large dimensions did it occasion constitutional derangement. When admitted, the patient was markedly asthenic, and suffered from mechanical dyspnœa, gastric irritability, subacute proctitis, and pyrexia; the temperature ranging from 99° to 100.5°.

The facies ovariana and the peculiar atrophy of the soft tissues of the supra-thoracic region, so constant an attendant upon ovarian cystoma, were present in conspicuous degree. The notes of measurement are unfortunately lost; but an estimate of the size can be formed when it is remarked that the tumor completely occupied the abdominal cavity, everting the xiphoid cartilage and inferior ribs, bulging far over the lumbar regions, and extending over the pubes down and between the thighs. The circumference, at its largest portion, was about fifty-one inches. The superficial abdominal veins were conspicuous, and the cellular tissue from the mammary zone to the feet very œdematous. Palpation and percussion detected and revealed signs of ovarian cyst. The fluctuation was more perceptible in the longitudinal than transverse diameter. In the subhepatic region, a decided resistance to pressure was noticeable, dependent upon a thickening of the cyst wall. This mass was attached to the liver at the outer two-thirds of the inferior border. At the inner third there intervened a space which emitted a percussion tympany, the note being that of colic resonance. The urine afforded negative evidence. As the asthenia was so profound, it was deemed advisable to tap the cyst in order to obtain an opportunity of improving the general strength and rendering ovariotomy bearable. Dr. Albert H. Smith, who had charge of the case, tapped, employing the ordinary curved trocar and cannula used in tapping per rectum the urinary bladder, and withdrew twenty-seven pints of a dark, muddy-brown grumous fluid, possessing a neutral reaction; sp. gr. 1018, and containing blood and paralbumen. Microscopically I found red blood corpuscles, leucocytes, endothelium in various degrees of retrograde metamorphosis, *i. e.*, the corpuscles of Bennett, Nunn, and Gluge, the ovarian cell of Drysdale, cholesterine and amorphous detritus. It did not coagulate spontaneously. These micro-chemical properties coupled with the physical signs determined a diagnosis of ovarian cyst. The grumous character of the fluid and the existence of the sub-hepatic mass inclined to the belief that we were dealing with a cyst in which carcinosis had become established, and that either metastasis to the liver occurred, or that there co-existed carcinoma hepatis. The idea of ovariotomy was abandoned and analepsis instituted, with the effect of improving the general condition sufficiently to enable her being removed to her home, where she remained under the care of Dr. L. Brewer Hall. In about five months the tumor had refilled, and during my absence Prof. James B. Walker, at Dr. Hall's request, tapped a second time. The fluid was clear, and presented the appearance of ovarian fluid. In the winter of 1882 I tapped a third time, employing an aspirator. The gentleman assisting me inadvertently applied the exit nozzle of the air-pump to the vacuum jar, and when the trocar was introduced there occurred an inflation of the cyst. The air apparently inflated a series of variously sized cysts that were arranged circumferentially and emitted percussion notes of different pitch. From this circumstance, which occasioned no evil consequences, we concluded that there existed a number of small cysts communicating with the principal. As the evacuation of the fluid progressed, the umbilical region sunk in, disclosing a circumferential mass presenting the appearance of a wreath, as it were, underlying the abdominal parietes. This ridge could be firmly grasped, and moved to a limited extent. This peculiarity determined me to carefully examine the fluid. I also had Dr. Formad examine it, and he pronounced it ovarian. The class at the University of Pennsylvania was supplied, and the ovarian cell of Drysdale demonstrated. The cyst refilled more rapidly, and I tapped a fourth time, removing a large bucketful of clear fluid, containing the

same corpuscle in greater number than the previous specimen. Large flakes of coagulated lymph were also evacuated. The circumferential mass had undergone great development, as had also the sub-hepatic induration. The re-accumulation of fluid was more rapid, and the deterioration of health steadily progressing. Death terminated suffering about six years after the first manifestations. During the last days of the patient's life, Prof. Walker, in the absence of Dr. Hall, was in attendance. His letter details the mode of death and results of the autopsy:

"Mrs. L. died on the Sunday night after your departure. Her bowel trouble rapidly disappeared, but the symptoms of cerebral anæmia deepened with hallucinations and convulsions until death.

"At the autopsy, the tumor was found to have membranous walls over an area of nine square inches above the navel in the middle line; elsewhere the cyst wall was thick as per sample. In some localities, notably in the hypochondriæ, the wall was quite thick. Firm attachments existed over the anterior wall of the sac with the parietal peritoneum, and the intestines were carried far up under the liver and stomach, and were attached to the tumor. The liver was also attached. The entire abdominal cavity was occupied with the tumor, and it dipped into and occupied the pelvis. No attachments existed at the sides nor behind. The uterus was forced downward. One ovary, the right, was normal and attached loosely to the pelvic brim. The other is presumably occupied by the tumor. The cavity of the tumor was occupied by a brownish gelatinous fluid resembling soft soap; it was transparent, but had a sediment consisting of detritus from the inner wall of the sac. There was but one cyst, and the entire interior was similar in its lining, being apparently undergoing erosion. The contents of the cyst measured over a Yankee bucketful. As the tumor was too immense to even contemplate removal, and as the variably thick wall was everywhere similar, save in the pelvic portion, which was darkened from hypostatic congestion, I removed the uterus and the portion of the tumor immediately surrounding it, extending the section through the cyst wall." (This specimen was presented to the Society.) Sections for microscopic study were prepared from different portions of the cyst wall, and were all demonstrative of leiomyoma. Those from the sub-hepatic portion resembled spindle-celled sarcoma, but were clearly differentiated by the elongated nuclei and want of sorcomatous relationship of cells to capillaries. The identity of the clinical phenomena of this neoplasm with those of ovarian cyst is a matter of special attention. In the early stage a marked peculiarity consisted of the sub-hepatic enlargement and induration; a morbid resistance to pressure noticed in the inferior lumbar regions after the first tapping and attributed to the œdema, is now seen to have depended upon a thickening wall, which at that time was insufficiently developed, save in the hepatic region, to attract special attention. That all doubt regarding the nature of this neoplasm may be removed, attention is directed to the left ovary, which has undergone marked atrophy, and is to be seen in the specimen. I submitted some sections to Dr. Formad, who pronounced them ovarian. The origin of the cyst from the fundus uteri is evident upon examination. With the facts before us, I think it is conclusively proven that the ovarian corpuscle of Drysdale, while a valuable aid to diagnosis, does certainly not possess pathognomonic value.

(*To be continued.*)

Editorial Department.

Periscope.

A Plea for More Heroic Surgical Interference in Affections of the Brain.

Dr. R. W. Amidon thus recapitulates an article on this subject in the *Medical News*, June 21, 1884:

We have trephining, an operation proving fatal in only three per cent. of published cases:

Opening the dura mater, fatal in only 7.6 per cent. of published cases:

We have the brain, an organ tolerant of injury and ready to take on a reparative process:

We are possessed of a knowledge which enables us to tell when certain parts of the brain are diseased; and we also have anatomical data which tell us just where to pierce the envelopes of the brain to reach a certain definite part of its convexity.

We have all the elements of safety and anatomical accuracy: why should cerebral surgery not advance with pulmonary, renal, intestinal, and ovarian surgery?

My allotted time and space are exhausted, and I close with a few practical remarks suggested by the subject in hand.

The substitution of the dental engine and a burr or drill cutting on the side for the ordinary trephine strikes me as advantageous. It has been used and advocated by Dorr* and Roberts.† Its advantage over the trephine is principally that with it you can cut away as much or little bone as you please, and make an opening of any shape you please. It is especially useful in trimming down the edge of over-riding bone, to allow the elevation of depressed fragments.

Let the operation always be done with antiseptic precautions. Try and secure only approximate coäptation of the flaps. Provide the freest possible drainage. Use cold antiseptic dressings, without much compression. Enjoin the strictest quiet in a posture facilitating drainage. Simple diet, and a slightly loose condition of the bowels.

*Buff. Medical and Surgical Journal. 1879–80, vol. xix., p. 475.

†Philadelphia Medical Times, 1881–82, vol. xii., p. 206.

On the slightest rise of arterial tension or temperature, give jaborandi or aconite to the production of physiological effects. Quinine and alcohol should, I think, be given only in tonic doses. An anodyne is often indicated, and it is my advice never to use opium, or any of its preparations or derivatives. To ease pain, quiet delirium, or induce sleep, use the hydrate of chloral in small repeated doses (.60–1, every ten or fifteen minutes). Quinine and alcohol in large, and opium in *any* dose, aggravate intracranial inflammation when present, and, I think, may excite it.

These suggestions apply equally well, or with still greater force, to cases in which the dura mater or brain is accidentally or intentionally invaded.

A few words as to what I consider good indications for opening the skull.

An injury of the vault, however slight the marks of external violence, provided there be coma, aphasia, hemiplegia, or hemispasm of the lower part of the face, of the arm, or leg, or all three, constituting hemiepilepsy; whether accompanied or not by chills, fever, headache, and vomiting. General epileptic convulsions do not constitute so good indications for operation. Every case of compound fracture of the skull, whether there be cerebral symptoms or not. Cases in which, after the lapse of months, or years even, unmistakable cerebral symptoms follow an injury to the head. Atrocious and incurable headaches, particularly if localized, aphasia, monoplegias and monospasms, hemiplegic or hemiepileptic seizures or general epileptic attacks, if they have an aura pointing to a localized lesion. In addition to the bone, the dura mater should be opened, in all cases in which exploration with a hypodermic needle discloses the products of purulent inflammation or a great deal of fluid blood under it. In all cases in which a serious lesion of the brain is suspected, but cannot be otherwise proven.

In addition to the bone and dura mater the brain should be explored, delicately with a probe, in all penetrating wounds of its substance, punc tured, lacerated, or gunshot. Its mass should be invaded, even when superficially intact, by a fine, blunt exploring needle, when the presence of foreign bodies or hidden collections of pus are suspected, and, for the extraction or evacuation of such, larger openings should be made with a dull instrument.

Finally, accessible neoplasms of the brain, which have resisted medicinal treatment, and which continue to grow and threaten life, should be removed for the reason that they are generally single, seldom have secondary deposits, are surrounded by an inflammatory zone of demarcation, and *always* kill by pressure.

A Simple and Successful Method of Treating Fracture of the Clavicle.

Dr. S. J. Allen, of White River Junction, Vermont, says in the Transactions of the Vermont Medical Society:

Few doctors boast, when fracture of the clavicle is discussed. Both professional and lay refer to it with qualms of the solar plexus. A glance at the lists of deformities, tells how much we lack in its successful treatment.

All methods heretofore practiced or published involve one general principle—namely, raise the shoulder up and back, and keep it there, if you can. Various dressings and appliances have been devised to accomplish this object, but every intelligent *surgeon* will admit that all methods for the treatment of this fracture have not, with few exceptions, been successful. To keep the shoulder up and back, by whatever dressing applied, is an impossible thing to do, as a rule. The fragments can readily be restored and placed in the closest relations; but the least movement of the head, neck or arm, is often sufficient to separate them.

The seat of the fracture is usually near the middle of the bone, as it is thinnest and weakest at this point. Eight of twelve occur at the middle; three towards the acromial, and one towards the sternum. In fracture at or near either extremity, the loss of apposition is usually very slight, owing to the manner in which the bone is attached to the scapula and sternum; consequently the difficulty generally is in the successful treatment of this fracture at the middle part of the bone. In fracture of the clavicle at the middle, the outer fragment is drawn downwards and *inwards* by the weight of the arm and by the action of the deltoid, the small pectoral, and the subclavian muscles. The inner fragment is raised by the muscular contraction of the sterno-cleido-mastoid.

The following described method has been successful in the hands of many others in this region besides myself, in the treatment of this fracture, without resultant deformity. The principle involved in the method described is directly opposite the principle set forth in every method heretofore published and practiced. The object, of course, is to *keep* the fragments in close apposition until union is complete and firm.

Cut a strip of surgeon's adhesive plaster, Seabury & Johnson's, Martin's, or other, eighteen inches long, and two and a half inches wide. Fold the strip of plaster *sticky* side out, so as to make a compress-pad of equal dimensions. Then cut two other strips three inches wide, each, and two feet long—longer or shorter, according to the size of the patient. Raise the shoulder up and back, so as to bring the fragments into apposition. Have an assistant hold the shoulder immovable in this position, whilst the surgeon applies the dressing. Place the compress on the site of the fracture. The heat of the skin will make the compress-pad adhere, whilst the surgeon applies the rest of the dressing. First apply one of the strips of plaster, commencing on the front of the thorax, so that the part that goes over the shoulder shall be equidistant from each end, and continuing it down the back part of the chest, drawing it taut enough to hold the fragments firmly in apposition. Then apply the other strips in the same manner, but in such relation to the first strip that it shall cross it obliquely directly over the compress.

The adhesive plaster compress or pad, folded sticky side out, and applied to the seat of fracture, and held firmly in place by the strips, as above directed, becomes, so to speak, an element in the anatomy of the parts. The compress adheres firmly to the part to which it is applied, and is absolutely immovable; the dressing holding the fractured fragments accurately in apposition long enough to secure union without deformity.

This method is equally successful in the treatment of dislocation of the clavicle and fracture of the acromion process.

The Treatment of Coryza.

Dr. G. E. Dobson writes as follows in the *Lancet*, May 31, 1884:

"This very troublesome complaint has scarcely received the attention it deserves, if we take into consideration the great number of sufferers and the serious laryngeal and pulmonary diseases to which it is too often a prelude. Amongst a host of remedies proposed for its abortive treatment, most of which are either of doubtful value, or else difficult to procure or apply, or even dangerous to use, not one can be named of which it may be said that it is at every one's command, easy of application, unattended with danger, and really effective. No excuse is, therefore, needed in introducing to the notice of the profession the following simple yet thoroughly effective mode of treatment, which in my hands has never disappointed expectation. About a drachm of camphor, coarsely powdered, or shredded with a knife, is placed in an ordinary shaving jug, which is then half filled with boiling water. The patient, having made a paper cone (out of a sheet of brown paper or an old newspaper) large enough to surround his face by its wide extremity and the mouth of the jug by its narrow end, proceeds to respire freely, at each inhalation drawing the steam into his nostrils, and at each exhalation forcing it up against the outer surface of his nose and adjoining parts of the face. A twofold action is produced: the camphorated steam acts internally in a specific manner upon the whole extent of the mucous surfaces, and, externally, produces profuse diaphoresis of the skin covering the nose and sides of the face, there acting as a derivative from the inflamed Schneiderian membrane. The jug should be surrounded by a woolen cloth in order to prevent the water, cooling, or, better, if a tin shaving-can be used, a small spirit lamp or heated iron may be placed beneath it, so as to maintain the heat of the water and the vaporization of the camphor. The patient should continue his respirations (keeping the margins of the base of the paper cone closely applied round his face) from ten to twenty minutes, and this should be repeated three or four times in as many hours, till entire freedom from pain is experienced. Great relief is always felt even after the first application, and three or four usually effect a cure. Camphor, or some of its preparations, have, as is well known, been long in use in the treatment of colds, but the above-described method of employing it in conjunction with the vapor of water both as an internal and external application at the same time, has not, so far as I know, been previously brought to the notice of the profession, or, if brought, has not been recognized in any general or special medical work. The mode of application is, however, all important; but as this is neither troublesome nor otherwise unpleasant to the patient, nor are the materials difficult to procure, camphor being everywhere a household drug, I believe that those who may give this treatment a trial will find it not only a simple, but also a most effective, remedy against coryza."

Large Doses of Carbolic Acid in Puerperal Septicæmia and Enteric Fever.

Dr. Alexandra V. Samoilovitch, of Tiflis, furnishes a detailed account (*Proceedings of the Caucasian Medical Society*, 1883, No. 11) of two interesting cases in which she made rectal injections of large doses of carbolic acid. One of her patients, a strongly-built and well-nourished lady, twenty-two years of age, suffered from a severe form of puerperal septicæmia, with endo-, para-, and perimetritic foco; in addition to which, on the fourteenth day of the disease, there appeared erysipelas of the buttocks and external genitals, and, on the sixteenth, pleuro-pneumonia on the left side. By the twenty-first day, all medical attendants of the patient unanimously declared her state beyond any hope. In spite of the administration of quinine and subcutaneous injections of 2½ per cent. solution of carbolic acid (as recommended in puerperal fever by Dr. William Polk, in the *Centralbl. für Gynæcologie*, 1883, No. 5), the temperature stood as high as 41.3° C. (106.16° F.), the pulse (160 a minute) was small, irregular and intermittent; respiration shallow, 40. The patient was cyanotic, and went from one fainting fit to another. It was under these extreme circumstances that the author tried, as her last means, an energetic administration of carbolic enemata. The latter were made of six grains of carbolic acid, a drachm of spirit, five drops of tincture of opium, and one and a half ounces of water. Three successive enemata (that is, eighteen grains of phenol) were administered in two hours' intervals. Five hours after the first injection the temperature fell from 41.20° C. to 38.7° C. (101.6° F.). From this day an interrupted, though slow, recovery set in. The other case was that of a strong male patient, aged 31, affected with typhoid fever. The injections were made during the second week of the disease, and contained from 6 to 12 grains of carbolic acid. Twelve-grain enemata invariably produced profuse perspiration and reduced the temperature about 1½° C.; headache disappeared, and quiet sleep followed. In neither of the cases were any toxic symptoms present.

Alvelos: A New Cure for Cancer.

The *Therapeutic Gazette* for May, 1884, says:

The statement that any remedy has been discovered which will obviate the necessity of a resort to the knife in the treatment of cancer, will be met with incredulity, and in giving the following from the *Lancet* we give it without comment and simply for what it is worth: Dr. Velloso, of Pernambuco, introduced the remedy to notice in a communication to the *Journal de Receife*. He states that the plant, which is commonly known by the name of alvelos, belongs to the euphorbiaceæ, and is indigenous to Pernambuco. He writes that a magistrate, who was suffering from epithelioma of the face, and who had returned to his estate despairing of relief, was entirely cured of his disease by the topical application of the juice of the plant. On the strength of this report Dr. Vellosa tried the remedy in the case of cancroid of the nose, and in one of epithelioma of the lip, with the result that the first patient was completely cured in forty days, and the second in less than two months. These results, he thinks, justify a

trial of the remedy, especially in uterine cancer. The action of the juice of the plant is irritating, producing a spreading dermatitis without much pain, and the application of the cut stem or the juice of the fresh plant to the diseased part, is said to result in the destruction of the morbid tissue, which is replaced by healthy granulations, doing the work, in fact, of the chloride of zinc paste.

It is clear that if the remedy possesses only escharotic action, its value cannot be said to be very superior to that of other well-known caustics. The fact, moreover, that only the fresh juice of the plant produces the effects claimed, must, limit its use very largely to the region in which the plant grows.

A Himalayan Hypnotic.

In the *Popular Science News* for May, 1884, we read that in the course of a recent discussion in the London Medical Society on the cold-bath treatment of enteric fever, the president, Sir Joseph Fayrer, handed round, as bearing on the subject, two sketches which had been sent to him by Surgeon-General Townsend, C. B. They represent a plan of putting young children to sleep, followed in many parts of the Himalayas. "Near almost every village," said Sir Joseph Fayrer, in explaining the sketches, "there are one or more small channels by which the water from the neighboring spring is conducted to the cultivated plots of ground, for the purpose of irrigation; and these channels are, in parts, formed of troughs hollowed out of fir-trees. A piece of bark or matting is laid on the lower of two of these troughs, and on this the infant, swathed in a large mass of clothes, is so placed that the water from the upper trough falls on the vertex of the cranium, and, glancing off thence, runs away under the bark or matting without further wetting the child or its clothes. Or, if the stream is full and copious, the child is placed on the side of the channel, and a portion of the stream directed on its head by a large leaf or piece of bark; another leaf or piece of bark being arranged on the other side of the head so as to catch the water and carry it away. Children so placed will lie asleep for hours, and their mothers leave them while they go about their daily occupation. The child's head and face are much muffled up; little more than the vertex of the cranium, on which the water falls, being left uncovered."

Achillea Millefolium in Leucorrhœa.

Dr. Lvoff (*Vratch*, 1884, No. 2, p. 28) says that Achillea millefolium (of fam. *Compositæ*, trib. *Senecionideæ*), an old popular remedy, displays a decidedly beneficial action in cases of simple (non-gonorrhœal) whites in children and adult women. His statement is based on the administration of the plant to thirty-four patients, twenty of them being aged from 7 to 15, seven from 15 to 20, and seven from 20 to 30. An infusion of summits or flowers was used. In an editorial note, Prof. V. A. Manassëin states that according to Annenkoff the leaves and flowers of millefolium possess tonic and stimulating properties, and are used in atony of the digestive organs, in cases of hemorrhoidal and uterine hemorrhage, in dysmenorrhœa, mucous whites, chlorosis, etc. Ronzier-Joly praised the remedy as an emenagogue (10 grammes to 500 of boiling water). Chomel and Hufeland gave it as an antispasmodic and in amenorrhœa (20, 30, to 1000). Zanoni prepared from millefolium a bitter, alkaloid-like principle, achilleine, which was later studied by Planta, and was recommended as a remedy for intermittent fever by Puppi.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——A Memoir on the Nature of Diphtheria, by Drs. H. C. Wood and H. F. Formad, makes an appendix to the recently-issued report of the National Board of Health for 1882. The results of a large number of experiments are tabulated, and it is evident that the authors pursued their investigations with great zeal. The fact remains, however, that the results obtained have not proved satisfactory, or at least not decisive on the questions examined. It is also unfortunate that the interval between the investigations and their publication has rendered a portion of this memoir already obsolete.

——The latest of the Health Primers published by D. Appleton & Co., New York, is entitled "Baths and Bathing." It treats of the physiological action of baths, their varieties, their uses, and the location of some of those in Europe. The little treatise has, like all others of this series, been carefully prepared by a competent hand, but with reference to English wants exclusively, and is not suited so well to the American public.

——Two remarkable cases in surgical practice are described in a reprint by Dr. J. T. Johnson, of Atlanta, Georgia. One of them is that of the ligature of the carotid artery; the other of a pendulous tumor in the sacral region, considerably resembling a caudate appendage, as is well shown in the wood-cut attached.

——The constantly recurring question of the responsibility of the insane for criminal actions is again discussed by Dr. O. Everts, of College Hill, Ohio, in a reprint from the *American Journal of Insanity*. We cannot say, however, that his essay throws any new light on this difficult problem.

——The official report of the relief furnished to the Ohio River flood sufferers in February and March last makes a pamphlet of 76 pages, as recorded by Dr. R. P. M. Ames. He gives a general

history of the flood and a description of the incidents occurring on the two trips of the government relief boat. His narrative is vivid and interesting.

——A strong argument to the effect that much of the febrile disposition characterized by temporary suspensions, is not really malarial, but in fact paroxysmal, is advanced by Dr. J. H. Musser, of Philadelphia, in a reprint before us. The subject is an important one, especially in its bearings on the much-mooted question of the prevalence of malaria.

——The Bureau of Education has recently issued some circulars on illiteracy in the United States, and on prison discipline, which merit the attention of all who are concerned in improving the condition of our nation.

BOOK NOTICES.

Transactions of the Medical Society of the State of Tennessee, 1884. Pp. 140. Nashville, 1884.

This volume is characterized by a number of original articles highly creditable to the members. Of these, we may mention one on the sequelæ of diphtheria, by Dr. W. M. Vertrees, containing the particulars of two cases of paralysis; one by Dr. H. Berlin on the development of modern therapeutics; a review of the hot-water treatment, by Dr. Mary T. Davis, who thinks very highly of this innocent remedy; one on puerperal fever, by Dr. A. J. Swaney; and a discussion of hospital gangrene, citing several cases, by Dr. J. R. Rathmell. The address of the President, Dr. A. B. Tadlock, is upon the progress of medical science, especially in Kentucky and Tennessee, and contains a number of interesting facts.

Report of Section on Surgery of Nebraska State Medical Society, 1884. Plattsmouth, Neb., 1884.

The Surgical Committee of the Nebraska Society have collected in this pamphlet a careful summary of the recent progress in surgical science, and have added to it various original articles by members of the Society. There are a number of illustrations, and the report will be found generally meritorious, although the printer has not done it justice.

The Laws of Health for Educational Institutions and General Readers. By Joseph C. Hutchison, M. D., LL. D. Pp. 223. New York: Clark & Maynard.

So far as paper, printing, and illustrations are concerned, we give this book unqualified praise. We regret to say, however, that the author's prejudices, especially on the subject of alcohol and tobacco, frequently lead him to conflict with the most reliable statistics of the effects of these agents. At times also other of his statements are strangely erroneous, as, for instance, p. 25, where he says, "Nature gives the same amount of muscles to every healthy person," going on to argue that difference in strength comes from use or disuse of the muscles. Again, p. 119, what sort of a definition of the cerebrum is it to call it "The seat of the mind?" Many such objectionable expressions, representing the mythical rather than the positive epoch of medical science, have caught our eye in glancing over the author's pages, and cause us to regret that he was not inspired by a more liberal and scientific spirit.

Practical Manual of Obstetrics. By Dr. E. Verrier. With Revision and Annotations by E. L. Partridge, M. D. Pp. 395.

Hooper's Physician's Vade Mecum. A Manual of the Principles and Practice of Physic. Pp. 338. William Wood & Co., New York.

The above works are members of the series of Standard Medical Authors published by Messrs. Wood & Co. Hooper's work appeared first over sixty years ago, but the present edition doubtless differs very widely indeed from that primitive volume. The one before us has been revised by Dr. William A. Guy and Dr. John Harley, who, we need not say, occupy the first rank among London practitioners. The book is therefore an excellent summary of theoretical and practical medicine.

The obstetrical work named above is the composition of a distinguished representative of this specialty in Paris. We do not perceive, however, that it is superior to some we could name by authors of our own. Those who have attended Prof. Pajot's lectures will be glad to find in the volume his obstetric tables, on which he used to lay so much stress.

——At the meeting of the Royal Academy of Medicine of Turin held the 8th of February, Professor Novaro presented a woman, aged forty-five, from whom he had removed, for carcinoma, the upper part of the œsophagus and the lower part of the pharynx, to the extent two inches and three-quarters. At the date of operation (September 3, 1883,) the patient could only swallow liquids with difficulty. She was able, when presented to the Academy, after the lapse of five months, to swallow solids. She was then in good health, and presented no traces of recurrence.

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D. G. BRINTON, M. D.,
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THE SIGNIFICANCE OF SOME SYMPTOMS IN DISEASES OF CHILDREN.

Some diseases are very difficult to diagnosticate in children, and in some children still more than in others. There are many experienced physicians, making a specialty of children's diseases, who often recognize by a single symptom the malady from which their little patient suffers. It would not be wise to base prognosis and treatment upon such an intuitive diagnosis, but the knowledge of the importance of a single symptom enables us to examine the little sufferer more systematically and less at random; it saves us the trouble of having to hunt about long, as the one symptom instructs us where to look for the complaint.

It is with this object in view that we draw the attention of our readers to the interesting work of Dr. S. M. Politzer, recently published (*Deutsche Med. Z.*, May 19, 1884). Dr. P. was for a long number of years the Director of the "Public Hospital for Children," in Vienna, and as such has doubtless gained a great experience. He made the subject, which we mentioned above, a special study, and he considers mainly the following symptoms as having the greatest significance in establishing a diagnosis in diseases of children:

1. *If the cry of children has a decided nasal sound*, we should always look for a retro-pharyngeal abscess. Whenever the cry of a child has this peculiar nasal or guttural sound, we should never omit touching the posterior wall of the pharynx with our finger; if the abscess is present, we feel the tense, fluctuating swelling, so characteristic of retro-pharyngeal abscess.

2. *A noisy expiration, which is greatly prolonged* (10 *to* 15 *times*), *while inspiration is normal and no other disturbance of breathing, no dyspnœa whatever exists*, is a sure sign of chorea major, and the same can be said of a greatly prolonged, very loud, and forcible expiration, sounding like bellowing. This symptom of bellowing-(brüllend-roaring) expiration has a typical character; it may happen for many weeks daily at one and the same hour, recurring every seven to ten seconds, and it usually consists of a single prolonged and forced ex-

piration or of a single expiratory roar. For months sometimes this symptom is the only sign of chorea major. It is easily cured by large doses of quinine, but is very prone to relapse and to be accompanied by other symptoms of chorea major.

3. *The symptom of high-thoracic, continually sighing inspiration* indicates the beginning of debility and paralysis of the heart. Ere cyanosis or paleness of the face, a weak, thread-like pulse and coldness of the face, of the nose and of the extremities develop themselves—this symptom makes its appearance. Contrary to stenotic respiration, as observed in croup, pneumonia, and œdema of the glottis, this sighing inspiration is not characterized by forced contractions of the diaphragm, and is not of abnormal type, but is accompanied by a laborious rise and fall of the thorax and jugulum, and instead of a stenotic noise by continuous sighing and moaning. No matter how the paralysis of the heart may be produced—whether by so-called heart-poisons, as quinine, salicylic acid, pilocarpia and digitalis, or otherwise, the symptom just described is pathognomonic of the disease, and whenever met with, precautionary measures, to combat the threatening palsy of the heart, should be at once resorted to.

In some cases of acute fatty degeneration of the heart the same symptom has been observed.

4. *Expiration, decidedly diaphragmatic and accompanied by a whistling sound of high pitch*, denotes bronchial asthma. A similar symptom is also met with in croup; but here it is associated with stenotic, forcible inspiration. The same is observed in capillary bronchitis; but the noisy breathing through the nose, the rapid development of pulmonary emphysema, the sudden appearance and disappearance of intense dyspnœa and the fact of the latter and the whistling remitting during deep sleep, will prevent error.

5. *The existence of noticeable pauses between the end of each expiration and the beginning of the next inspiration* indicates severe catarrh of the larynx, and proves the absence of croup.

In consequence of the enormous aspiration of air in croup in- and expiration follow each other immediately, while in laryngeal catarrh a pause takes place between the two acts, as the physician can convince himself by bringing his ear near the mouth of the patient, or by carefully watching the diaphragm and the jugulum, both of which are at rest during a pause.

5. *So-called stridulous expiration*, if present at birth and continuing day and night with rare interruptions of ten or fifteen minutes' duration, and usually considered by anxious mothers, and the uninitiated, a dangerous and ominous symptom, has neither diagnostic, nor any other importance, being perfectly innocent, and generally ceasing of its own account after the lapse of a few months.

Then there are certain symptoms enabling us early to recognize various *diseases of the brain* in children.

1. *A remarkable drowsiness, not accompanied by fever or any other symptom, and continuing for a longer time* (1–3 *days*), often precedes basilar meningitis.

Vomiting, fixed pain in the head, even a slow, irregular pulse, have not the same great significance as this sleepiness, as they may also happen in other maladies. Certainly, stress must be laid upon the absence of fever, for many infectious diseases begin in children with a peculiar drowsiness, always associated, however, with more or less high fever.

2. *Prominent anterior fontanelle*, if decidedly reaching above the level of the surrounding parts, and if tense and of such a resistance as not to yield under pressure, proves the presence of an exudation within the cranium, or an increase of the contents of the latter, and is met with in purulent meningitis of the convexity, in cerebro-spinal meningitis of the epidemic variety, in acute, essential, and chronic hydrocephalus (here tense, but not necessarily very prominent), in great tumors, in echinococci, in acute œdema of the brain, and in intermeningeal apoplexy. In simple congestion, in acute hyperæmia of the brain, the anterior fontanelle always is soft and depressible. If the fontanelle is very prominent, almost cuneated and unyielding, without the least trace

of pulsation, the diagnosis of apoplexy of the new-born, and a large intermeningeal extravasation of blood can be made with certainty.

3. *Remarkably slow motion and long fixation of the bulbi with a vague look into vacancy, accompanied by a peculiar, slow opening and closing of the eyelids*, is a sign of beginning basilar meningitis.

Next, *peculiarities of the cry* of children aid us in the diagnosis.

1. *Violent, loud, penetrating crying, lasting two or three minutes, accompanied by great anxiety, as expressed in the face, and setting in almost typically* 1–1½ *hours after the child has fallen asleep*, is a symptom of nightmare, and easily cured by quinine, which in the dose of five to eight grains should be administered one or two hours before retiring.

2. *Periodical crying, lasting five to ten minutes and happening several times in the day, but occasionally only at night*, draws the attention to spasm of the bladder, if colic or dyspepsia is not present, and is cured by an emulsion of lycopodium with or without belladonna.

3. *Frequent crying during defœcation, dread of the act, and decided opposition of the child to going to stool*, indicate the existence of fissure of the anus. Constipation should be avoided in such cases and zinc-ointment with belladonna locally applied.

4. *Violent, very painful, and nearly continuous crying, with restless throwing of the head from side to side* on the pillow and frequent grasping of the head by the hands are generally indicative of otalgia and otitis media and externa.

5. *Crying, lasting days and weeks, greatly increased on touching or moving the extremities*, accompanied by continuous, enormous perspiration and fever denotes the presence of acute general rachitis, while the same symptom, without the sweating, but with decided emaciation, proves the existence of hereditary syphilis, and that the case is hopeless.

Of a great number of other symptoms we will mention but the following, as they are of more common occurrence and of greater importance.

When children are remarkably weak and little inclined to moving about after apparently innocent complaints of very short duration, *spinal infantile paralysis* may be expected. The least disturbance of hearing after acute diseases must be carefully inquired into, as it might be caused by *circumscribed meningitis* at the base of the fourth ventricle. Depression of psychical activity in small children after grave infectious diseases frequently forms the commencement of *acquired idiocy;* here strychnine has been proven by experience an invaluable remedy. Ossification of the bones of the cranium postponed longer than normal denotes beginning *rachitis*. An anxious, stiff action in walking, sitting, rising, etc., and pain expressed in the face of children, who do not yet walk, when they are lifted or laid down, are met with in the commencement of *spondylitis*. When children with a very large, closed cranium, for weeks vomit everything they eat, we have the proof that acute hydrocephalus is being added to the former chronic disease.

Though some of these symptoms are, indeed, very valuable, yet, we think, that many more of equal, if not greater, significance, could be detected in infants, were a physician with sufficient material at his disposal to take the necessary pains for observations of this kind.

THE CAUSE OF PNEUMONIA IN DWELLING-HOUSES.

Whatever we may think of the probable connection between animalculæ and infectious diseases, nobody can deny the fact, that certain special varieties of microzymes have been discovered in certain special zymotic maladies. Acute croupous lobar-pneumonia is one of these diseases, and a peculiar kind of micrococci has been demonstrated to be invariably present in this infectious complaint.

In the penitentiary at Amberg, near Regensburg, since 1857, a great many cases of acute pneumonia have taken place, and it seemed as if the disease at times assumed an epidemic character in that institution, while it continually was present as an endemic disorder. The last epidemic, happening from January to June, 1880, and during which 46 of 161 prisoners succumbed to the disease, induced the government to order a

careful investigation of the causes producing the malady. Dr. Emmerich received this commission. Careful researches soon enabled him to exclude occupation, diet, water, privies, and atmosphere as etiological elements. It is well known that between the outer brick-wall and the inner plaster covering of walls of rooms, there is a so-called "filling," a space usually filled out with laths and mortar. As nothing else seemed to open an explanation for the endemic, and frequently epidemic presence of pneumonia in the prison, E. resolved to examine carefully into the condition of this filling. Small particles taken from the layer below the board floor were powdered and spread over sterilized gelatine, prepared from meatwater-pepton (boullion). Within a very few days many and various kinds of micrococci-colonies commenced to develop themselves, and amongst them, those formed like the head of a nail, and of a milk-glass color, were predominant.

These cocci and diplococci were then separated from the others, and cultured by Koch's pure-culture process. The macroscopical, as well as the microscopical, appearance of these cultures exactly resembled the description given by Friedlander and Frobenius of the micrococci which these investigators had invariably found in the lungs of individuals having died with pneumonia. Blood-serum and potato-cultures gave the same result. It may also be interesting to state that besides these pneumonic micrococci, E. also discovered numerous bacilli of malignant œdema.

E. inoculated mice and guinea-pigs with the micrococci obtained by his pure-cultures from the cocci originally taken from the filling. He also caused other animals to inhale the micrococci. The blood, lungs and pleural exudation of the inoculated animals were filled with the microzymes, and of eight mice which had inhaled the micrococci, five succumbed to pneumonia.

The great importance of these researches will become apparent, if we remember that seven per cent. of all deaths are caused by acute pneumonia, and that tubercular phthisis is the only disease with a still greater mortality. By the introduction of suitable material for the filling of these "wall-and-floor interspaces," such a house-epidemic may in future be perhaps totally avoided. The material should be as little porous as possible, and be soaked in an aseptic solution.

CHOLERA.

Cholera is now raging in France, and a large number of deaths are daily reported from Marseilles, Toulon, and other French cities. Dr. Koch, the German scientist, who passed the last winter in India investigating this disease, is now at Toulon pursuing his researches, and it is reported in the daily press that he has discovered the same bacilli that have been already found by him in Egypt and in India. Owing to the commercial relations which Toulon has with the rest of the world, Dr. Koch is of the opinion that cholera will spread everywhere, hence should we be particularly careful to give it the cold shoulder, by using all means at our command to keep ourselves in good condition and by scrupulous cleanliness. It is very important that an apparently simple diarrhœa should not be neglected in cholera times.

Notes and Comments.

The New Hypnotic.

If paraldehyd should prove as reliable as the reports thus far published seem to promise, we have in it a really valuable hypnotic. The latest observer is Dr. E. Kurz, who in the *Centrlb. f. d. cl. Med.* (18, 1884), gives the result of his experiments with the remedy on twenty-four cases. With few exceptions the effect was favorable. Usually he administered the drug in the dose of three, sometimes four, grammes (gr. l. to gr. lxv.) and in watery solution. But in this manner taken the remedy has a very disagreeable taste, and Dr. Sutter, of Illenau, recommends rum as a medium. Paraldehyd is incorporated in sugar, so that in the form of troches, one of these contains sixteen grains. Three or four of them, according to Sutter, are then dissolved in rum and a few drops of essence of lemon added. Thus prepared, the disagreeable taste is utterly concealed, and the patients do not object to take it. Its administration in refracta dosi is not so reliable as the effect of a single large dose. In most

of K.'s twenty-four cases insomnia had been complained of for a long time, and had not yielded notwithstanding the use of narcotics.

We will mention some of the diseases in which it was employed by K. for sleeplessness:

1. Phthisis, after repeated administration of paraldehyd, prompt effect.

2. Insomnia, with great restlessness after several days of railroad travel; perfectly quiet sleep restored after first dose.

3. Large ulcerated carcinoma of the mamma; after the pains had been subdued by hypodermic injections of morphia, sleep was induced by paraldehyd. Morphia and cannabis indica had not been effectful, and chloral had caused only excitement.

4. Insomnia, after violent psychical excitement; chloral had here also caused sleep, but been followed by severe headache; effect of paraldehyd instantaneous.

5. Mitral insufficiency with severe dyspnœa; neither morphia, cannabis, nor chloral caused sleep; paraldehyd did so, but partially.

6. Insomnia after typhus; morphia produced excitement; cannabis was useless; paraldehyd acted promptly.

7. Acute melancholy. Prompt effect.

8. Insomnia in childhood. Paraldehyd caused a quiet slumber.

9. Intra-orbital neuralgia. Paraldehyd induced sleep, but the effect of cannabis was still better.

The same was noticed in a 10th case, where chronic otitis had produced the sleeplessness.

Of the twenty-four cases but four evinced no or but partial hypnotic effects from the remedy. The opposite effect, excitation, as often observed of morphia and of cannabis, was not seen in any case in which paraldehyd had been employed. Sleep generally set in within thirty minutes, and lasted from five to seven hours. Even in the few cases in which no hypnotic effect ensued, the patients admitted having felt much quieter after the paraldehyd; pulse became slower and arterial tension lessened, if previously increased; disagreeable effects were never noticed.

The Pathology of Alcoholism.

It is of interest, as showing how wide-spread is the bad influence of alcohol, that we should note that Dr. Chambers exhibited to the Baltimore Medical Association, April 14, 1884, specimens obtained from the autopsy of a painter, æt. 52, who had been an excessive whisky-drinker all his life, and who had been sick seven months before death with gastric symptoms. There was no œdema at any time except a little puffiness under the eyes. The heart was hypertrophied. The urine contained a minute trace of albumen; death took place quietly without coma or convulsions. The liver and spleen seemed contracted. The former contained cicatrices, and the left lobe was almost gone. The kidneys were also contracted. The capsule of the spleen was five or six times its ordinary thickness (peri-splenitis), and the organ was very hard. The pancreas is a mere shred of connective tissue; the ducts feel like cartilage. There were also evidences of pericarditis. The stomach was contracted and very vascular, notwithstanding the specimens had been in alcohol several days. There was some doubt as to what the patient died of. Four or five organs were diseased sufficiently to cause death. The liver looks a little suspicious as to specific disease, but other signs are wanting. It is not a typical hob-nailed liver. The lungs are healthy, except a little emphysema. The death certificate assigned Bright's disease as the cause of death.

Diphtheria and Inflammation of Joints.

A young military cadet, æt. 15, was attacked on the sixth day of diphtheria by inflammation of both knee-joints, which in a second case, that of a cadet æt. 13 beginning on the eighth day, most of the larger joints and the pericardium became excessively inflamed. In both cases, though in the second a mild relapse took place, a perfect recovery ensued after the administration of salicylic acid. The patients were in charge of Dr. Panto (*Berl. Klin. Woch.*, 45, 1884), who, not adopting the theory of Senator, Vohsen, *et al.*, believes that this affection of the joints is caused by direct and repeated impression of the diphtheritic poison, which reaches the diseased tissues from from the blood by aid of the lymphatic system. The character of these joint affections has not yet been clearly determined, and it has been called rheumatic simply in contradiction of those acute purulent inflammations with which we meet in cases of pyæmic arthritis. We find the same in scarlatina, and here also it would be wrong to give them the name of pyæmia, while a purulent inflammation has never been observed. They are nothing but inflammation of serous membranes, due to a specific poison.

Papilloma of the Male Bladder.

Mr. S. Peake reports a case in the *Lancet*, April 26, 1884, wherein Mr. Henry Morris operated by

removing the growth through a perineal incision after having ligatured the base of the tumor; and he suggests that he considers the case of great interest, chiefly as suggesting the occasional advantage, when dealing with bladder tumors, of separating the stages of the operation—namely, of opening the bladder and awaiting for the expulsive efforts of the contracted bladder to expel the free extremity of the growth through the wound, then after a day or two to complete the removal in the manner adopted in this case. Such a course, when practicable, is more safe and more accurate than crushing off the growth with the lithotrite or Thompson's forceps. When the tumor is of the papillomatous character, it is probable that in no inconsiderable proportion of cases its expulsion may be looked for. In the female bladder the free ends of papillomatous growths are often floated outwards to and beyond the external urinary meatus. The previous formation and removal of a prostatic calculus supports the theory referred to by Sir Henry Thompson, "that papilloma may sometimes arise from local sources of irritation affecting a mucous membrane."

Substitute for Nitrite of Amyl Capsules.

Recognizing that it must often happen to medical men, espscially those in the country, that just when they want these capsules in an urgent case they find they are without them, and while the physician might administer it from the bottle, it would be dangerous to leave the bottle around, Dr. R. L. Batterbury suggests this plan in the *Brit. Med. Jour.*, May 3, 1884: Some small, wide-mouthed bottles should be obtained with closely-fitting corks, and into each bottle a little cotton-wool should be placed. All that is necessary is to drop the required dose into the bottle, cork it tightly, and invert it. In this inverted position the nitrite of amyl will retain its properties unimpaired for a considerable time, for some months at least, and can be used by simply removing the cork and applying the bottle to the nose of the patient.

Œdema Glottidis from Syphilitic Ulcer of the Larynx.

One of the numerous phases which this affection may present is offered to us by Dr. R. B. Jessup in the *N. Y. Med. Jour.*, May 17, 1884, where œdema glottidis was caused by it.

A diagnosis of œdema glottidis was made when he first came into the hospital, but the cause of it could not be made out. The ulcer was, in all probability, syphilitic in its nature, for the scars of old ulcers were found on the leg, and his nose was sunken and deformed. That there was œdema present, was not doubted by any one who saw him before the tracheotomy was done, and even at the laryngoscopic examination the parts were still somewhat œdematous and swollen. The caseous matter seen could not have produced the intense dyspnœa in itself, for it was not tenacious in its consistence, and could easily be wiped away. Authorities agree that the œdema of syphilitic ulcer of the larynx differs from that of tuberculous laryngitis in that it is more gradual, whereas the œdema of tuberculous laryngitis is quite abrupt in its development. After tracheotomy the patient rallied for awhile, but he soon sank and died.

Dilatation for Fissure of the Anus.

The method is discussed at some length in the *Revue de Thérap.* for February, 1884. Gradual dilatation is not recommended by the authors, but forced and rapid dilatation is said to give excellent results. The index fingers may be used for the purpose, but the thumbs are generally too short. Mollière, Verneuil, Trélut, and others, make use of expanding specula of various forms. An enema must be given on the day before the operation, and the administration of an anæsthetic is generally advisable. The dilatation is known to have been sufficient when two fingers can be introduced together into the rectum without feeling of resistance. The patient can resume his occupation after two days. Incontinence of fæces does not occur after rapid dilatation.

Painless Escharotics.

From the *St. Louis Druggist* we learn that Esmarch's painless caustic powder, for the removal of warts, tumors, etc., is composed of:

℞.	Arsenious acid	part 1
	Sulphate of morphia	" 1
	Calomel	" 8
	Pulv. gum arabic	" 48

This is to be sprinkled on the cuticle daily. The surface should be denuded either with the knife or a blister. Canquoin's paste, for the same purpose, is made, according to M. Charles, by the following formula:

℞.	Chloride of zinc, fused	parts 10
	Alcohol, 60 deg.	" 2
	Wheat flour	" 15

Rub the zinc chloride to a fine powder, add the alcohol, rub again and incorporate the flower strongly pressing with the pestle. As soon as

the paste is homogeneous, spread with a roller or bottle into sheets about one-eighth of an inch thick, and after a few hours put into a well-corked bottle.

Latour's nitro-chloride of zinc paste, a most excellent escharotic, is made by dissolving 50 parts of chloride of zinc and 100 parts of nitrate of zinc in 80 parts of water. The solution is made by the aid of heat. When it cools, add to each 100 parts of the fluid, 75 parts of wheat flour, and incorporate as in Canquoin's paste.

Death from an Injection of Carbolic Acid.

A valuable warning is sounded by a case before the Calcutta Criminal Sessions in April, when Dr. Upendra Krishna Dutt was found guilty of causing death by a rash and negligent act, and was fined 500 rupees. The convicted person, who was a young native medical practitioner, administered an enema of carbolic acid to the child of his cousin for the cure of dysentery or worms. Two hundred drops of Calvert's No. 2 carbolic acid were injected; and there could be no doubt that, whatever was the nature of the child's illness, the carbolic enema had caused the death, which occurred in a few hours. There was collapse almost immediately after the injection of the acid, which was dissolved in water.

Injections of Corrosive Sublimate Solutions into the Inguinal Glands and in the Spleen in Syphilis.

Dr. Hugo Engel has been making these injections, and as a result of his experience, he tells us, in the *Medical Times*, June 14, 1884, that he thinks he is entitled to say that there is some reason why, in cases of enlargement of an inguinal gland, following an indurated primary sore, hypodermic injections of corrosive sublimate should be tried, and in cases where there has already been an indication of further constitutional affection, as roseola, and where no special accidental conditions (as above enumerated) contra-indicate their employment, the same solutions should be injected into the parenchyma of the spleen, and in both cases be continued until the first warning symptoms foreshadow the approaching mercurial stomatitis.

Insanity and Cardiac Disease.

In connection with the paper on this subject, read before the Pennsylvania State Medical Society by Dr. Alice Bennett, and published in our columns, it will be interesting to note that Dr. James G. Kiernan thus concludes a paper in the *American Journal of Neurology and Psychiatry:*

Taking all narrated cases into account, it would seem justifiable to conclude:

1. That cardiac disease produces psychical symptoms; depressions and hallucinations, as well as delusions.

2. That cardiac disease may modify coëxisting insanity.

3. That insanity may produce cardiac symptoms.

Internal Urethrotomy for Urethral Stricture.

That distinguished veteran, Sir Henry Thompson, tells us in the *Brit. Med. Jour.*, June 14, 1884, that according to his experience internal urethrotomy, completely performed, should be resorted to as the best and safest treatment of stricture, as soon as the easy use of the bougie fails to maintain the urethra patent, or to allay signs of irritation in the bladder arising from obstructed urethra. It is the best means not only for relieving urethral obstruction and its painful symptoms, but for ensuring the future sound condition of the organs which lie behind it.

A New Treatment of Epithelial Cancer.

Experiments now in progress, under the supervision of Dr. J. E. Garretson, at the Oral Hospital of this city, show a wonderful curative value in the treatment of epithelial cancer with the use of epiderm secured from the horse by means of a curry-comb, the treatment being nothing more complex than keeping a sore continuously covered with the ash-colored powder thus obtained. The horses are to be washed over night and curried with a new curry-comb in the morning. After picking out the hairs the powder is ready for use. Where horse epiderm is not to be obtained, the scales may be scraped by means of a knife-blade from the human arm or leg.

Treatment of Pelvic Rachialgia.

For this painful affection Dr. G. Liebbman says in the *Boston M. and S. Jour.*, that he considers the best treatment to be the administration of drachm doses of sulphate of magnesia before breakfast three or four times a week, cold ablutions of the lumbar and hypogastric regions, and moderate bodily exercise, as gymnastics, horseback riding, billiard-playing, and so on. Furthermore, he finds celibacy on the one hand, and excesses in venery on the other injurious, but a very moderate and judicious performance of the sexual functions beneficial.

Iridin in the Vomiting of Pregnancy.

Being led to try it by the allusion of Dr. Matthews Duncan to the probable influence of the liver in causing the vomiting of pregnancy, Dr. Berry Hart, in the *Edinburgh Clin. and Path. Jour.*, recommends the use of two grains of iridin in the form of a pill to be taken at night, and to be followed in the morning by a draught of Friedrichshall water, a teaspoonful of Carlsbad salts, or a doubly strong Seidlitz powder. He states that out of nine cases where this treatment was tried, eight were cured.

CORRESPONDENCE.

A Case of Spinal Bifida in the Upper Cervical Region.

EDS. MED. AND SURG. REPORTER :—

On June 14, 1884, I delivered Mrs. —— of a pair of twins—a boy and girl. The girl had spina bifida in the *upper cervical region*, involving the first and second vertebræ. It was as large as a good-sized hickory nut, and is gradually increasing in size. The child, so far, has appeared well, with the exception of being more fretful than the other.

A. O. STROUT, M. D.

Parkersburg, Iowa, June 23, 1884.

Picrate of Ammonia in Whooping-Cough.

EDS. MED. AND SURGICAL REPORTER :

Dr. Z. P. Dellenbaugh, formerly of Philadelphia, now of this city, has been for some time using picrate of ammonia in whooping-cough. At his suggestion I have employed it, and can corroborate what he claims for it, viz., a speedy mitigation in both the number and severity of the paroxysms. His formula for a child of four years is :

℞. Ammon. picratis, gr. ij. @ iij.
Ammon. muriat.,
Ex. glycyrrhyz, āā ʒj.
Aquæ ad., fl. ℥iij.
S.—Fl. ʒj. every three hours.

I have been less disappointed in this treatment than in any I have as yet tried. It would seem worth a thorough trial by the profession.

L. B. TUCKERMAN.

Cleveland, O., June 19, 1884.

Chloroform Not a Tæniafuge.

EDS. MED. AND SURG. REPORTER :—

In your issue of April 26 a physician in Kentucky stated that he had for some years past treated his cases of tape-worm with invariable success by administering, after a day's fasting, one-drachm doses of chloroform in one and one-half ounces of castor oil, sometimes adding a little male fern, but had been equally successful without the male fern. I was much pleased that at last we had found a remedy which would invariably bring the head of the worm; and soon after, having a patient passing joints, I made him fast twenty-four hours, and then take the oil and chloroform. The patient did as directed, only more so. After the dose had ceased purging, and he had failed to find his worm, he at once repeated the dose on his own responsibility, but did not so much as get a single segment. I told him to wait and see if he passed any more pieces before renewing treatment. In a few days he was passing them again, and with two one-drachm doses of kamella expelled about fifteen feet of the animal, including the neck close to the head, so that it is unlikely it will give any more trouble. Of course, "one swallow don't make a summer," but the fact that this patient took two doses of the remedy in quick succession without any result whatever, except a tremendous purging, does not lead me to place much confidence in it; and my object in writing this is simply to caution against its use until we get more decided testimony as to its efficacy.

WILLIS J. BEACH, M. D.

Litchfield, Conn., June 27, 1884.

Malignant Pustule.

Open Letter for Medical and Surgical Reporter.

W. S. JANNEY, M. D., PHILADELPHIA—*Dear Doctor:* In the *New York Med. Jour.* of the 7th inst., just received, I find a report of four cases by you in the proceedings of the Philadelphia County Medical Society, which are designated as "Malignant Pustule." As my residence abroad for quite a number of years gave me an opportunity for a practical knowledge of this affection, in contradistinction from the furuncular development known ordinarily as carbuncle and technically as anthrax, I would invite your attention, as well as that of the colleagues who engaged in the discussion, to my elaborate paper on this subject in the September number of *Gaillard's Medical Journal* for 1881. It is entitled "The Distinguishing Features of Malignant Pustule and Anthrax," and sets forth that "The most general characteristic difference between anthrax and malignant pustule is the quality of the former in being a localized effect of a constitutional derangement, while the latter is the local origin of a general disorder. Anthrax is a consequence, while malignant pustule is the origin or commencement of the disturbance of the animal economy." "Should the primary vesicle of malignant pustule be allowed to take its course, there soon extends a disintegration of tissues to some distance around and beneath the spot, and this disorganization affects the nerves and small ramifications of the blood-vessels in a way to carry a deleterious impression to the entire frame, and especially to the brain." "It is noted as a remarkable feature that the sensibility, even in the primary vesicle, is so entirely lost as to admit of burning with red-hot iron thrust into the cavity without giving any pain." "No case suspected of being malignant pustule should be allowed to run on and develop this dreadfully-destructive type of disease, but should be promptly obliterated by the use of the thermo-cautery, until the action of the red-hot iron becomes actually felt upon reaching the solid tissues which surround the diseased part." "A stimulating antiseptic internal treatment should accompany these measures of local correction."

It being impracticable to communicate any definite conception of the scope of the paper by meagre extracts, you are referred to the essay for my views, with the conviction that much of the uncertainty as to diagnosis, pathology, and treatment, should be dissipated by a correct appreciation of the facts afforded by my personal observation.

J. McF. Gaston, M. D.

38½ *S. Broad St., Atlanta, Ga.*

Lobelia Inflata.

Eds. Med. and Surg. Reporter:

I am confident no one who has used lobelia properly, *i. e.*, in small doses frequently repeated, would like to be deprived of its valuable properties in the treatment of angina pectoris, dyspnœa attendant upon cardiac oppression, or those cardiac disturbances of a reflex origin.

The following case from my pocket record of a recent date will illustrate the brilliant action, in a case of pre-cardial oppression in a rheumatic lady, 40 years, large and fat, weighing 200 pounds. Was attacked at 10 o'clock a. m. with intense pain in the precardial region, attributed to indigestion. The family attempted to relieve by mustard emetic, cataplasms, and the general routine practice of antiacids, carminatives, stimulants, and warm applications. I arrived at four o'clock, found her sitting in bed, with a horror-stricken expression, complaining of great pain in region of heart and under sternum, the surface bathed in a cold perspiration, with a sick nauseous stomach, the radial pulse scarcely perceptible, the heart's action weak, irregular, and thrilling or shivering, the chest wall fixed, the breathing labored and quickened, with a gasping cry, "I shall die doctor, if not relieved at once! I shall die!! I want breath!!!" I thought of lobelia and nitrite of amyl; had no lobelia, but crushed a part of five gtt. of amyl on a handkerchief, and applied to nose, which afforded some relief, but intensified the nausea and pain under breastbone, with a greatly intensified thrilling or shivering of the heart's beat. I went for the tr. of sem. lobelia, which I administered in gtts. xx., and again went to prepare a dose of chloral, but on entering her presence found the symptoms better, and again repeated tr. lobelia gtt. xx., which in half an hour had so far removed the alarming symptoms that I did not give the chloral, but ordering a flannel wrung out of warm whiskey and water placed over heart, and to be renewed if necessary, left to call again at 9.30 a. m., when I found her asleep, breathing superficially and rather faster than normal, but the pain and oppression all gone, with small blisters over heart, repeated by moving from place to place around and over this organ. With iodide, bromide, and salycilate of soda and potass., she came from under the heart complications, but still with the rheumatism in right shoulder and arm, so much so as to prevent raising hand to head.

Could repeat numbers of such heart troubles, with quite as many of retarded labor, where the action of lobelia was quite as brilliant in the relief of similar action of the womb as in this neurosis of the heart. Lobelia may be ranked as a vital stimulant to the great sympathetic nervous system, and whenever it is desirable to give tone and energy to any particular organ that had been overpowered by disease, or acted upon reflectively so far as to interfere with normal action, the profession will be rewarded by the most brilliant results in giving lobelia. With children it is very potent; never having seen any article tone up so wonderfully irregular nervous action in children as lobelia, given in fractional gtt. doses, every ten or fifteen minutes, with a proper after-treatment, as it is the remedy for the emergency only.

It is hoped the profession will lay aside all prejudice, if any exist, and investigate the action of lobelia, not as an emetic, but a vital stimulant, as I am confident of what I state; and while there may be cases or idiosyncrasies not tolerant of its effects in large irritant doses as an emetic, yet I assert there are no cases where a vital stimulant is demanded, that lobelia will not act promptly and brilliantly, if given in small doses, frequently repeated.

H. J. Smith, M. D.

Blackshear, Ga., May 13, 1884.

When to Use and When Not to Use the Lancet.

Eds. Med. and Surg. Reporter:—

I am glad my hastily-written article of a month or so ago has met with the approbation of at least one member of the profession—Dr. De Armond—and if the ideas there set forth could in any way benefit any young practitioner I should feel highly gratified. In order to more fully elucidate my position, if you will allow me space, I will give a case or two in point.

Some years ago my brother, a minister belonging to the Pittsburgh M. E. Conference, was called on, in the course of his ministerial duties, to immerse some parties in early spring—March—and the water being very cold, and becoming exhausted from the labor, he contracted a severe cold, which resulted in acute nephritis, for the treatment of which he placed himself under my care. Getting better, as he did, he returned to his work too soon, against my wishes, and in a short time he returned to me infinitely worse than ever.

He had not been at my house more than an hour or two, when as I was preparing to apply some cups to the region of the kidneys, he suddenly passed into a violent convulsion, which was horrible to see, and which I diagnosed as the result of uræmic blood-poisoning. The bystanders thought he was dying; and so he was, if relief had not come speedily. I immediately plunged his feet into a bucket of hot water—I don't know how hot—and opened a vein on the top of the foot, and allowed the blood to run until he fainted, when consciousness returned. He had no more convulsions, but it was six months or more before he was able to go to his appointment, and he never became quite so well as before he contracted the cold.

Now, this was a case in which bleeding was absolutely the only remedy, in my opinion. I can think of no medicine that would reach such a case. What was done had to be done quickly. Hypodermics would probably have relieved the convulsion, but would not have relieved the brain-pressure. Therefore, I would advise my younger brethren, and older ones too, for that matter, to always have the lancet within reach, and when

the necessity arises for its use, use it boldly and effectually.

A few weeks ago, as I was passing down the street in our town, a vigorous, robust man, of some forty years, drove up to his door and called to me, and said he was so chilly he could hardly keep from freezing, had headache, pains in his bones, back, etc. His boy went with me to my office, and I sent him:

℞. Spts. vin. frumenti,
Aromatic spts. am., āā ℥ij.
Quinia sulph., grs. xx. M.

Of this, a tablespoonful was to be taken every hour until relieved, with three or four comp. cath. pills at bedtime. I was called away, and did not see my patient until next afternoon, when he was found sitting by a red-hot stove, complaining of a terrible pain in his right lung, extending to the pleural region. His pulse was full, rapid, strong; headache; slight dulness in lower lobe of lung on percussion; breathing painful. He was scared, as he had had a bad attack of pleuro-pneumonia some years before, and for which I treated him *without* bleeding. He wanted to be bled; I did not think it necessary, besides, my lancet was at my office; but I had a large, thick mustard poultice applied to his chest—all over the painful parts—put his feet in hot water, gave him stimulants, and next day he was on the street as usual. In such a case as this, I presume, Dr. Corson would have taken, from as robust a man as my patient, 24 or 32 ounces of blood, and would have advertised how he treated another case of pneumonia by his own peculiar method. Of course, after losing a pint or a quart of blood, the man would have been two or three days getting about; but all the same, the old doctor would have laid claim to an immediate cure, and blood-letting, according to his theory, would have been the only remedy that would have effected a cure. Now, here I have presented two cases, occurring in actual practice, the one in which bleeding was the *sine qua non*, the other in which it was not only unnecessary, but when its employment would have been exceedingly foolish and detrimental. Supposing I had been a bleeder, and according to the request of my patient, I had bled him freely? Of course he would have gotten well, for nothing serious ailed him, and I could have boasted of how quickly I aborted a severe case of pneumonia. On the other hand, since I do not believe in indiscriminate bleeding, I only record a case such as every practitioner has seen hundreds of times. Such, I verily believe, are the kind of cases of pneumonia which are cured so easily by the bloodletters; for in genuine inflammation of the lung, with the accompanying fever and prostration, no treatment—be it depletion, stimulants, or whatever—can cure it in as short a time as the bleeders claim.

Wm. F. Mitchell.

Addison, Pa., June 11, 1884.

News and Miscellany.

Indiana State Medical Society.

At the annual meeting held in Indianapolis, June 10, 11, 12, 1884, the following papers were read: "Angel-Wing Deformity," by Dr. G. W. H. Kemper. "Adenia, or Hodgkin's Disease," by Dr. L. B. Woollen. "Four Cases of Ovariotomy," by Dr. Joseph Eastman. "Post-Partum Hemorrhage," by Dr. J. F. Hibberd. "A Question in State Medicine," by Dr. S. E. Munford. "Post-Partum Intra-Uterine Injections of Carbolic Acid," by Dr. H. V. Sweringen. "Puerperal Pyemia," by Dr. W. H. Myers. "Malpractice Suits; Can their Frequency be Lessened?" by Dr. J. R. Weist. "Asthenopia," by Dr. J. L. Thompson. "Small Pox and the Pest House," by Dr. Theodore L. Wagner. "The Treatment of Fractures of the Leg," by Dr. J. W. Marsee. "Antiseptic Treatment of Gunshot Wounds," by Dr. H. T. Raymond. "Two Cases of Foreign Bodies in the Trachea," by Dr. B. Wallace. "Intra-ocular Tumors," by Dr. T. J. Dills. "Race Poison," by Dr. J. S. Arwine.

Officers for the ensuing pear:

President—J. H. Woodburn, M. D., of Indianapolis.

Vice President—James A. Grigg, M. D., of Fort Wayne.

Secretary—E. A. Elder, M. D., of Indianapolis.

Assistant Secretary—W. H. Lopp, M. D., of Columbus.

Treasurer—G. W. H. Kemper, M. D., of Muncie.

Michigan State Medical Society.

At the meeting held at Grand Rapids, June 11 and 12, the following papers were read: "Expert Testimony and Compensation," by Dr. Samuel P. Duffield. "The Dry Treatment of Chronic Suppurative Inflamation of the Middle Ear," by Dr. C. J. Lundy. "Developments of Medical History, Science, and Art," by Dr. A. F. Whelan. "Large Doses of Turpentine in the Treatment of Diphtheria," by Dr. C. George. "Exploration of the Male Urethra," by Dr. H. O. Walker. "Prostatic Hypertrophy and Urinary Obstruction; Its Treatment without Catherization," by Dr. A. B. Palmer. "Sterility in Women," by Dr. J. H. Carstens. "A Case of Perinephric Abscess, by Dr. George K. Johnson. "Placenta Prævia," by Dr. E. P. Christian. "Several Cases in Gynecological Practice," by Dr. Charles Shephard. "Nasal Catarrh," by Dr. A. W. Nichols. "Granulated Lids," by Dr. Eugene Smith. "Chronic Catarrhal Otitis," by Dr. R. J. Kirkland. "Therapeutics of Dysmenorrhœa," by Dr. A. R. Smart. "Uterine Displacements," by Dr. Wade.

Officers for ensuing year:

Vice Presidents—Drs. J. Perkins, of Owosso; J. M. Cook, of Muskegon; Gordon Chittock, of Jackson; Carl Brumme, of Detroit.

Secretary—Dr. Geo. E. Ranney, of Lansing.

Treasurer—Dr. A. R. Smart, of Hudson.

Rhode Island Medical Society.

Officers for the ensuing year:

President—Dr. Oliver C. Wiggin.

First Vice President—Dr. Horace G. Miller.

Second Vice President—Dr. John W. Sawyer.

Recording Secretary—Dr. George D. Hersey.

Corresponding Secretary—Dr. Edward M. Harris.

Treasurer—Dr. Charles H. Leonard.

Censors—Drs. Ariel Ballou, J. H. Eldredge, J.

W. C. Ely, G. P. Baker, S. S. Keene, Benjamin Greene, E. T. Caswell, and G. Kingman.

Minnesota State Medical Society.

Officers for ensuing year:

President—Dr. J. B. McGaughey, of Winona.

Vice Presidents—Drs. F. A. Dunsmoor, of Minneapolis; W. H. Pratt, of Stillwater; and C. A. Wheaton, of St. Paul.

Treasurer—Dr. S. B. Sheardown, of Stockton.

Recording Secretary—Dr. C. H. Boardman, of St. Paul.

Corresponding Secretary—Dr. A. F. Ritchie, of Duluth.

Censors (for three years)—Drs. J. C. Rhodes and V. Smith.

Colorado State Medical Society.

Officers for the ensuing year:

President—Dr. Hause, of Greeley.

Vice Presidents—Drs. Solly, of Colorado Springs; Rogers, of Denver; and Earhart, of Boulder.

Recording Secretary—Dr. S. A. Fisk.

The society will meet next year at Denver.

Items.

—The parenchymatous injection of the ergotine of Yvon in goitre is recommended by Dr. Bauwens, of Alost.

—Salicylate of sodium, when administered in large and repeated doses, has been followed by metro-neuralgia.

—It is related of Sylvius, that he compelled his patients to drink from one hundred and fifty to two hundred cups of tea every day.

—In the *Brit. Med. Jour.*, May 10, 1884, Dr. Henry Sewell reports a case of spasm of the muscles of the face and cataract due to dental irritation.

—A case of aphasia, with integrity of the third left frontal convolution, but with damage of the subjacent white matter, is recorded in the *Gaz. Médicale de Paris.*

—Pains in the course of the ulnar nerve have been noticed by M. Treille to accompany conditions of nervous dyspepsia. They belong to the phenomena of "exterioration."

—The syphilitic negro, says Dr. Henry R. Carter, has oftener enlarged and suppurating glands, rheumatic pains, and synovial inflamations. He less rarely has mucous patches, nodes, and caries.

—The sulpho-carbolate of sodium, in thirty-grain doses given after meals, is recommended in flatulent dyspepsia. Also in ten-grain doses for nausea and vomiting, particularly in pregnancy.

—Dr. M. Heath, of London, thinks the separation of the fragments of the patella due not to muscular action, but to presence of fluid in the joint. He aspirates when necessary, but prefers to put the knee at once in a plaster splint.

—A young lady died recently at Cherbourg in great agony after having taken an injection of aconitia prepared by a pharmacist in mistake for pilocarpine. The druggist discovered his error shortly after it was committed and ran to the lady's house to warn her, but arrived just in time to see her expire.

—Dr. J. Feld, of Kansas City, reports in *The Clinique* that in six cases of adherent placenta he has saved the woman by pumping cold water through the umbilical cord. In one case the patient was in convulsions when the after-birth came away.

—In a short preliminary note in the *Vratch*, 1883, No. 40, p. 625, Prof. N. V. Sorokin, of Kazan, states that he has discovered a new polymorphic micro-organism, which is invariably met in cases of follicular tonsillitis. The author proposes to name this micro-organism, leptothrix anginæ.

—Dr. Hammond says he knows of no better tonic for the sexual organs in impotence in the male than the following prescription:

℞.—Strychniæ sulph.,	gr. 1,
Acidi hypophosph. dil.,	℥ 1.

Mix.

Ten drops of the solution three times a day before meals, in a teaspoonful of the fluid extract of coca. The medicine should not be taken immediately before retiring, as it is apt to cause seminal emissions.

MARRIAGES.

BELDEN—ANDREWS.—On Wednesday, June 11, 1884, at St. Michael's church, Litchfield, Conn., by the Rev. Storrs O. Seymour, assisted by the Rev. L. P. Bissell, Dr. Charles Ogilvie Belden, and Katherine Goodwin, daughter of Judge Charles B. Andrews, both of Litchfield.

BELLMAN—WITHINGTON.—On Thursday, June 5, 1884, at the residence of the bride's mother, Kingston, N. J., by Dr. Thomas S. Hastings, of New York, Edmund Roberts Bellman, of Newark, N. J., and Marea Roshove, daughter of the late I. Chandler Withington.

BROWN—STRONG.—In New York city, on Wednesday, June 4, 1884, by the Rev. T. M. Peters, D D., Dr. F. Tilden Brown and Mary C. Strong, daughter of the late William R. Renwick.

CURTIS—ALLEN.—On Thursday, June 19, 1884, at Grace church, Brooklyn Heights, by the rector, the Rev. Wm. A. Snively, D. D., assisted by the Rev. Henry T. Scudder, Dr. H. Holbrook Curtis, of New York city, and Josephine, daughter of the late Hugh Allen, esq., of Brooklyn.

FERRIS—HILLS.—On Thursday, June 19, 1884, at St. Peter's church, Delaware, Ohio, by the Rev. Wm. Bower, G. Newton Ferris, M. D., of Flatbush, L. I., and Katharine May, daughter of Chauncey Hills, esq.

LEAKE—HOUSTON.—On June 4, 1884, by Rev. Thomas Murphy, D. D., E. F. Leake, M. D.. and Mary J., daughter of the late Churchill Houston, all of Frankford, Philadelphia.

WHITE—TWEEDY.—At St. James church, Danbury, Conn., on Thursday, June 12, 1884, by the Rev. Mr. Hall, rector of the parish, Granville M. White, M. D., and Laura Dunham Tweedy, both of Danbury.

DEATHS.

AGNEW.—June 18, 1884, Sarah B., wife of Dr. J. P. Agnew, and daughter of the late Stacy Brown, in the 45th year of her age.

BUTLER.—In Louisville, Ky., on June 11, 1884, Dr. J. Russell Butler.

HOUSTON.—In Iuka, Miss., June 8, 1884, Dr. Pugh Houston, in the 82d year of his age.

MOFFET.—On June 18, 1884, Dr. John Moffet, in the 54th year of his age.

SHELTON.—In New York, Charles J. Shelton, son of the late Dr. John D. Shelton, of Jamaica, L. I., aged 25 years.

WARD.—At Bristol, Pa., on May 31, 1884, Emma Jane, wife of John Ward, M. D., and daughter of the late Edward W. Mumford, deceased, aged 40 years.

THE

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Original Department.

Communications.

SOME REMARKS ON PUERPERAL FEVER FROM A COUNTRY PHYSICIAN'S STANDPOINT.

BY W. H. HEPBURN, M. D.,

Of Freehold, New Jersey.

Not with the expectation of adding to the facts we have so lately had placed before us (by the renowned New York gynæcologists and others), but to make some statements in regard to the way the disease has impressed one who not only had an epidemic of this disease in his own field, but was, at the time of this epidemic, associated with three other physicians, the oldest of whom was a practitioner of thirty years' standing, having an immense experience in general practice, and especially in obstetrics, and so puerperal diseases; and, best of all, was a man of undoubted ability. These circumstances I relate only to impress the truth that, though a young M. D., I have had unusual opportunities to learn by sad experiences the errors into which one can fall, and also, by experiences and teachings of one whom, as a practitioner, I admire and trust, many very useful lessons. I do not know where, outside a hospital, one would be so likely to see so many cases—if an epidemic of this disease once started—than in the coal regions, where the births are numerous, the houses usually very poor, and the towns crowded.

One, also, has every opportunity to see how disease can be treated when city hospitals, appliances, etc., are not at hand. So much sarcasm has been displayed, and so much cynicism exists in regard to the treatment of this and some other diseases, that to show from what standpoint I base my use of medicines, I will quote from an article I wrote on "Inflammation:"

"Let us start with the fact deeply impressed upon us that we have no specifics. That truth impressed upon some persons would seem to them to prove that the practice of medicine is an utter failure. To us it shows how necessary it is that the profession contain men who have power of keen observation, cool heads, self-confidence, and honesty of purpose.

"Do we ask of a pilot, in order that he be fitted for his duties, that, when the storm rages and the vessel is tossed about on the waves as if a block of wood—I say, do we ask of the pilot that he be able to say, 'peace, be still,' and there shall be a great calm. Only one being was ever able to do that. What we require is that he know well his course and how to conduct his vessel—if human power can—through the storm. So we can, with justice, demand of the physician; and as I have watched by the bedside of a struggling life, I have often thought how much more our responsibility is than if we could give a drug and see health immediately return. Shall I stimulate or shall I depress? What does this pulse indicate? How can I best subdue this inflammation?"

These, and kindred questions, present themselves to every intelligent physician, and on the correct answering of them often depends a life. But to return to our subject.

City physicians have so many conveniences, and are surrounded by all the latest improvements, which they can secure at a moment's notice, also

trained nurses fitted for any emergency during the doctor's absence, that they but little realize to what straits we, who live in the country and smaller places, are often put. And the treatment they demand is often utterly beyond the country brother's resources to follow out. The result might be that on reading of the successful treatment of some disease by a city physician, and knowing that neither time or appliances are at his disposal, I say, it might be that our country brother should become discouraged or dispirited, because he could not, as he imagined, do justice to his patients.

Let me illustrate: In an article on treatment of puerperal fever, by one of the leading specialists on women's diseases, the following, among others, rules were given: "The frequency of the injections (intra-uterine) should vary according to the severity of the disease. In mild cases, one every five hours is sufficient. In others, injections should be repeated every *three hours*, and in bad cases *every hour*." Now, all who know anything about country physicians, know that two visits a day demand a heavy strain upon them, how then could he observe these rules? Nevertheless, I know it is a recognized fact, that few people receive better, more faithful and conscientious attendance than is given by a true country physician, as I was impressed while with them.

As regards prophylaxis in mining towns, the room, as far as furniture is concerned, is very often thoroughly fitted for a lying-in chamber, in that it is cleared of all upholstery except what is needed. . The nurse is generally the next door neighbor, although in an emergency good nurses can often be procured. Both nurse and doctor are usually called during the third stage of labor. Attention to antiseptic cleansing of hands and instruments of the physician appeals to the common sense of every reasonable practitioner. I see it recommended that "ergot should be administered after birth, and kept up in moderate doses three times a day for at least a week."

The use of ergot during the prevalence of this disease, unless absolutely necessary, I have abandoned. Early in my experience I was impressed with the fact that such tonic contraction of the uterus was caused by this drug as to tend to retention of the discharge, and thus add fuel to the flame; and my convictions were strengthened by the fact being impressed upon me by Dr. W., without previous acknowledgment to him of my suspicions. It may be prejudice, but I am convinced that those cases I refrained from giving ergot to were less formidable in their symptoms. The women were usually robust, and may not, therefore, need the treatment which is called for in city practice.

Laying aside all arguments as to what puerperal fever is, let me only state what I know of the treatment. I am convinced that marked benefit follows antiseptic vaginal injection, and two of my cases (the only ones lost during the epidemic) impressed me with the necessity of absorbing such advice as Dr. Thomas gives in the following words: "The physician must now decide whether, in his opinion, the septic disease which is developing has originated in the wounds situated between the os internum uteri and the vulva, or in the endometrium above the former point. If he decide in favor of the former view, he should persist for a time longer in the more thorough use of vaginal injections; if of the latter, intra-uterine injections should be at once resorted to. Usually the *question has to be decided by the efficacy or inefficacy of frequent germicidal vaginal injections in bringing down the temperature and controlling other grave symptoms.*"

Vaginal injections can be made by simply slipping a bed pan under the patient, and using a Davidson syringe, thus preventing all unnecessary movements on the part of the patient in order to move her to the edge of the bed. Frequently, and in all my cases, either metritis, cellulitis, or peritonitis, and sometimes pleurisy, developed early, and at once flaxseed poultices were resorted to, and were continued until pain and tenderness had disappeared, or the weight of the poultice, together with the heat, were objectionable to a now prostrated patient, when turpentine stupes took their place.

I would like here to say a few words about venesection, as your journal has had several enthusiastic articles appear in it lately favoring this mode of treatment in sthenic inflammations. Neither in this disease (though of a sthenic type), nor in pneumonia, or others of like character, have I ever had reason to regret the withholding of the lancet. Nor have I seen it used by any of my associates. Prompt use of heat, in the shape of flaxseed poultices, *properly made and applied*, together with aconite, bromide of potassium, and opium, have had such effect as to warrant my trust in them.

But besides antiseptic local treatment, in puerperal fever, we have the general system to look after. We have a patient laboring (often) under intense pain, incompressible, rapid pulse, very high temperature—which, of itself, is capable of doing immense damage, if allowed undisputed

sway. Where a high temperature, with an incompressible pulse, exists, a combination of aconite and bromide of potassium will be found efficacious:

℞. Ext. aconit. fl., gtt. xxiv to lxxii.
Potass. brom., ℥ ss.
Aquæ, ℥ iv.
Spts. lavand. comp., ℥ j.
M. Sig.—Tablespoonful every two hours.

It will be seen by the above that as much as six drops of the fluid extract of aconite is given every two hours, which same I have continued thirty-six hours with beneficial results, and have yet to see any deleterious effects from such heroic doses.

Bromide of potassium may be used as a febrifuge; if so, I do not see it advocated by the works on therapeutics, but long and continued use of it has convinced me of its efficiency; so much so, that in young children I seldom use anything else. It may be that its action is due to direct effect on the circulation, or by its quieting power over the nervous system, or these actions may be combined.

To relieve pain, opium (if there is no tendency to diarrhœa), combined with pilulæ hydrarg., is given every hour till pain is relieved. Should diarrhœa exist or set in, then a combination of opium, bismuth, and cinnamon, does good service. For the first stage, then, aconite and bromide of potassium every two hours—in doses indicated; poultices (flaxseed) every two hours; milk and (if nausea), lime-water, every two hours. I have seen stomachs completely upset by allowing them, where large amounts of nourishment were taken at one time, to drink milk whenever they desired to quench their thirst. Regularity in giving nourishment in disease is as necessary as in health. Of course, I say here every two hours, for in the first stage I have usually found digestion good.

And last, but not least, antiseptic injections morning and evening (time of visits).

I have often had the gratification of seeing a temperature fall from 104½° or 105° to 103° or 102°, and kept there. Pain relieved, pulse made compressible, tongue and skin become moist, thirst quenched, and rest, where, a few hours before, there had been agony. But in the course of the disease the time comes when aconite is contra-indicated and digitalis should take its place. It is also at this time that quinine seems to exert its greatest power. Having been taught to withhold quinine during the first stage of any sthenic inflammation and use it only after relaxation had been produced, I have seen such good effects of such treatment that I now pursue it regularly. The exciting qualities of quinine apparently add to the already agitated condition (of the first stage), and its tonic properties prevent that relaxation of system which we strive, by cardiac and other depressants, to produce. But let the pulse once become compressible, the skin moist, the brain quiet, and the whole system calmed, and then we see the opportunity to give our invaluable drug.

It may be, and usually is, the case that other stimulants are called for and brandy with milk, or if nausea exists, with milk and lime water, will often succeed in tiding a patient over what would otherwise have been collapse and death. No new drugs are here mentioned nor specifics lauded; but with proper handling of our well known medicines, we often are gratified by seeing marked results. In the epidemic of which I have written, in my own field two patients died. The one was on the road to recovery, but sat up in a chair the first day her temperature was normal, and also extended her diet. The evening of the same day her temperature rose up to 106°. Inside of forty-eight hours it was reduced to 102°. She died in about ten days, a pyæmic abscess forming in the right iliac region.

I have before remarked that my cases presented signs of cellulitis or peritonitis among the initiatory symptoms and that they were sthenic in their character. It may be that this will strike some physicians as rather peculiar. One author, writing on this subject, says: "But puerperal fever with peritoneal lesions may attack the patient after the most favorable delivery and without any obvious cause. Then the symptoms of the disease show that it has a special character, for in the puerperal fever, with peritoneal lesion, *the symptoms* of the *first stage of peritonitis are generally absent;* the *peritoneal symptoms* are those of *the second stage*, or of collapse, as for example, there is very frequently diarrhœa instead of obstinate constipation."

But another writer remarks: "The more, indeed, do we study the history of puerperal fever, the more prominently does the fact stand out that the type of the disease has varied much during the last hundred years; and that while, in one epidemic, the sthenic or inflammatory nature of the symptoms has been such as to warrant the boldest antiphlogistic treatment, in another, the asthenic type has prevailed from the first, when stimulating treatment has alone been attended with success."

"It is quite clear, however, that during the

last forty years the type of puerperal fever has been usually, although not invariably, asthenic or adynamic."

I know that the description of my cases will lead one to see that they were of the sthenic type. Whether this be due to the character of the epidemic, the unusually bracing and invigorating atmosphere of the mountains, or to the fact that the patients were of robust constitutions, or to all these combined, is a question. But though our cases differ from those generally seen, especially in the cities, may I hope that your pages are not taken up by useless material in thus occupying them by trying to give a glimpse of our treatment in the mountains, of this serious and prevalent disease.

PUERPERAL ECLAMPSIA.

BY WALTER H. PARCELS, M. D.,
Of Lewistown, Pa.

I was called about two o'clock on Sunday morning, April 6, 1884, to attend in confinement Mrs. S., aged a trifle less than seventeen years. I found the presentation normal, os uteri dilatable, head not yet engaged in the superior strait. The uterine contractions, which were mild at first, increased gradually in force and frequency, the os uteri dilated, the head descended; I mentally estimated the completion of labor by daylight. The woman was in hopeful spirits, complaining once or twice of a slight headache only; but as the pulse was normal or nearly so, and the face not flushed, to me the case seemed to be going along as regularly and as merrily as the chimes of a marriage bell. About five o'clock, however, she was seized with a *convulsion*, which was epileptiform in character, and came as unheralded as a lightning stroke from a clear sky. The convulsion lasted probably three minutes, leaving her in a semi-comatose condition. The child's head was now pressing upon the perineum, and needed only a few more pains for its delivery. Another convulsion followed a few moments later, and the woman became entirely unconscious, and all uterine contractions ceased.

The pulse became full and frequent. I immediately took about a quart of blood from the arm. Instrumental delivery at once, was my opinion, as to the next step to be taken; but as a consultation seemed desirable, I waited a little for the arrival of my friend, Dr. Sheaffer, who came within an hour, controlling the convulsions in the meantime with chloroform. The spasms recurred about every twenty minutes, the woman at no time regaining consciousness. On the arrival of Dr. S., I immediately delivered with forceps, the child being born alive, though it died thirty-eight hours afterwards.

We continued the chloroform treatment for possibly an hour, but the convulsions persistently returned. We then used hypodermically about a half grain of morphia, nearly the same dose being repeated about three-quarters of an hour later. The convulsions now became less violent and much less frequent, one interval being at least an hour and a half, when there was a slight *promise* of returning consciousness. As the effects of the morphia began to subside, the convulsions returned as badly as ever. About twelve hours after the morphia had been first used, nearly a grain was again hypodermically injected, the convulsions ceasing within an hour, not to return.

Whenever the patient could swallow, she was given bromide of potassium in large doses. After the cessation of the convulsions she remained in a semi-comatose condition for about thirty hours, when, awakening apparently from a sleep, she recognized her friends.

I should have added that she was kept under the influence of morphia for about twenty-four hours after the spasms had ceased to recur. The first urine that we could get was tested, and found to be, in bulk, nearly one-fourth albumen.

From this time on the case progressed well. Repeated examinations of the urine showed a gradual decrease of the albumen, which disappeared entirely in about ten days. During this time, tablespoonful doses, three times a day, of Basham's mixture were substituted for the bromide.

My object in detailing this case is to call attention to the apparent superiority of the morphia treatment over the usual modes. What is the condition of affairs which gives rise to the convulsions in puerperal eclampsia? The accoucheur takes command of the obstetrical case, the way is clear, he thinks himself marching bravely on to victory, and toward new fields of conquest, when suddenly he encounters a "lion in the way." He must act at once, time is precious. Are these convulsions hysterical? Do they depend upon a sudden determination of blood to the head, congestive apoplexy? May there be a condition of uremia, and these convulsions be the result of a toxic agent acting upon the brain? In my opinion, nearly all the very serious cases are of this last variety. How, then, shall we proceed? Venesection is certainly the first indication. In a discussion of this subject, which I heard some years ago, a physician took the ground, that as the

blood in its poisoned state is the cause, we should get rid of as much of it as possible. "Yes," said another, whose sense of humor was always uppermost, "let us take it all out, *boil* it, and pump it back again."

The proposition to bleed freely is certainly based upon a sound theory. If it be true that the poisoned blood, coming in contact with the nerve centres, is the sole cause of the convulsions, is it not true that the injurious effect will be in proportion to the amount of said blood? Though "the blood is the life," we must lessen it, for it contains in this instance, carefully concealed, the seeds of death. Venesection performed, what next? What is the pathological condition of the kidneys? Is the case one of chronic Bright's disease? It may be, and if so, death will probably claim his own sooner or later, no matter what our treatment may be. Are the kidneys inflamed? Possibly so; but probably they are only congested as the result of pressure of the gravid uterus. The indication, then, is to remove this pressure as speedily as possible, and nature, even unaided by art, will do much toward restoring the normal condition of the kidneys. If we can, we must deliver at once. What next? Control the convulsions with some agent which will partially paralyze the nerve-centres, and wait for the urea to be eliminated from the blood. For years chloroform has been, at this stage of the case, the standard remedy for controlling the convulsions. Why rely upon chloroform? Anæsthesia, unless the inhalations are repeated, will be temporary only, and the convulsions will return. The effects of morphia will continue for a period of from eight to twelve hours. Is there a better treatment than this? Uræmia as a cause of puerperal eclampsia was first recognized only about thirty years ago. The onward march of science is irresistible. The future may produce a remedy which will act like a talisman. Will transfusion be the strong arm which will be reached forth to save these unfortunate women? Will the poisoned blood be drawn off and blood from the arm of a healthy person be substituted? Or, better yet, will a drug be discovered which, being used hypodermically, will render urea inert and harmless?

TREATMENT OF INEBRIETY.

BY T. D. CROTHERS, M. D.,

Superintendent Walnut Lodge, Hartford, Conn.

Having separated the patient from all bad and unsanitary surroundings, and taken alcohol from him, the question of medical treatment that will build up and strengthen the organism comes up prominently.

This will vary largely with the condition and history of the case. It should be remembered that nearly every organ of the body will exhibit signs of derangement, functional and organic symptoms of every grade and description will appear and disappear like shadows. The treatment should begin with inquiry as to syphilis. If any suspicion of this affection can be traced, bichloride of mercury or the iodide of potassium must be combined with tonics for a sufficient length of time to get full constitutional effects. This is to be followed by small increasing doses of Fowler's solution, taken with great regularity for months.

For the insomnia and spinal reflexes so common during the first few weeks, a preparation which is very finely prepared by Park Davis & Co., Detroit, has been found of great value. It is as follows: in each fluid ounce are, ℈3 chloral hydrate, ℈3 potassium bromide, 50 minims fl. ext. gelsemium, 40 minims tinct. opium. Of this take a teaspoonful every hour until relieved, or a tablespoonful at bedtime. Where danger exists of the patient continuing the use of opium, hyoscyamus in the same proportion may be substituted for the opium. This mixture can be given for the first two weeks, and should be alternated with single doses of chloral, bromide of sodium, and extract of lupulin, given in much larger doses than laid down in the books. The Faradic current will be found of great value in some cases as a hypnotic, and should always be used or tried to test its value. In some cases it is injurious, and cannot be given. Tinct. gentian and acid phosphate are found to be excellent tonics given in water before eating.

Where well marked congestion of the liver and kidneys exist, saline mixtures or waters are found very useful, taken in the morning before eating. A good mixture of this kind is bitartrate of potassium, and potassii et sodii tartrata, in equal parts, one-half an ounce at a dose, every day or alternate days.

Where evidence of great nerve and brain disturbance exists, strychnia in some form is found to be of great advantage. Given in doses from one-eight to one-sixth of a grain, twice or three times a day for two weeks, then alternate with tincture of iron, twenty drop doses, three times a day for the same length of time.

Of hypnotics, after the first few weeks, the mildest of this class should always be used, for in many instances they will be found more effectual than the stronger ones. Hydrate of chloral is

not a safe or reliable narcotic in many cases. The functional and organic heart troubles so common in this class, make it a dangerous remedy. Bromide of sodium is not without danger, and should be given in large doses for short periods, and then withdrawn, and be followed by some preparation of strychnia. Horsford's acid phosphate has a great value in many cases, and should be used always where it can be obtained. It will be found advantageous to vary the tonics and narcotics frequently, after the first few weeks, and often give nothing but mental remedies, such as sweetened water and other harmless compounds for several days. After this the effect of tonics seem to be more marked. Preparations of cinchona and gentian, or any of the simple bitters, cannot be used long without causing an inordinate appetite and consequent derangement of the digestive organs.

Hence, iron, arsenic, and strychnia, are to be preferred. Tinctures of any form are to be avoided, as in most cases an almost inappreciable amount of alcohol will be felt by the patient, and rouse up an insane impulse that can with difficulty be controlled. Frequent baths and nutrients, regulated diet, and resting in bed, are also of great importance.

The medical treatment of inebriety should always be based on the fact that the patient is profoundly degenerated, both physiologically and psychologically. No matter what the appearance, or his pretentions to health may be, no specific remedy will ever be found.

For the drink paroxysm of the dipsomaniac, morphia, concealed in large doses of extract of lupulin, is often of great value. Where morphia can not be used with safety, cannabis indica can be substituted. But the Faradic current, hot baths, and strong nutrients, should always be used. The value of medicines in these cases should be studied with care and watchfulness. Collapse from heart failure, hemorrhage in the brain, sudden inflammatory action, paralysis, etc., are likely to come on any moment, and the line of treatment must change accordingly. Each case should be studied by itself, and receive the best therapeutic skill possible. All routine treatment will fail, and the study of the physician should be to find the best general tonics, and the mildest sedatives that can be used in conjunction with various other means to restore and build up the weakened, diseased, and perverted organism.

—Dr. Wood, the inventor of the hypodermic syringe, died recently at his home in Edinburgh.

ON THE TREATMENT OF MEMBRANOUS CROUP.*

BY R. W. HUTCHISON, M. D., M. R. C. S.,
Of Queens County, N. Y.

The most interesting part of the subject to us, as practicing physicians, is to ascertain what is the most successful plan of treatment to adopt in pseudo-membranous croup—the plan that will enable us to save the most lives.

If we look at statistics, we discover that the mortality is literally frightful; it is generally set down in works on medicine as 19 in 20! And looking over the cases that I have seen during the last twenty-five years, both in my own practice and that of others, I think I may truly say that up to a very recent date, that statement is not exaggerated.

Of course, there are many reasons to account for so great a fatality: 1. And the chief one, probably, is the fact that the friends do not fully appreciate the danger, so that the patient is very often moribund before medical aid is obtained. 2. Another reason for the high mortality in pseudo-membranous croup is that the remedies generally used are too depressing—too much reliance being placed on emetics. Viewing the ailment in a different light from that in which it is generally viewed, looking at it, in fact, as a kin of diphtheria, if not the actual disease itself, and using a more tonic and supporting plan of treatment, we ascertain that life is more often prolonged, and the physician thus enabled to combat more successfully against the local phenomenon, which is generally the immediate cause of death. 3. Another cause of the great mortality of pseudo-membranous croup is that at the present we know of no remedy that will prevent the formation of the membrane, or rapidly dissolve it when formed. True, various medicines have been used, both locally and internally, with that object in view, such, for instance, as mercury, iodine, bromine, lactic acid, calcium, etc.; some of which may be set down as harmful, while others as operating too slowly.

I have tried almost everything I have seen recommended, except lactic acid, and in my hands most of them have proved failures. I have very little confidence, therefore, in the internal remedies that I have tried, except, perhaps, copaiba, guaiacum, and benzoate of soda, with which, in addition to the inhalation of lime-water, I have saved about half the cases that I attended during

*Abstract of a paper read before the Queens County (N. Y.) Medical Society.

the last few years. I think, for the present, we must rely more on local remedies, applied by means of one of the various apparatus in use to atomize liquids. This must be resorted to almost uninterruptedly day and night until the symptoms show a disposition to yield, and then less frequently. The room in which the patient lives should, moreover, be kept saturated with steam. I have generally advised an open vessel to be kept boiling with lime-water. I think this gives more relief than the simple steam; so that it is possible that the lime has a dissolving action on the membrane. 4. Another reason why diphtheritic croup is so fatal is that when it comes to the last, when it becomes apparent to all that the little sufferer is actually strangling to death, and must soon cease to live unless some relief be afforded, the medical attendant stands by, or more often leaves the sick room, and thus allows grim death to gain the victory without making one more effort, even though it called for the use of the knife. But very often the physician proposes tracheotomy, and strongly urges it; but the friends are obdurate. "No," they say, "I would rather that the child should die than to have its throat cut." So that between the two, the timidity of the medical attendant and the impossibility of obtaining the consent of the friends, we hardly ever hear of tracheotomy in the country. Indeed, I very much doubt whether one physician in three has ever seen the operation performed. And if an inexperienced surgeon should consult almost any work on surgery with the view of obtaining a more accurate knowledge of the subject, he is almost sure to relinquish the idea of making his first attempt, from the numerous frightful stories that are there depicted in detail.

Hospital Reports.

CLINIC OF OPHTHALMIC DISEASES, HOTEL DIEU, PARIS.

LECTURE BY PROFESSOR PANNUS,

On Revulsion in Inflammatory Affections of the Eye.

Gentlemen: Two patients are before you for consideration to-day; one has been suffering from keratitis, the other from irido-choroiditis of an obstinate kind. In both these cases the revulsive method of treatment has been of singular efficacy, all internal remedies having failed.

The first patient, whom you saw at the last clinic, and who now presents himself before you, that you may be witnesses of the very marked improvement which has taken place in his pathological condition, has long been laid up by a very painful inflammation of the cornea, with intense photophobia; the application of the actual cautery to his temples has caused the pain entirely to disappear, and has apparently arrested the inflammatory process.

The second patient has been treated by the potential cautery (*i. e.*, by an issue) to the temporal region. This patient, affected several years ago by irido-choroiditis of the left eye, was treated for a long time by one of my colleagues, but without benefit. An iridectomy became necessary on account of the numerous adhesions which formed. Despite this operation, amblyopia persisted, and a morbid condition of the vitreous remained.

A short time since this patient consulted me about her right eye, which was suffering from the same series of symptoms which had characterized the onset of the disease in the left eye. The surgeon who had treated her before was urging her to submit at once to iridectomy, in order to arrest the lesions of irido-choroiditis at their commencement. It did not seem to me advisable then to resort to so radical an operation, and, as some of you are aware, various other measures were adopted; iodide of potassium and mercurials were given, then we tried sudorifics, quinine, and salicylate of sodium. Vapor douches, compresses (hot and cold), instillations of atropine, then of eserine, were all employed without success; we even punctured the anterior chamber, we kept the patient in total darkness, and yet all without result. At the end of two months of fruitless endeavors to benefit the poor patient, the photophobia, the lachrymation remained the same, the redness of the eyeball had not diminished, though happily the movements of the pupil were conserved, and there was perfect dilatability. Not being willing to practice iridectomy for a healthy iris where there were no adhesions, I determined to try the effect of an issue over the temporal region in the vicinity of the affected eye.

During the first three or four days after the establishment of the issue, but little change was noted; only the pains had somewhat abated; from the fourth day, however, after the separation of the eschar and the commencement of suppuration, there was a remarkable arrest of the inflammatory symptoms, and the photophobia disappeared. All internal treatment was stopped; the atropine drops were continued. The sore was kept open by binding in a pea, which was kept in place for six weeks, and to-day the patient is perfectly well. You remark at the upper part of the cornea a crescentic zone of sclerosis, which is all that remains to show that the disease existed.

This means of revulsion, which succeeded so well in this case, has rendered me the greatest service in my hospital practice. We have an instance in point in A. B., Ward H, a victim of intemperance, who came here with keratitis attended with hypopion and ulcers of the cornea. The cautery arrested the march of the disease, and to-day he is fairly convalescent.

I exhort you, then, to have faith in revulsion, but the revulsion must be done thoroughly. Whether you use the actual or potential cautery, it must be made to penetrate deeply the subcutaneous cellular tissue and provoke suppuration. This is a practice of ancient date, which has been too much abandoned these modern times. The

application of the cautery may be made to the temple, where it may be concealed by the hair, or to the mastoid region.

I cannot advise the use of irritant caustic injections, as of nitrate of silver, or corrosive sublimate, advised by some surgeons, for it is hard to manage the effect of these injections, and troublesome erysipelatous inflammation may result. Nor is the seton by any means as efficacious as the cautery.

If you resort to the cautery, you may use punctiform cauterizations made by galvanism; the hot iron (which is the old-fashioned method), or the potential cautery, produced by some strong caustic, as Vienna paste. You first apply the caustic and produce an eschar; then when the slough is separated, you fasten between the lips of the sore a pea or some other foreign body, and keep up a long suppuration.

Punctiform cauterization and vessicatories fail completely in the inflammatory period of the malady, while remedial in later periods, when the pain is severe, and when tendencies to abatement of the malady are seen. Then it is the most powerful means of precipitating a cure, and of combating certain obstinate neuralgias which persist after the inflammatory redness has disappeared. The suppurating cautery is an excellent means of combating the development of ophthalmias in the inflammatory period, and it was by accident that its efficacious action was demonstrated to me. While directing the service of syphilitic eye affections at the Hospital Midi, I had a patient affected with syphilitic iritis, of a sub-acute kind, with atrocious neuralgic pains. The regular treatment was instituted, but nothing seemed to help the severe pains, and I had to resort to repeated morphine injections, which alone gave relief. I used to prick the morphine into the temple every morning, when one day, by mistake, the syringe was charged with a ten per cent. solution of nitrate of silver. The patient uttered a terrible shriek, and almost immediately the symptoms of sphacelus and inflammation commenced. A severe phlegmonous swelling resulted. Poultices were found necessary, and there was soon quite a profuse suppuration. The cellular tissue mortified, and was eliminated, and there was an exfoliation of the aponeurosis covering the temporal bone, flakes of this aponeurosis coming away in the discharge. The fact to note is, that with the establishment of these inflammatory accidents provoked by the injection, we saw rapidly disappear all the eye symptoms which previously tormented the patient. The pain, the photophobia, the lachrymation, ceased, the ocular injection went away, and the recovery was prompt and thorough, without any synechia.

In a similar case which came under my observation in the Hotel Dieu, a violent rheumatic iritis disappeared rapidly on the development of facial erysipelas which invaded the sub-cutaneous cellular tissue.

Despite the good results which attended my accidental injection of nitrate of silver, I cannot advise you to resort to this means in your practice, for the issue will give you equally good results, without the same risk.

Medical Societies.

CHICAGO MEDICAL SOCIETY.

A regular meeting of this society was held on the 16th inst. (June), when a number of important papers were presented. The first was by Dr. Wm. E. Quine,

On the Significance of Jaundice in Diagnosis,

The following brief synopsis and summary of which is here appended:

After alluding to jaundice of obstructive and non-obstructive origin, and to the various theories that have been advanced in explanation of the latter, the writer succinctly pointed out that the attendant symptoms were mostly due to the presence of colorless bile acids, the bile pigment being harmless. Cerebral disturbance, due to hepatic derangement, and associated with cholæmia, was not caused by the presence of normal bile, but by a different though unexplained species of toxæmia. Although slight, jaundice is often overlooked, and in some instances cannot be distinguished from cachexiæ, except by the discovery of bile acids in the urine. The diagnosis usually relates to the discovery of the cause, and not to the mere recognition of the effect. Seventeen main points of the paper are mentioned:

1. Jaundice occurring suddenly, in apparent health and painlessly, is usually of emotional origin and transitory.

2. When it depends on disease or injury of the brain, acute atrophy of the liver, snake poison, or an infectious fever., it is always associated with mental disturbance.

3. If it be attended with fever, and well marked, it is secondary to inflammation of biliary passages, pneumonia, toxæmia, or infective inflammation of the portal vein.

4. If it occur suddenly, and is preceded by paroxysmal pain and vomiting, it is caused, nine times out of ten, by biliary calculi.

5. If it is preceded by typical symptoms of gastro-duodenitis, it is obviously of catarrhal origin.

6. Impassably, obstruction of the common duct is shown by great intensity of jaundice, clay-colored stools, and, in recent cases, by distension of the gall bladder.

7. Jaundice caused by sudden obstruction of the biliary passages is always associated with paroxysmal pain and nausea, but there is no means of ascertaining the nature of the obstructing body, except its discovery in the stools.

8. In rare cases of sudden obstruction by cancerous, hydatid, and aneurismal tumors, there is almost always a history of impaired health, enlargement and deformity of the liver, ascites, etc., which, aided by the revelations of physical explorations, will lead to correct differentiation.

9. Sudden return of normal coloring to fæces confirms the diagnosis of obstruction.

10. Occlusion of the cystic duct may be attended with as much pain, nausea, and distension of the gall bladder, as occlusion of the common duct, but there is no jaundice. In occlusion of the hepatic duct, the same symptoms are present, including jaundice and excluding distension of the gall bladder. It is impossible to distinguish between occlusion of the hepatic and the common duct.

The former is rare, because the duct increases in size from above downwards.

11. If jaundice persist after the symptoms of biliary colic or catarrhal inflammation have a month since disappeared, or if jaundice have disappeared after a biliary colic, to return slowly and painlessly, it may be assumed that stricture of the duct has resulted from inflammatory thickening, adhesion of walls, or cicatrization of an ulcer.

12. A history of repeated attacks points to the probability of gall-stones.

13. If jaundice come on slowly, without antecedent colic or catarrh, and without attendant evidence of impaired health or portal obstruction, it is probably caused either by pressure upon the duct, or by the growth of a tumor within its walls. The pressing body, when large enough, may be readily appreciated, as in the case of pregnancy, ovarian tumor, aneurism, distended colon, etc.; but when it is small, or constituted by enlargement of lymphatics in the fissure of the liver, it is apt to escape detection.

14. Slight but persistent jaundice may be due to incomplete occlusion of the common duct, or to complete occlusion of a branch of the hepatic, but usually it is found associated with either valvular disease of the heart, some disease of the lungs which obstructs circulation, or cirrhosis of the liver.

15. If ascites be associated with it, the disease is either cirrhosis or cancer of the liver. If the liver be abnormally small, the disease is cirrhosis; if it be large, the disease is either hypertrophic cirrhosis or cancer. Differentiation between the two is seldom attended with difficulty.

16. Absence of jaundice does not imply absence of hepatic disease, since the liver may be destroyed by disease, or extirpated by operation, without jaundice ensuing.

17. It is not a prominent symptom of hepatitis, if catarrhal inflammation of biliary passages be rigidly excluded. It is not characteristic of hepatic abscess, when, at most, mere muddiness of the complexion is usually seen. These affections are rare in temperate latitudes, and when encountered are generally found to be secondary to direct injury of the liver, or to infective inflammation of the portal veins. It is not a symptom of waxy or fatty liver, or of hydatids, excepting as an extraordinary complication.

Discussion was participated in by .

Dr. G. C. Paoli: Sometimes in grave maladies such as schirrus of the liver, very little icterus oftentimes is present, so that a mere tint only of pigment may be noticed in the skin. Many times, no doubt, there may be serious disturbance going on in the liver, and we will notice a yellow condition of the conjunctiva; yet we pass it by as something of slight consequence.

Dr. S. H. Stevenson inquired if cholesterine and the obstruction of the gall duct would produce toxic effects upon the brain, or other cerebral disturbance?

Dr. A. R. Jackson expressed his admiration of the paper—it was a paper, he thought, to commend to others, and that we should emulate it. It was full of many interesting points, and devoid of superfluous verbiage (padding, as he styled it).

Dr. J. H. Etheridge inquired if during mental emotion a patient might not greatly become jaundiced? Also, is it not a fact that in pigmentary substances there may not be more than one kind of coloring matter? Also, in those hurt or injured after reaction, if jaundice comes on, is it due to the shock to the nervous system or through the vascular system?

Dr. J. J. M. Angear stated: "Physiology says bile destroys the red corpuscles of the blood; others state that the coloring matter of bile is nothing more than the coloring matter of the blood. Why not, then, take the hypothesis, that when the conjunctiva and mucous membranes become discolored, that it is due to a poison entering the blood? In clay stools, 'tis said, if they come from the large intestine, that the odor comes from here also, and yet to give mercury produces dark, offensive stools, because it acts upon the liver."

Dr. Quine closed by stating it has not been proven that bile is toxic, or that it produces cerebral disturbance. The blood and secretions may be saturated with bile for years, and there is no cerebral disturbance as a result from it. In obstruction of the common duct there is no phenomena developed of cerebral disturbance. Some of the questions propounded he could not answer, nor did he know where to direct the members to look for the necessary information.

This was followed by Dr. G. F. Hawley, who read an interesting thesis on

The Effect of Noises upon Certain Forms of Deafness.

More than two hundred years ago Dr. Thomas Willis, of Amsterdam, described a certain form of deafness in which hearing was improved by noise, enabling persons to distinguish tones and sentences which at other times would be unheard. This symptom, bearing the name of Paracussis Willisiana, has been accepted by most aurists, but no satisfactory explanation as to its cause has been advanced. While Politzer, von Trollsch, and others, consider that it depends upon some change in the position of the ossicles or membrana tympani, many, like Krama, take different views, and believe that it is due to a stimulating of the auditory nerve, thus forcing it to a more healthy action. Experience favors the theory that the middle ear is the seat of this symptom, that some change is brought about by the constant noise which restores the hearing for the time being. What this change is is still open to discussion. It may be of interest to relate the following case which came under my observation while house-surgeon at the Golden Square Hospital, London: Mrs. H., aged thirty, had, for the last five years, suffered with marked deafness in both ears. Common conversation was heard with difficulty, except when any loud noise was present. At that time the hearing, apparently, was greatly improved. A watch could be heard on the left side only upon contact, and on the right at a distance of about two inches. The tuning-fork showed no trouble of the acoustic nerve, but clearly indicated some disturbance of the middle ear. The drum-head was normal as to tension, color, etc., while perfect movability existed in the mallio incuidal joint. Nothing indicated anchylosis of any of the ossicles. The appearance of the throat

was healthy, and the Eustachian tubes both patent. This is a good example of this form of deafness in which the symptoms of hearing in a noise manifests itself. Roosa, however, mentions two cases where the drum-head was more or less destroyed, and still noises improved the hearing. The ossicles in both cases were intact. Politzer, in his work on aural surgery, states that this improvement is seen only in middle ear affections of an adhesive or schlerotic character, and regards it as a most unfavorable symptom for satisfactory prognosis. Roosa, on the contrary, states that it is found in many forms of ear affections, and does not necessarily forbid one from expecting favorable results from treatment. In his article on "The Effects of Noises Upon Diseased and Healthy Ears," he says: "I have known two cases where this symptom occurred in patients who regained their hearing perfectly. While the symptom frequently accompanies incurable diseases of the middle ear, I believe it is a very frequent symptom in subacute cases, where both ears are affected. Of course, it would not be observed in disease of one ear only. Whatever may be the cause of this symptom, we are justified, the writer thinks, in believing that certain pathological changes are then present in the middle ear, which will be found at no other time. If this be true, in what does the change exist? Willis considered the change brought about by the action of strong wave tone upon a relaxed membrana tympani to be the cause of this symptom. As long as the drum-head is in a relaxed condition, it refuses to respond fully to wave impressions. It is no longer a perfect sound conductor until its tension is restored. Noises, by forcing air against the membrane, press it inward, restore its tension, and hearing is improved until the pressure is removed, when deafness returns as bad as ever. If this improvement was found only in such cases as he describes, we might accept his theory as correct; but unfortunately, as already stated by the writer of this paper, it is present with no change whatsoever in the drum-head. Therefore, in such cases at least, this improvement in hearing is due to some other cause. We have in the middle ear two other elastic membranes, one of which taking as important a part in conveying wave impressions as the membrana tympani, any change by disease or injury would be fully as disastrous to normal hearing, *i. e.*, the writer means the membrane of the foramen ovale. When we consider the extraordinary fine shades of vibrations transmitted by this membrane to the fluids of the labyrinth, are we not justified in expecting that any loss of accuracy and precision on the part of the transmitting apparatus at this point will cause a corresponding loss of hearing power? According to Riesmann, the excursions of the stapes in the fainter tones are so small as to escape detection, even with the highest power of the microscope. Therefore a corresponding sensitiveness on the part of the membrane must necessarily be present, in order to appreciate and transmit these vibrations. Thus we see that any change in the membrana ovale which tends to hinder the passage of the vibrations to the fluids in the inner ear must cause diminution in hearing. If, then, the membrane from any cause becomes relaxed and loses the power of responding to vibrations, it acts no longer as a sound conductor, but as a damper to any wave impressions. This is demonstrated in the case of relaxed drumheads where inflation improves the hearing. Not only must this elastic plate (so called by Politzer) be capable of responding fully to any wave impulse, but it must also bear a certain relation to the foot of the stapes, *i. e.*, a due amount of pressure must be applied by the stirrup, and a sufficient resistance be offered in every ear that possesses perfect hearing. If this is lost, deafness is the result. Chronic suppurative inflammation of the middle ear, with destruction of drum-head, incus, and mallius, is a proof of the correctness of this statement. Hearing is here frequently improved by a false drumhead, which presses the loose stapes against the membrane of the foramen ovale, thereby restoring the relative positions of the parts. In a relaxed membrane, the pressure of the stapes is wanting, due to an absence of resistance in the diseased membrane ilself. Until we find some means of restoring this needed resistance, deafness remains. Thus, through the loss of elasticity in this membrane we lose two important factors for perfect hearing. First, this membrane, like the membrana tympani, while relaxed, refuses to act as a conductor of sound by not responding to vibrations given it; and second, the proper relation between it and the stapes is destroyed, the necessary pressure and resistance being absent. We find in the case of an atrophied drum-head that hearing is frequently improved by inflating the middle ear, which restores the tension to this membrane by forcing it outwards. One might suppose that such inflation would likewise restore lost hearing, if due to a relaxed membrane at the oval window. Unfortunately, the same act which might restore to this membrane its proper tension, forces it inwards as well, and thus separates the stapes from it.

Though the membrane may be in a proper condition for receiving and transmitting wave sounds, the stapes, from the absence of any pressure applied by it to this membrane, will be unable to perform its duty. There will be more or less obstruction to the passage of sound at this point. Whatever these restore, the hearing in these cases must not only renew the tension of the membrane, but maintain as well the relative position of health between it and the stapes. This, in the writer's opinion, can only be accomplished by some influence brought to bear upon the membrane and stapes from outside the middle ear. If now we consider the effect of wave impulses upon the membranes and ossicles, we can understand how a loud and continuous noise (as the writer thought) might improve the hearing, where the deafness is due to such pathological changes as herein described. The air, set in motion by this noise, strikes upon and pushes the drumhead and ossicles inwards. This crowds the air in the middle ear against the membrana ovale, which, if relaxed, is made tense by this pressure. At the same time, the relative position between it and the stapes, as to pressure, etc., is also restored, and hearing for the time is therefore improved. This noise, which would confuse one with normal hearing, is absorbed, so to speak, in removing the cause of deafness. In case of perforated drum-

head, the vibrating air acts directly upon the diseased membrane and stapes.

Von Trollsch mentions a case where a magistrate so afflicted improved his hearing by pressing a bit of stick against the drum-head. Allen also, in his work on aural surgery, states, while speaking of this symptom, that the hearing power was increased in a patient who presented herself with marked destruction of the drum-head, by pressing cotton against the ossicles. Another is also noted, where a large perforation existed. Here, before and after the healing of the perforation, hearing was improved by pressure. Though these three cases do not in themselves place this theory beyond dispute, it may still make it worthy of consideration. It may encourage us to further investigations, which perchance may result in establishing beyond a doubt the cause of improved hearing in certain forms of deafness by noise.

Discussed by Dr. S. J. Jones, who stated that this subject interested pathologists very much, that different causes will produce this condition, and it is therefore not always dependent upon the same cause. A noise that will affect an abnormal ear in this manner may have no effect on the normal ear. Cotton pressed over the stapes will increase the hearing power in these cases. A tuning-fork placed between the teeth is also better heard in the affected ear; and so, to place the hand on a piano, the affected ear is excited to action during the transmission of delicate sounds, and they are best heard in this ear, more so than in the normal ear.

After which Dr. Wm. L. Axford gave a verbal report of a case he operated on by performing median lithotomy for the relief of an unusual case of hyperæsthesia of the urethra and cystitis occurring in a man of 66 years of age, of inherited gouth dirthesis. He had suffered from repeated attacks of nephralgia during the past eighteen months. He also had enlarged prostate, and morphia, belladonna, suppositories, etc., had little or no effect. Catheterization was attended with great agony, the pain being so excruciating as to continue for hours after this procedure. But there were no strictures of the urethral canal, and as a last resort the operation was done. This relieved him very much, but the patient died in a few days. The cystitis was of long duration. The urine was very ammoniacal and fetid.

Dr. C. T. Parkes then cited briefly two cases where he performed this operation for cystitis; the relief was of six months' duration.

The last speaker also presented a fine specimen of double ovarian tumor, removed a few days since, after which the society adjourned.

L. H. M.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

(*Continued from page* 41.)

Dr. Drysdale regretted that Dr. Beates had not sent him a specimen of the fluid removed from this tumor, especially as he had more than one opportunity of doing so. While having the highest regard for the opinion of the gentlemen who examined it, still, so many errors had been made in these investigations, that it would have been a satisfaction to him to have examined it himself. But apart from this regret, he considered it by no means proven that the cyst in question was not ovarian. The portion of tumor left attached to the uterine wall in the specimen resembled a closely adherent ovarian cyst, such as he had met with repeatedly. The little mass lying close to the uterus, described as an atrophied ovary, did not present any resemblance to an ovary, nor did it occupy the usual position of that body. In the description no reference had been made to the color of the tumor, which has an important diagnostic value; the uterine fibro-cyst being usually livid or purplish in color, while the ovarian had a white pearly hue. It was especially in cases like that of fibro-cyst of the uterus where the importance of the ovarian cell in diagnosis was well marked. In his investigation of these tumors, he had never met with the cell which he had described as ovarian. Mistakes were very easily made in the differential diagnosis of such tumors, and in fact in many cases the diagnosis could not be established except by the examination of the fluid, or by opening the abdomen. For want of this examination of the fluid, he had seen Spencer Wells make the abdominal section to remove a tumor which he had diagnosticated as ovarian, but which proved to be uterine. Dr. Marion Sims had sent him on three different occasions—and without telling him that they were from the same patient—specimens of fluid which he thought was ovarian, obtained from a cyst in the abdomen. Dr. Drysdale assured him that the fluid was not ovarian; but, after the examination of the last specimen, Dr. Sims, still doubting, determined to operate, and found a uterine fibro-cyst. The history and all the characteristics of the tumor described this evening were ovarian, and the specimen and autopsy were not sufficient to establish the diagnosis of uterine cyst.

Dr. B. F. Baer remarked that the specimen seemed to be a section of a fibroma arising from the uterus, but it is too small to be satisfactory or to prove its origin. His personal experience has taught him the diagnostic value of the Drysdale corpuscle. When Dr. Formad reports finding this cell in the fluid removed from an abdominal tumor, he feels strengthened in his diagnosis of an ovarian cyst. He has not trusted to the cell alone, but has been greatly influenced by its presence or absence in making up a diagnosis in doubtful cases. In every instance in which Dr. Formad has reported finding the ovarian cell, operation has proved the tumor to have been of ovarian origin. He would like to ask Dr. Drysdale if he still considers the cell pathognomonic.

Dr. Drysdale still believed in the pathognomonic value of the ovarian cell. In his investigations he had met with but one exception to the rule, and that was in renal cysts. To prove that the cell could be relied on to establish a diagnosis, he would give one or two instances where it was impossible to do this except by its aid. In a review by Dr. Harris of the Transactions of the American Gynecological Society in the *American Journal of Medical Sciences*, will be found this statement: "On one occasion Prof. D. Hayes Agnew gave Dr. Drysdale a fluid for examination, in which he found the characteristic cell. Upon stating what he had found to Dr. Agnew, he was told that the fluid had been taken from the abdominal cavity;

upon which he immediately said that the fluid must have escaped from an ovarian cyst, for it was ovarian. In this he was correct, as the cyst had a small hole in it, as if made with a punch, and the fluid had escaped as claimed." In another case Dr. D. received a letter from Professor Matthew D. Mann, of Buffalo, N. Y., with a specimen of fluid consisting of eight or ten drops, which the doctor stated was all that he could obtain by aspiration. The tumor had been diagnosticated by other surgeons as one of uterine fibroma, and consisted of a large solid mass, which filled the pelvis and abdomen as high as the umbilicus. The history and symptoms all pointed to a uterine fibroid, and the patient was in such a precarious condition that an exploratory operation was considered unjustifiable. An examination of the fluid by Dr. D. showed the presence of the ovarian cell. This determined Dr. Mann to operate. He found two ovarian tumors, which he removed successfully, and the patient recovered. "Without the microscope no certain diagnosis could have been made, except by resorting to an exploratory incision." These cases, and he could give many others like them, were sufficient to show the diagnostic value of the cell.

Dr. Beates remarked that it was a matter of extreme regret to him that Dr. Drysdale did not have an opportunity of examining the fluid; it was due to the fact that the neoplasm was regarded as ovarian, and the specimens of fluid were not preserved. At the autopsy the growth was presumed to have arisen from the left ovary, and none of the fluid was kept. Later study of the specimen disclosed that the amygdaloid mass was situated in an atrophied membranous structure, closely approximated to the uterus. The microscopic examination of this determined its ovarian character to the mind of Dr. Formad, which conclusion dissipated a doubt in my mind, and confirmed my belief of its being the left ovary. I thoroughly appreciate the strong probability of error liable to occur in positively diagnosticating by differentiation the Drysdale corpuscle from similar bodies, as the pyoid body of Lebert; but the fact that treatment with acetic acid only had the effect of rendering the whole corpuscle very slightly clearer, and disclosed no nucleus; that ether, added to the fluid, and the mixture thoroughly agitated for several minutes, had the effect of simply rendering the corpuscle paler, convinced me that the bodies were the corpuscles in question. There is, by very extended experience, developed a capacity to differentiate by a varying degree of opacity. Dr. Formad believed these corpuscles to be those of Drysdale. The striking phenomenon, if this be an ovarian cyst, is in the fact that primarily it was purely cystic, typically so, and that during the last year of its existence the cyst wall, throughout its posterior seven-eighths, assumed a myomatous development. If this did not occur, the myomatous wall must have originated at the fundus uteri, and gradually permeated the cyst. Either of these processes is almost incredible, and certainly exceptional to known clinical facts. The true uterine origin must not be forgotten. That a proper conception of the tumor may be formed, it should be compared to a large pumpkin, with a wall varying in thickness from one to three inches. For an area of about nine square inches at the umbilical region, the ordinary cyst-like structure formed as it were a drum-head. This wall is not fibromatous, but purely myomatous. Dr. Goodell had seen this patient and diagnosticated the tumor as ovarian.

Dr. B. F. Baer exhibited a specimen of hypertrophied uterine mucous membrane. R. H., æt. 30, maried twelve years; sterile; puberty occurred at age of twelve, slight dysmenorrhœa from the first, and since her marriage the difficulty has been increasing, so that during the last few years the pain has been very severe. The menstrual flow, which has always been rather profuse, especially since her marriage, has for more than a year been irregular in time and quantity; sometimes it continues two weeks very freely, when she would be so prostrated as to be compelled to remain in bed to regain strength. She complained of a severe, sharp pain in the region of the left orary radiating to the groin and anterior part of the thigh, and to the præcordial region and side of the head to the top-head. She had great dragging in the pelvis and pain in the sacral region. During her periods, the mammary glands would swell and become very tender and sore. Coition had become almost intolerable on account of pain during the act, and because it increased the pain in the left ovarian region, and induced a sensation of nausea and faintness. She had such dread of sexual congress that an interval of months would sometimes elapse between the acts. Her weight had decreased from 146 to 117 pounds, and her appetite and digestion were poor.

Examination showed the cervix uteri to be near the vaginal orifice, somewhat elongated, and conical. The os was papulous, the body of the uterus very much hypertrophied and retroverted. The left broad ligament was contracted, and the corresponding ovary prolapsed, larger than normal, and very tender to pressure. The sound indicated a uterine depth of three and one-half inches, and the cavity was large and soft. The organ was mobile. Ether was administered, the cervix dilated by means of Ellingen's dilator, and the endo-metrium was carefully curetted, removing a large amount of the most enormously hypertrophied mucous membrane. Nitric acid was applied. Under a regulated diet, with rest, complete relief followed, with freedom from hemorrhage and pain.

Dr. W. H. Parish would like to hear the result in Dr. Baer's case after the lapse of three or four years. Two or three years ago he had reported before this society a similar case, in which, after dilatation by sponge-tents, he had removed a large quantity of endometric growths, and applied nitric acid. The treatment was followed by an apparent cure, which lasted for some months, after the lapse of which the previous condition returned. The same treatment, followed by relief and subsequent relapse, has been repeated several times. Good microscopists have pronounced the growths benign. Dr. Goodell has, however, given it as his opinion that it will ultimately become malignant. Dr. Parish has been gradually coming to the same opinion.

Dr. Beates has treated a woman, æt. 33 years, who suffers from anteflexion of the uterus, men-

orrhagia, and granulations of the endometrium. The microscopic appearance is benign. After treatment by means of the curette and nitric acid, no hemorrhage occurred for four months, the treatment was repeated, a laceration of the cervix was closed, and seven months later the patient became pregnant, abortion occurred at two and a half months, and the granulations and hemorrhages have returned.

Dr. Baer remarked that these cases are very common. They are seen every week at the clinic. They are usually benign, but sometimes become malignant from loss of blood and a run-down condition of the system. Adhesions or some other obstacle to the free return of the venous blood from the uterus may exist, or the ovaries may be diseased; and these causes will bring on the relapse, no matter how perfect the relief may be. In many cases the cause is flexion; the effect is sterility. It is an exaggeration of a purely physiological process. It may be benign in its incipiency, but may become malignant later on.

W. H. H. Githens, *Secretary.*

Editorial Department.

Periscope.

Seventy Cases of Dupuytren's Contraction of the Fingers.

Before the Royal Medical and Chirurgical Society (meeting March 25, 1884):

Mr. Noble Smith read a paper on this subject. Upon examination of the hands of 700 elderly people, 70 cases of indurated and contracted palmar fascia were found. The points to which attention was chiefly directed were: 1. The supposed immunity of females from the affection; 2. The cause of the malady; 3. Its treatment. 1. Among 440 women were found 15 cases of indurated, thickened, and contracted fascia alone, and also 11 cases of well-marked Dupuytren's contraction of the fingers. Drawings of some of these cases were shown. 2. As the disease had been attributed to gout or rheumatism, inquiries were directed as to these diseases, and the evidence was against their being the cause. The majority of the individuals were free from common complaints, and seemed tolerably robust; they were mostly old people, the average age being 73; twelve were over 80. Most of them attributed the contraction to some particular kind of work. The much greater frequency with which the right hand was found affected led one to suppose that use had a material influence. In some cases, the hands had, however, been very little used. Some cases occurred from injuries in which the contraction and thickening were exactly similar in appearance to the others. In many cases the hands were affected symmetrically, indicating some other than a local cause. Contraction of the palmaris longus was almost constantly present, and it was thought possible that this might indicate a condition of nerve-irritation in some instances. 3. With regard to treatment, the author of the paper recommended operation upon the contracted bands of fascia by as few incisions as possible, as opposed to the recommendation that many incisions should be made; the object being to separate the cut parts as much as possible, so that recontraction should be prevented. Cases were recorded which prove the value of this recommendation. It was thought probable that section of the palmaris longus tendon might be beneficial in the early states of contraction.

The President thanked Mr. Smith for his communication, directing attention to a dissection he had brought from the King's College Hospital Museum, showing that the real seat of contracture was in the fascia, and not in the muscles.

Mr. William Adams was very glad to find that more attention than formerly was now being given to this class of cases; for it was not so very many years ago since they were generally regarded as incurable, and amputation sometimes submitted to as the only possible remedy. On May 22, 1877, he had himself brought the subject before the Society, but no attention had been paid to his paper, and the Society had declined to print it among their *Transactions*. Since then it had been published, and he had been glad to find considerable interest aroused. Dr. Keen, of Philadelphia, had taken up the subject, and had collected the largest number of cases in the *Transactions of the Pathological Society of Philadelphia*, in 1882, and added the most complete analysis of the foreign literature. He should be glad to learn from Mr. Noble Smith whether the 440 women he spoke of in his paper were included in the total 700.

Mr. Noble Smith rose at once to say that it was so, and why, if it were so, so many more women had been examined than men. Further, he remarked two classes of cases distinguished among the women, viz., those with "indurated, thickened, and contracted fascia alone," and "also cases of well-marked Dupuytren's contraction of the fingers;" he wished to ask why this division, to which he did not know what importance was thought to attach, had not been carried out among the men. Mr. Noble Smith's cases showed that 10 per cent. of the subjects examined had Dupuytren's contraction. That such was the case with the general population, could not for a moment be supposed, and he had no satisfactory account of how Mr. Smith had selected his cases for examination. He had himself said, when speaking in 1877, that he had seen no true case in a female; since then he had seen six and operated on four. But he still considered it roughly true, as Keen's tables showed, that the disease was ten times as common among men as among women. As to the cause, Dr. Keen thought it largely due to gout, in which he himself agreed; and, as arguments, he would mention that it was frequently hereditary, in several cases for three generations; that it affected the right and left sides about equally, which showed that it was probably constitutional, and not local in origin; that it was found much

more frequently in the middle and upper classes than in the lower; in this it agreed with gout. It was common in the clergy, who never used their hands; in barristers also; but commonest in officers of the army. As to treatment, he could not agree to limiting the number of incisions to two or three, as Mr. Smith suggested. His most successful cases had, as a rule, been those where most incisions had been made, viz., one in which there were eighteen incisions. He quoted details of several cases, and showed many casts of hands, before and after operation. In one of them the operation had been done twenty years ago, and the hand operated upon had remained quite well, though the other had become slightly affected. He thought it very satisfactory that the disease had been brought into notice again, and its curable nature demonstrated.

Dr. Humphry remarked that as to the question of the cause between constitutional gout and local irritation, the truth probably was that it was due to both of them; that local reasons determined this exhibition of a gouty condition. It was generally observed first in the ring-finger, and he associated that with the fact that in handling a stick or umbrella the pressure was felt chiefly in the ball of the ring-finger, as compared with the other fingers. To such pressure its local determination was due. The metacarpo-phalangeal joint was first affected, the others secondarily and less; the palmaris longus probably had very little to do with it, for it was a very small muscle, not having much effect on the fascia, and any effect it might have would influence all the fingers. It was worth notice that similar contractions were extremely rare in the plantar fascia; and that he attributed to the greater and more constant pressure upon the metacarpo-phalangeal joints, keeping them in extension, so that the plantar fascia had hardly the opportunity of contracting that the palmar had. The motion of a toe was hardly ever due to the contraction of the fascia, but to the tension of a tendon. That the ring-finger should be specially affected, was due to the fact that its extensor powers of range were considerably less than in any of the other fingers.

Mr. John Croft admitted that his experience was not large, but in the majority of cases with which he had had to do, he had found a gouty history; but the gouty symptoms were ill-marked, and the limits of gout ill understood. At any rate, that some cases were entirely free from gout was a fact that should be attended to. Mr. Smith's idea that the palmaris longus was affected he thought very improbable, for the first and chief action of that muscle was to flex the wrist, and not the palmar fascia; it was sometimes completely absent, and Mr. Smith had not even shown its presence in his cases. He agreed with Mr. Adams that treatment by multiple incisions was to be preferred.

Mr. W. J. Walsham wished to add his testimony to the value of multiple incisions, which, as he pointed out, were best made in the furrows of the contracted fascia. In the cases under his treatment, he had not met with gout, or been able to distinguish any other cause.

The President observed that what he had heard had reinforced his own impression, that the gouty theory of causation was insufficient. The five old women whom Mr. Smith had brought to the Society that evening had no gouty sign about them. He had noticed with interest Dr. Humphry's remark, that the disease was very rare in the foot; but gout certainly was very much commoner in the foot than anywhere else. Modern fashion was in the habit of attributing more to gout than its just share of the obscurer diseases.

Mr. Noble Smith said that the cases he had examined had been taken from the oldest inhabitants of work-houses. He had asked the medical officers to collect cases where the hands were at all deformed, and had been surprised to find a crowd with deformed hands gathered together, sometimes without any case of Dupuytren's disease. That such cases should be overlooked he thought very probably due to the fact that there was very little inconvenience felt, and no complaint made. Dr. Keen and Mr. Adams had probably chiefly seen cases in the middle and upper classes. He preferred few incisions in treating the contraction, simply because he found a few were sufficient. As to the causation, he wished to point out that he felt himself that the original cause was obscure, and that he had expressed very little opinion of his own.

Unexpected Result in a Case of Strangulated Hernia.

Dr. Geo. R. West reports this case in the *Atlanta M. and S. Jour.* for March, 1884:

"I was called to see A. H., a colored boy, aged 23 years, on the night of December 28, 1883. I went immediately, and found him suffering very much with a strangulated, direct inguinal hernia.

"The boy drove a coal delivery wagon, and was much subjected to strains in loading and unloading. He had not been working the day previous to my visit, but had walked to the country, about two miles; and during the afternoon, about two o'clock, while straining at stool, he felt the bowel escape. He managed to walk home, however, and went to bed, hoping time would cure him; but the pain and size of tumor increasing, he sent for me at eleven o'clock. Before I arrived he had vomited twice with 'purge,' as his old attendant called it, in the vomited matter. His pulse was sixty per minute; he was sweating, though the night was cold, and his general symptoms did not indicate immediate danger. I vainly attempted to replace the bowel, both by position and taxis, persisting in my taxis only about seven or eight minutes. I then gave him the third of a grain of morphia, hypodermically, and left him for an hour. At the expiration of the hour, I returned with chloroform and an assistant, and again attempted taxis with no better success than before. I then thoroughly chloroformed him and applied taxis vigorously, with no better result. I left, with directions to his only attendant to apply hot clothes over the tumor, to repeat them frequently, and to give him twenty drops of laudanum every three hours.

"When I saw him next morning, I was vexed to find my directions had not been carried out, on account of the attendant preferring to sleep.

"Seriously contemplating an operation, I called a consultation. We tried taxis again, and failing, decided against an immediate operation, but

to continue the tr. opii. and warm cloths. This treatment was commenced on the morning of the 29th of December, 1883, and was persisted in until January 1st, 1884, when I gave up in disgust and determined to operate.

"Some may wonder why I persisted so long, but the reason was that at each visit—and I made about three a day during this period—he seemed doing so well, and the tumor growing more soft and somewhat diminished in size. Tuesday morning, January 1, 1884, I operated, using ether. I cut down upon the sac, and, with a probe-pointed bistoury, passed along my finger to the point of constriction, cut the conjoined tendon until everything seemed loose. I then attempted to put back the extended viscus, but was surprised to find it immovable. The adhesions around the bowel, after opening the sac of the hernia, were found to be so strong and numerous, and extending so far down into the scrotum, that to tear them loose seemed certain death to my patient, and I did not have the courage to continue. All the various surgical operations justifiable under the circumstances occurred to me; but I, being young and inexperienced, preferred to close up my incision and let my patient die, as I certainly expected he would. I kept him after the operation for many days under the influence of opium and on a liquid diet. His condition never became alarming, pulse never higher than 110, and temperature never more than 101°. On the 9th of January he took some laxative pills, and on Thursday had a very complete evacuation of the bowels, with no pain or blood. The bowels then became regular, one action a day, and have so continued. Pus had been flowing from my incision for a week, but still the tumor remained about the same size. On Saturday morning, a pimple was noticed at the most dependent portion of the scrotum, which burst during the day and ran freely. At my visit in the evening, I enlarged the opening and drew forth a piece of bowel half the circumference of the gut, and about two inches long. The veins in this piece of slough were enlarged and tortuous. The next day I took some omentum from the same place, and gradually the whole tumor, composed of intestine and omentum, sloughed off and was discharged at this orifice. The patient has fully recovered.

"At the time of the hernia, he was under my treatment for chancroid, which had been touched with nitric acid, but which received no more attention after I began the treatment of the hernia. I am glad to state it has healed nicely of its own accord."

On Opening and Drainage of Abscess Cavities in the Brain.

The antiseptic method of operating and after-treatment has not as yet been fully tested in operations upon the brain. This is natural, for not only have we inherited a just dread of dealing with an organ, the large majority of whose diseases are dangerous or fatal, but, our knowledge of the physiological functions of the brain and of their pathological modifications being extremely limited, we are not in a position to form such an accurate diagnosis as calls for surgical interference. Drs. Christian Fenger and E. W. Lee, of Chicago, in an extremely interesting paper on this subject in the July number of *The American Journal of Medical Sciences*, consider the treatment of traumatic cerebral abscess, and report a case which was successfully treated by opening and drainage.

Bergman, in discussing the treatment of cerebral abscess, unhesitatingly sets it down as an axiom that wherever there is an accumulation of pus, trephining is most clearly and indubitably indicated, for the opening of an abscess in the brain is as necessary as in any other part of the body, and we would add even more so. A correct diagnosis of abscess having been made, the further difficulty presents itself of locating it with sufficient accuracy, so as to be able to find it. A number of cases are on record, in which a correct diagnosis had been made, the trephine also put on more or less at the right place, but the knife or trocar being passed into the brain, nevertheless missed the abscess. Drs. Fenger and Lee show by their case, that this difficulty can be obviated by multiple exploratory aspirations, performed at interstices sufficiently small to prevent any abscess from escaping detection, even if the trephine opening should not have been made at the point of the skull nearest the abscess.

There are on record a large number of cases of cerebral abscess, in which trephining was performed, pus evacuated, and temporary relief obtained; but later relapse followed, and a fatal termination ensued. It is possible, judging from the success the practice has met with in the treatment of abscesses in other situations, that drainage of the cerebral abscess-cavity, with or without washing out, would have saved some of these cases, by preventing the reaccumulation of pus and the continuous infection of the surrounding brain tissue, the acute œdema of which is well known to be, as a rule, the final cause of death. As far as Drs. Fenger and Lee are aware, draining and washing out of cerebral abscess-cavities has heretofore not been tried; that it can be effected and without any detriment to the patient, is shown by their case, the treatment of which they hold strictly conforms to the rational methods of modern surgery in treating abscesses in general; and because of this, and not because their patient recovered, they regard the case as answering affirmatively the question, Is it probable that abscesses in the brain can be treated advantageously on the same principles as abscesses in other parts of the body?

A Case of Universal Erysipelas in a Child Aged Ten Months: with Recovery.

Dr. John Ferguson, of Toronto, thus writes in the *American Journal of Obstetrics*, July 1884:

This case is interesting for the following reasons: In the first place, the entire surface of the child became gradually involved, and, in the second place, as illustrating the value of sustaining treatment.

My first visit was made to the little patient on the 8th of May. I was informed that the disease commenced on the day previous, as a reddish swelling on the right labium. When I saw the patient for the first time, the vulva was greatly swollen, reddish, slimy, and very tender. The

inflammation had also extended on to the pubes and slightly on the lower part of the abdomen.

From this time the disease marched upwards and downwards over the surface of the body, requiring about four days from its appearance at any part till it became nearly normal again in color.

When the erysipelatous inflammation extended to the feet, there was very marked edema. The chest, back and arms, were also taken in turn. The neck and head were next invaded. The eyelids and lips were the last points of attack. In this manner every portion of the entire surface of the body—not omitting the palms of the hands and the soles of the feet, which had a tinge of red—was affected at some time during the course of the disease.

The local treatment consisted in frequently and thoroughly anointing the skin with the following:

℞.	Acid. carbolici,	gr. v.
	Ext. belladonnæ,	gr. xv.
	Ung. petrolei	℥ j.
M.		

Soft cloths were kept next the skin and child loosely and comfortably covered.

The internal treatment consisted in the administration of one teaspoonful every three hours, in water, of:

℞.	Quin. sulph.,	gr. iv.
	Acid. hydrochlor. dil.,	♏xxxij.
	Tr. ferri chloridi,	f. ℥ iss.
	Glycerini,	℥ iv.
	Syr. simp.,	ad. ℥ ij.
M.		

As the child was nursing, no other form of food of any kind was given, nor alcoholic stimulants.

The duration of the attack, from its commencement at the vulva to its disappearance at the eyes and mouth, was fifteen days.

The Treatment of Non-Spasmodic Wry-Neck (Torticollis).

In the *Brit. Med. Jour.*, June 14, 1884, Dr. Burnard Roth says:

The treatment I advocate is divided into three stages:

1. The first is a preliminary education of the patient in performing the usual movements of the neck; viz., flexion, extension, lateral flexion, right and left; rotation on its axis right and left. These exercises are done actively, also against the surgeon's resistance, and by the surgeon against the patient's resistance ("medical gymnastics;" see my article on "Treatment of Lateral Curvature of the Spine," *British Medical Journal*, May 13, 1882). The exercises are done while the patient is lying on his back, sitting, or standing. At the same time, he is shown by the looking-glass how much his head is on one side, and he is taught that he must exert himself to get even a slightly-improved position of the head. This preliminary stage of the treatment need not last more than a week.

2. The second stage of the treatment is tenotomy, under anæsthetics, of the clavicular attachment or of both attachments of the shortened sterno-mastoid muscle.

3. The third stage of the treatment can be commenced as soon as the skin-incisions are healed, that is in two or three days, as the skin always unites by first intention.

The preliminary "medical gymnastic" education of the patient is now most useful; to his surprise, on trying to put the head straight, he succeeds at once, and by daily practicing the previously learned exercises, and others for correcting the lateral spinal curvature, which is nearly always present, he soon learns to hold his head vertically.

At first, even when the head is quite straight, the patient has the sensation that it is on one side, and it takes some days before he is quite satisfied on this point. The third stage need not last more than a fortnight, when the cure will be complete; that is, the whole treatment does not require more than one month, including the preliminary exercises and the tenotomy.

The Poisons Contained in Choleraic Alvine Discharges.

The *London Medical Record*, May 15, 1884, says: Mr. Vincent Richards published in the *Indian Medical Gazette*, March, an account of some experiments on dogs made with choleraic dejections; he failed to obtain positive results. In the April issue he reports positive results obtained by experiments on pigs. In his first experiment he gave to a pig three months old a choleraic discharge which had just been evacuated; the animal became very restless, vomited, and died. In a second experiment the semi-solid contents of the intestine of a pig killed by the alvine discharges of a cholera patient were given to a half-grown pig; the animal was not affected; the same pig subsequently took the alvine discharges of a patient who recovered, but was at the time apparently suffering from the first stage of cholera; the animal recovered, but, in a subsequent experiment, died one hour and twenty-eight minutes after the administration of an undoubted choleraic evacuation. Other experiments seemed to show that the evacuations, if kept more than a few hours, lost their poisonous properties. The administration of fresh evacuations was followed by death in from fifteen minutes to two hours and fifty minutes. Mr. Vincent Richards thus summarizes the conclusions at which he has arrived: 1. That choleraic evacuations, at certain stages of the disease, contain a most virulent poison. 2. That if the poison finds its way into the stomach, it is absorbed and rapidly proves fatal. 3. That the active agent of the poison is not an organism, but of the nature of a chemical compound of a comparatively unstable nature. 4. That it will probably be found to be easy to destroy the power of the poison existing in the evacuations; in other words, to disinfect them. 5. That although the poison decomposes, it might by desiccation retain its powers for some considerable time. Hence, clothes, etc., stained with choleraic discharges, might be a source of danger.

—A solution of gutta-percha in chloroform (four to thirty) is useful to protect the skin over projecting bones, and to prevent bed-sores in wasting diseases.

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THE PRESERVATION OF ANIMAL VACCINE VIRUS IN A LIQUID FORM.

The present methods of preparing and preserving animal vaccine-lymph for medical purposes is not quite the *desideratum* of our profession. One reason is, that there is often found but very little virus adhering to the quills or points. Then again, the manner in which the lymph has to be dissolved is not quite satisfactory. Usually a drop of water is placed on the point or quill, and there left to dissolve the lymph, while the operator is performing the needed scarification. But it actually wants some skill meanwhile, so to balance the point on some article—as a penknife, or the edge of a table, or the back of a saucer, for instance—that the light ivory point neither falls off, nor, assuming a slanting position, allows the dissolved virus to drop off. Some slightly moisten a piece of glass and then rub the point upon it, until all the vaccine-matter is dissolved, and others scrape with a knife the dried virus off the point or quill, and then proceed in the same way. There doubtless are many methods of moistening the lymph on the quill or point, and a little practice enables a physician to make the proper and intended use of the virus; still these various procedures have too many drawbacks. Besides, the lymph does not keep that way any length of time, and there is too much waste of material going on, especially if the operator has but one person to vaccinate at one and the same time. They have also kept fluid lymph in capillary tubes; but as here the virus is but the fluid contained in the ripened pustule, the greater quantity of matter contained in the scab is thus lost, not to mention at all the waste caused by material adhering to the walls of the narrow vessel. It is clear, therefore, that any method promising to be an improvement on the old must be gladly welcomed.

Dr. Chalybaus, in charge of the vaccine institution of Dresden, had met with such remarkable success that he was requested to publish his method of preserving vaccine-virus, and he has done so in a recent number of the *Korresp. Blatt of Saxonia* (6, '84). He proceeds as follows: First, he selects animals which, after examination by

the veterinary surgeon appointed for this purpose by the government, have been pronounced perfectly healthy, and which come from well-known uninfected stables. Moreover, during the whole period of vaccination the animals are twice daily subjected to a critical examination by the same competent authority. The lymph having been obtained from them, the animals are sent to the public abattoir of Dresden and there slaughtered. Not until the post-mortem examination has given undoubted proof of the healthy condition of these animals, is the lymph made use of for the purposes of vaccination. This procedure insures *a priori* healthy virus.

The manner of obtaining the vaccine-lymph is as follows: With peculiarly-constructed pincers the whole pustule, when ripe, is squeezed off, and scraped off the pincers into a mortar made of agate, where it is triturated into a homogenous mass. To about two or three pustules one drop of glycerine—which has been made aseptic by a minute quantity of thymol—is then added, when the lymph thus obtained represents a yellowish, opaque, glue-like, viscid fluid. As little glycerine as possible is employed, but some has to be added, as the lymph otherwise would adhere to the glass-tubes, in which it is preserved. Small capillary tubes have been found not to answer the purpose, as there is too much waste (from material adhering to the tube) connected with this method. Common and rather thick glass tubes are used; they must be large enough to contain a quantity of virus sufficient for ten to twenty vaccinations.

When thus prepared, the glass tubes are placed in a refrigerator for one week. They will then keep for a long time at almost any temperature. The success achieved with this fluid lymph has been remarkable, and with lymph prepared and preserved in the manner described, and kept in a common closet for a period of thirty-four weeks, exactly the same excellent results have been obtained; a proof that the virus does not lose its power by time. No former method allowed the keeping of vaccine-virus for a longer period than at the most three weeks; but Ch.'s procedure permits preservation for at least nine months, and it is probable that further observations will demonstrate the fact that virus thus prepared can be kept in a good condition in any climate and at any temperature for an unlimited time. Whether the freezing for one week, as practiced by Ch., is essential, further investigations will also have to decide.

PROOF OF DEATH.

If most people are afraid of anything, it is of being buried alive. That cases do happen where it is very difficult even for the experienced physician to determine whether a person is really or but apparently dead, without his having recourse to means which, while they would at once settle the dispute, would place life, if it really still existed, in jeopardy, may be judged from the fact that the French Academy some ten or fifteen years ago offered a prize of forty thousand francs for the discovery of some means by which even the inexperienced may at once determine whether in a given case death had ensued or not. A physician obtained the prize. He had discovered the following well-known phenomenon: If the hand of the suspected person is held towards the candle or other artificial light, with the fingers stretched, and one touching the other, and one looks through the spaces between the fingers towards the light, there appears a scarlet red color where the fingers touch each other, due to the still circulating fluid blood, as it shows itself through the transparent, not yet congested tissues; but when life is extinct, this phenomenon at once ceases. The most extensive and thorough trials established the truth of this observation, and the prize was awarded to its discoverer.

When electricity, or rather its application in medicine, came in vogue, it was first thought that it would be a means of deciding whether a person was dead or not. This assumption was based upon the fact of electro-muscular contraction. But experiments soon proved that for one to three hours after death has taken place, and in some cases, where rigidity but slowly ensues, for a still longer period, the muscles of a dead in-

dividual respond as well to the electric stimulus as those of the living being.

Dr. Max Buch now publishes in the *Centrl. f. Neuenhlkd.*, 2, '84, a modification of the above, and what promises to be a reliable and *scientific* proof of death, for thus far no scientific test existed.

While in the living the temperature of the surface over a muscle in the act of, or immediately after contraction, decidedly increases, this increase is utterly wanting in the dead, and even during the time ($\frac{1}{2}$ to 3 hours) in which after death the muscle still retains its contractility. Having placed, therefore, a surface thermometer on the skin, and having waited until the temperature has continued at one and the same height for about five minutes, the muscle just below the bulb of the thermometer is made to contract by electric irritation. If then the column of mercury does not rapidly ascend, we have the most definite and the scientific proof that life is extinct in the body; while if the temperature increases, it is just as certain that there is still life. Under normal condition, the skin for a considerable distance increases by several degrees in temperature, if in the muscle below is caused a powerful electrical contraction; and this phenomenon is also observed in paralyzed limbs; while in the dead nerves, there the production of heat, as induced by motion, has forever ceased.

The method, it is true, has not yet been tested in a cataleptic case resembling death; but it is to be supposed that as long as there is the faintest trace of circulation, so long will increased activity at any part of the body produce a corresponding increase of heat. Apropos, this observation leads us to another interesting fact. It is well known that all over in nature rapid motion calls forth heat, and this is the more apparent the more friction attends the motion. Two stones or two metals rubbed together will soon induce warmth, and the Indians are said to be able to start a fire by the violent friction of two pieces of wood with each other. It is said that no law of nature knows an exception. That may be true, but a dead body surely makes in so far an exception as no amount of motion or friction will elicit the least warmth in the decomposing tissue. But that some mysterious process of heat regulation still is active within the dead body, may be seen from the fact that no matter what the temperature of the surrounding atmosphere, the surface of the body will go on decreasing its own temperature until the state of rigidity is ended and active decomposition commences.

THE MEMORIAL PROFESSORSHIP TO PROFESSOR GROSS.

It is probably known to most of our readers that the Alumni Association of Jefferson Medical College has inaugurated a movement to secure in some medical school the endowment of a Memorial Professorship in honor of the late Prof. S. D. Gross. The professorship will be one devoted to pathological anatomy, to which branch that late eminent surgeon gave so much of his time, with such excellent results.

Certainly, no more becoming monument could be raised to the memory of a distinguished man of science than a chair for instruction in the special branch in which he was particularly interested. We hope, therefore, that this project will succeed, as a testimony to the merits of the eminent surgeon, and as a proof that in the midst of the competition of the living, we are not unmindful of the merits of the dead.

Equally important is this appeal on account of the value of pathological anatomy to the study of our profession. It is one of those branches which are the essential prerequisites to a sound therapeutics, and to an intimate knowledge of the nature of disease. Disowned as useless by the narrow and ignorant teachings of Hahnemann and his followers, it has been the glory of the regular profession to seek and find in pathology the clue to the labyrinth of symptomatology. Nevertheless, it does not lie so close to the practical applications of medicine that it brings in immediate profit to the student. It is well, therefore, that he should be encouraged by such a public recognition of his department as is here proposed.

The chairman of the committee is Dr. D. Hayes

Agnew, and its treasurer is Dr. R. J. Dunglison, to whom contributions may be sent, addressed to Lock Box 1274, Philadelphia, Pa.

This appeal is made not merely to the friends of Prof. Gross, and to the Alumni of the Jefferson Medical College, but to all medical men and enlightened readers who appreciate the immense benefits which his long professional life as a surgeon and a teacher, as a student and a writer, conferred upon the cause of science and progress in this country. Let the answers to this appeal be both prompt and liberal.

Notes and Comments.

Response of Degenerated Nerves and Muscles to Magneto-electric Current.

The well-known reaction of degeneration has thus far been determined only with reference to the galvanic current. Westphal found that in diseases where atrophy of the muscles developed itself in consequence either of myelitis of the cord, or of inflammation of the motor-nerves, the muscles reacted in a peculiar, abnormal manner to the galvanic stimulus. Usually in healthy muscles the contraction is stronger on closing the current with the kathode, or expressed by a formula: K. C. C. (Kathode closure contraction); A. C. C (Anode closure contraction). But in the diseases mentioned the reaction of degeneration shows A. C. C., K. C. C.

Eulenburg has recently investigated the reaction of degenerated nerves and muscles to the Faradic stimulus (*Neurolog. Centrlbl.*, 1884, 5). He found in patients with quantitative changes of electric excitability the irritability for magneto-electric currents to be equal to that for Faradic (volta-electric) currents. The same happened three times in four cases evincing the galvanic reaction of degeneration (Deg. R.) But in a case of slowly improving rheumatic facial palsy, he noticed at a time when the Faradic reaction could just be traced in the nerve, on magneto-electric stimulation, undoubted motion, though weak and slow in the nerve, and also in the muscles of the face, which had not evinced the least Faradic response. The number of turnings necessary on the diseased side exceeded those needed for the healthy side from four to eight times. The difference in the reaction is probably based upon the longer duration of the single electric discharges in magneto-electric currents, for we know that in a certain stage of its degeneration the muscle reacts on stimulants of longer duration. In the case reported, after a short interval of exclusive response to the magneto-electro current, the excitability returned also for the induction-current.

It is probable that a greater number of observations may prove the utility of the application of all three currents for diagnostic puposes. For instance, a muscle may show deg. R. with the galvanic current, no response to the Faradic, but a mild excitability on application of the magneto-electric current. Whether this fact will lead to therapeutical results, experience and further researches will have to demonstrate.

Subcutaneous Injections of Iron.

At the time when dialyzed iron was still in vogue, the profession hoped at last to have found a preparation of iron which could be employed in hypodermic injections without causing violent irritation. Experience proved not only that dialyzed iron really was not such a drug, but also that its effect was as nothing; its percentage of iron being too small, considering that it is just in the worst cases of anæmia where we find great sensitiveness of the stomach, forbidding the internal employment of iron, it will not astonish us that experimenters have since continually employed their time to discover a preparation of iron that could be used subcutaneously.

Dr. Glaevecke (*Arch. f. Exp. Path.*, etc., xvii., p. 466,) has at last found that the citrate of oxide of iron is the best of all organic and inorganic iron salts that the materia medica offers for that purpose. The oxydulated sulph. of iron can be made absorbable by the addition of two to three times its quantity of citrate of sodium, while peptonized iron is badly, and ammoniated sulphate of iron not at all absorbed. The secretion takes place mainly by the kidneys, in less quantity by the liver; it commences by the urine within fifteen minutes, reaches its maximum within two to four hours, and is ended within twenty five hours. The iron always appeared as oxyd- and oxydul-salt, while the iron met with in the bile always was the oxyd-salt. The liquor sanguinis and the ascitic fluid found in rabbits always contained the iron; the aqueous humor never did. G. has formed the conclusion that the iron is retained in the blood as an albuminate, but is partially reduced to an oxydul-salt in the urine alone.

For therapeutical purposes, G. tried the oxydized citrate of iron in ten patients. The result was as expected from an iron-salt, thus absorbable.

The doses for adults is about half a grain, for children grenerally one-fourth; it is best employed in a ten per cent. solution, which must be clear and not older than a month. Certainly this all refers only to the hypodermic method of its employment. Larger doses may cause symptoms of intoxication, consisting of nausea, within twenty minutes increasing to vomiting—the best morbid proof of the absorption of the remedy.

In twelve case of nephritis the injections were made with the view of diminishing the quantity of albumen excreted; but the effect was nihil.

Cause of Conjunctivitis in the New-Born.

Authors have been divided regarding the causes of inflammation of the eyes in the new-born. Some contended that only the specific virus of gonorrhœa could produce the conjunctivitis, while others insisted that under certain conditions the common discharge of the vagina during the passage of the child may induce the eye-disease. A solution of nitrate of silver, four grains to the ounce, one drop passed three times daily into the inflamed eye, has always been considered a very efficient remedy, especially if early applied, *i. e.*, before irreparable damage has been done by the inflammation. Ice-water compresses greatly accelerate the cure.

Since the germ-theory has found so many adherents, and considering the infectious nature of the conjunctivitis, mild solutions of corrosive sublimate ($\frac{1}{10000}$) have also been used, and with such a remarkable success as to prove almost beyond a doubt the zymotic nature of the eye complaint.

A German physician, P. Zweifel, has recently instituted a series of experiments with a view of determining definitely the mooted question. Z. introduced into the eyes of six children, perfectly normal, lochial secretion, which he had procured from healthy mothers, of whom there was definite proof that neither they nor their husbands had ever suffered from gonorrhœa. The result was very satisfactory, not the least inflammation of the eyes ensuing. Though the number of the experiments is rather a small one, Z. draws the conclusions that the specific virus of gonorrhœa is essential may be simple, compound, or comminuted. In for the production of ophthalmia neonatorum.

The editor of the *Centrlbl. f. d. Med. Wiss.*, May 21, 1884, p. 368, while reporting the observations of Zweifel, remarks that the experiments should be repeated, and that in every case of genuine ophthalmia neonatorum the presence of gonococci should be inquired into; for, as well-known, these micrococci have been met with in the discharge of the specific urethral disease.

Chloroform Syncope Treated by Reversing.

As a valuable hint, we note that in the *Brit. Med. Jour.*, Dr. Albert I. Garland relates a case wherein he began to operate on a lady, aged forty-one, for the removal of a scirrhus of the mamma. After examination of the heart, which was found normal, they commenced administering chloroform; but the cardiac action becoming very excited, a mixture of chloroform and ether was used. She was some minutes going under the influence, but there was scarcely any struggling, and the pulse was full, though jerky. He had not finished the incisions round the tumor when she suddenly became livid and the pulse ceased. Artificial respiration was begun, the tongue drawn forward, and strong ammonia applied to the nostrils, without avail. He immediately jumped on the bed, and seizing her legs, raised the body, allowing the head to touch the bed. In a few seconds, the color returned to the lips, and the pulse to the wrist. Artificial respiration was soon resumed; hot water applied to the region of the heart; and she became sufficiently conscious to speak and to swallow some brandy and ammonia, soon, however, relapsing, pulse and respiration ceasing again. He again reversed, with the same result; but in a short time the syncope returned, and after applying the battery without success, he again reversed, and this time with a satisfactory result, as he was enabled, by the use of the battery and ammonia, to establish reaction.

He considers his case worthy of record, as the successful termination was clearly due to reversing the body, it being impossible, apparently, to stimulate the nerve-centres by any other means; and it is a method of treatment which, he thinks, is not used so often as it deserves to be, judging by the reports of such cases, as he only remembers having seen it mentioned in one instance, and it is one so easily and quickly adopted.

Neuralgia Caused by Exostosis.

A lady suffered from intense neuralgia in the region of the second and third branches of the trigemini; especially during mastication, the pain in the right superior maxillary bone was so violent as to force the lady to chew only on the left side of her mouth. These neuralgic attacks, which were really very severe, had existed for several years. As the patient had besides been several times the victim of inflammation of the right external meatus, Dr. Moos, who attended her, and who reports the case in the *Berl. Kl. Woch.* 8, 1884, inquired further into the history of the neuralgia, and found that it always seemed to

start from a definite point in the same meatus. Ocular inspection revealed the presence of a small exostosis of the size of a split pea in the meatus. There were two other exostoses in this passage, both anterior to the one first-mentioned, but Moos soon discovered that the posterior one was alone sensitive. This exostosis was, therefore, removed with the straight chisel, and the pains at once ceased, and have since, nearly ten months, not returned. As a remarkable fact may be mentioned, in conclusion, that while the pain specially affected the second branch of the nerve, it started in the third, upon which the pressure was exerted by the exostosis.

It is not in all neuralgias that we can find a starting point. But we should always look for one; and if determined, it will generally be observed that some new growth exerts pressure on the nerve. This new growth may either be a tumor or the product of inflammation, as thickening and swelling of adjoining tissues, or accumulation of matter, as is frequently noticed in cases of a carious tooth, where a small abscess forms at the root of the tooth and causes the neuralgia by tension, *i. e.*, pressure upon the nerve.

Carbolic Acid Injections of Piles.

Dr. Wm. F. Fleet writes to the *Therapeutic Gazette* for May, 1884, that he has been using the hypodermic treatment for piles for the past four or five years, and with universal success. The second case he had was a physician from Middlesex county, Virginia. He attacks only one pile daily, and where there are five or six piles, it sometimes happens they are relieved by injecting every alternate one; but it is safest to attend to each one in turn, and thus effect the entire removal of all. In this doctor's case he had had a bad prolapsus of the rectum, and had used sundry instruments and appliances to remedy his trouble, but none of them afforded him any relief. The rectum was promptly relieved at the last operation, and he returned home at the expiration of a week a sound man, so far as his piles and prolapsus of the rectum were concerned. He reported about twelve months afterwards as still relieved, and no return whetever of hemorrhoids or prolapsus. In very large tumors, it may be necessary to inject them two or three times before the circulation is cut off. He varies his prescription a little, according to the case for treatment:

℞.	Carbolic acid crystals,	℥ii.
	Pure glycerine,	℥ss.
	Fluid ext. ergot (fresh),	℥iii.

M. and use in syringe from 5 to 6 minims at each injection. He sometimes adds a fractional part of a grain of tannin, if there is not a prompt coagulum in the pile.

Influence of Narcotics on the Space-Sense of the Skin.

At the second Medical Congress, held April 20, 1884, at Wiesbaden, Dr. Rumpf gave an interesting lecture on this subject. He had experimented with a number of drugs, and made the following observations:

Within from six to eight minutes after a hypodermic injection of $\frac{1}{6}$ to $\frac{1}{4}$ of a grain of muriate of morphia, a decided diminution of the space-sense was observable over the whole body, reaching within one hour its maximum, but still noticeable after the lapse of twenty-four hours. Near the place of injection the morbid appearance was by no means greater than at any other part of the body; the peripheral irritation, besides being a minimum, and simply due to the presence of a salt solution. Chloral hydrate exerted much less influence in this respect; alcohol reduced the sensibility especially in the lower half of the body; bromide of potash had a very great effect; extract of hyoscyamus a very small one; cannabinum tannicum diminished the sense of space decidedly; while caffeine was the only drug which doubtless increased it.

These observations permit a two-fold explanation. There either exists a special centre for the sense of space, or some of the conductory fibres of common sensation must possess the special faculty of conducting only space-impressions. Strictly limited morbid lesion can alone decide this mooted question.

Chancre of the Tonsil.

Dr. R. W. Taylor concludes a paper on this subject in the *N. Y. Med. Jour.*, May 24, 1884, by giving the following diagnostic points:

1. The details of the mode of infection, either from syphilitic sores, primary or secondary, chiefly about the mouth or face, and mostly by kissing; from infection by some article, such as a nursing-bottle, cigar, pipe, cup, or the like; or from indulgence in bestial practices.

2. The slow, unilateral development of the chancre, with corresponding gland and ganglion enlargement, so well marked.

3. The limitation of the lesion to the affected side.

4. The difficulty in deglutition, and even pain, which is referred to one side.

5. The history of the evolution of the syphilis,

the absence of chancre from other parts, especially the genitals, and the much less indurated condition of the ganglia seated elsewhere. Those that are seated at a distance may not be affected until near the date of the evolution of secondary manifestations.

The Induced Current in Parturition.

Before the Obstetrical Society of London (April 2, 1884,) Dr. Kilner read a paper on this subject. The effects of the current were the relief of pain, prevention of fatigue and *post-partum* hemorrhage, equalization of the pulse, increase in frequency and strength of the uterine contractions, and the prevention of vomiting. The pain from stretching of the vulva was, however, not alleviated by it, nor did it to any extent relieve pain in cases of instrumental labor. The author now employed the coil in nearly all cases. In about three hundred cases, *post-partum* hemorrhage only occurred twice. The coil sometimes failed to increase uterine contractions when most needed. After its use for an hour or an hour and a half, it exercised its sedative action, and no longer increased the contractions. In some cases it produced violent and almost continuous contractions. In one case a contraction lasted fifteen minutes. No prognosis with regard to these points could be made. It had no effect in diminishing after-pains. It generally prevented or stopped vomiting.

Adenoma of the Liver.

A patient suffered from pain in the right hypochondriac region and a general decline in health. A soft circumscribed tumor was discovered in connection with the liver. The post-mortem examination showed a tumor in the greatly enlarged right lobe of the organ. The new growth had its own capsule, and was perfectly separated by it from the neighboring areolar tissue. Its interior consisted of a cavity of the size of a child's head, and filled with blood. The microscope proved the tumor to be an epithelial new formation, whose elements were arranged similar to the type met with in tubulous glands, and which, besides being in direct connection with the bile-ducts, was filled with blood.

Take Care of Patent Purgative Pills.

A man, æt. 46, had suffered for a long number of years from tonic spasm of the stomach (tonic gastralgia). He at last died in such an attack. Drs. Dujardin-Beaumez, and W. Œttinger, who report the case in the *Union Med.*, 1884, pp. 15 and 18, found dilatation of the stomach to have been the cause of the spasms, and they agree with Kussmaul, that this morbid condition was induced by rapid thickening of the blood and the drying of nerves and muscles, due in this case to violent diarrhœa following the use of so-called Swiss pills, a patent medicine greatly used by the people in Germany and France.

We have had in our charge two cases, in whom the first symptoms of gastralgia developed itself after the use of patent purgative pills. Sapienti sat, or as a German proverb says: Wer nicht hören will, muss fühlen (who don't want to listen to advice must suffer pain).

Jequirity.

This drug has been so highly vaunted, and so much discussion has taken place as to the nature of its active agent, that we feel bound to keep our readers informed of all that is published on the subject. Therefore we note from the *Jour. Am. Med. Ass.*, May 17, 1884, that Dr. T. E. Murrell read a paper on this drug before the Arkansas State Medical Society, which thus concludes:

1. The specific action of jequirity depends on some property peculiar to the bean itself, and not to the bacteria, which accidentally develop in the infusion.

2. There is a preservative principle in the bean which resists decomposition to a remarkable extent.

3. The infusion of jequirity is inimical to the successful development of bacteria, and restrains their multiplication.

New Method of Coloring.

In the *Fortsch. d. Mediz.*, II. No. 6, we find the following new method of coloring for the central nervous system: The slices of brain or spinal cord are kept for one or two hours at 35 to 45° C. in a solution of hæmatoxylin, then washed in distilled water and decolorised in a borax-ferro-cyanide of potash solution. When the slices have been left in this last solution for a sufficiently long time, the difference in the appearance of the gray and white substance becomes very great; besides, this method has the other advantage of showing plainer than any other the course of fibres in the gray substance.

Radical Operation for Congenital Hernia.

In his communications from the Royal Surgical University clinic in Berlin, Dr. A. Zeller (*Centrlbl. f. d. Med. Wiss.*, 1884, No. 21, p. 367), reports the full history of six operations, which disprove

the correctness of Kraske's opinion, that in cases of strong adhesion of the seminal cord and its vessels the radical operation for scrotal hernia could not be performed without simultaneous castration. In three cases the hernial sac was partially extirpated, and the hernial neck later closed by internal suture, according to Czerny's method. In two of the cases a permanent radical cure was the result. Like other surgeons, Zeller also insists upon his patients wearing a truss for a certain period of time after the operation has been successfully performed.

Z.'s reports are of paramount importance, as they demonstrate the feasibility of a radical cure, even under the circumstances mentioned, without castration being necessary.

Cinnamon Bark for Tooth-Ache.

In the *North Carolina Med. Jour.*, April, 1884, Dr. J. R. Irwin writes that one of the best and most pleasant things that can be used to relieve this painful state of the dental nerves, is chewing cinnamon bark. It destroys the sensibility of the nerves and suspends the pain immediately, if the bark is of good quality. After repeated trials, and in different cases, he is convinced that it is generally as efficacious as any of the other remedies, suggested for odontalgia, and not attended with the unpleasant consequences of creasote, carbolic acid, etc., which relieve the pain, but leave the mouth as sore and painful as the tooth was previously, though these results are usually due to carelessness in using.

Occurrence of a Rare Human Tapeworm (Tænia Flavopunctata).

Dr. Joseph Leidy, of the University of Pennsylvania, describes in the *American Journal of Medical Sciences* for July, 1884, the tænia flavopunctata, a rage human tapeworm, which has now been observed for a second time, both cases occurring in this country and infesting children. It is not improbable that the species is more common than the observations would warrant us in believing, for from the smallness of the worm and the generally prevailing ignorance of the distinctions in the more common species, it might readily be passed for immature portions of these.

How to Prepare a 1 to 1,000 Solution of Corrosive Sublimate.

In view of the extensive use of this agent as an antiseptic, it will be interesting to note that Sir Joseph Lister writes to the *British Medical Journal* (May 24, 1884), that one drachm by weight of a solution of one part of corrosive sublimate in one and a half parts of glycerine contains two-fifths its weight, or twenty-four grains of the sublimate. This, multiplied by 1,000 (the proportion of water required), gives 24,000 grains, which is very nearly three pints. It is, however, much more convenient to use fluid measure than weight, and a fluid drachm of glycerine solution referred to requires four pints of water to produce the 1 to 1,000 solution.

Correspondence.

Alkalinity of the Stomach.

Eds. Med. and Surg. Reporter:—

E. Chenery, M. D., in his very instructive answer to G. W. S., gives us information as to the cause of certain gastric disorders which it would be well to impress upon the mind of every medical practitioner. That some of the most intense pain which we have to encounter is caused by irritability of the stomach, which is due to the neutralizing influence of the regurgitated alkaline bile, is a fact of which my experience has for several years since been very convincing. Dr. C. has put the cause of these disorders very plainly to the readers of the Reporter; and if it can be deemed admissible to add further confirmation to the facts set forth by your distinguished correspondent, I will, by your consent, relate briefly the following cases, with the hope of adding by way of experience to the arguments already produced.

Case 1. Mrs. B., a young lady of good constitution and regular habits, came into my care June, 1881. She had been suffering the two years previous to this time with supra-orbital neuralgia in its most intense form, the paroxysms had grown more frequent and intense from the beginning, and the last six months previous to the time I was called to see her she had been confined to her room and bed more than half of the time. Her appetite was poor, her strength and flesh very much reduced, bowels constipated, tenderness and frequent griping pains in pit of the stomach, constant nausea during the paroxysm, which would usually terminate with bilious vomiting. She informed me that as soon as she could vomit freely she would get relief; the tongue was very red, papilla prominent. Morphia had been given with relief in the start, but latterly failed to check the pain, which was the most agonizing and intense I ever witnessed. I considered the neuralgia symptomatic of the gastric disorder, and directed my treatment to that organ. Muriatic acid, pepsin, and tinc. ipecac, were given for the stomach, two drops each of fl. ext. nux vomica and belladonna were given once daily, and a mild cathartic occasionally to overcome the constipation.

This treatment was continued, with slight variations, as symptoms required, for two months. Since then my patient has suffered very little with neuralgia or trouble with her stomach. With a well-regulated diet, consisting largely of

fruits, she tells me she enjoys excellent health; but if she allows her bowels to become constipated, her old symptoms return, in a modified form.

Case 2, æt. 30, male, called me to his relief on the night of April 12, 1884. I found him suffering very intensely with a griping pain in the pit of his stomach. Gave morphia, and left him for the night. On the following day ascertained the following history and conditions: Since November, 1883, has had recurring attacks of gastric pain of a very severe character at intervals of from one to six days, the pain lasting from a few minutes to several hours; the bowels slightly constipated, for which blue pill had been given in purgative doses at intervals, when it seemed to be indicated, and it would be followed by marked relief for a few days, but did not seem to exert any preventive influence over the recurring pain, as the attacks had continually occurred more frequently. The tongue was broad, relaxed, and very red. Appetite poor; frequent gastric disturbances after eating. On several occasions the sclerotics and cutaneous surface presented a well-marked jaundiced appearance, which led his attending physician to suspect biliary calculi, for which he had been taking treatment previous to the time I first saw him. I considered the case as one of irritability of the stomach due to the destruction of the natural acids of that organ, and prescribed muriatic acid and bitter tonics to restore the gastric functions, and a pill composed of small doses of nux vomica, belladonna, and podophyllin, to relieve constipation. The gastric pain has not returned since the first night I was called to treat it, and the patient's general condition has steadily improved, and he now feels better than he has for a year, and is taking no medicine at all. I have treated a number of cases somewhat similar to those related on the same principles, with like results, and feel thoroughly convinced that the theory is correct and the treatment successful.

I will say, in conclusion, that I would like to hear from others on this subject.

J. H. Moore, M. D.

Mt. Sterling, Ky., July, 1884.

Laryngo-Tracheotomy, After Apparent Death, with Recovery.

Eds. Med. and Surg. Reporter:—

June 16, at 5:30 p. m., I was called in great haste to the dental rooms of Dr. V. B. Pool, where I found that while extracting a bicuspid tooth from the mouth of his little six-year-old niece, the tooth slipped from the forcep and passed into the throat. I found the child with very difficult breathing. I immediately passed an instrument into the œsophagus to see if it had passed there, and found that it had not. I then made examination sufficient to satisfy myself that it had passed into the trachea, and told the doctor and mother that the tooth would have to be cut out. I immediately called counsel. The counseling physician thought it not practicable to operate, as he thought the tooth had passed into one of the bronchi; also, he would not operate without using chloroform. Not being satisfied with his decision, I immediately sent a messenger for Dr. J. H. Hutchins, who was four miles in the country. The doctor arrived one hour and a half from the time I first saw the child. Just as Dr. H. entered the room, the child collapsed. Pulsation and respiration ceased; but Dr. H. thought we had better operate; so I obtained consent of the mother, and we immediately operated, Dr. Hutchins using the knife. An incision was made exactly in the middle line, extending from just above the cricoid cartilage, about two inches toward the sternum, the subcutaneous tissues were carefully cut through, avoiding the inferior thyroid vein. The trachea being reached, an incision was made severing part of the cricoid cartilage, and the two upper rings of the trachea. Fortunately, the incision was made right over the tooth, which was immediately removed, and work began to try and resuscitate the child. Artificial respiration was kept up for about twenty-five minutes, when the child gasped. We continued work for about five minutes, and had the satisfaction of seeing the child breathe through the opening. There was but little hemorrhage. The wound was left open for twenty minutes, until all hemorrhage had ceased. We then introduced three silk sutures through the skin, leaving the incision through the trachea as when it was made. The child was then placed in bed, and carbolized gauze placed over the wound. When the child would attempt to speak, for about four hours afterward, the air would pass through between the sutures. She slept well that night, and on the following morning drank some milk, and twice through that day took liquid food. From the time the operation was performed until the child was discharged, there was no rise in temperature. The wound healed almost entirely by first intention. In five days, at which time the sutures were removed and new adhesive strips applied, the child had recovered complete control of the voice. During the operation the child did not move a muscle, and for twenty minutes afterward there were no signs of life.

Now, the question comes in, When is it too late to operate? and how long should artificial respiration be kept up, and other means to try and restore life?

E. M. Keys, M. D.

Hampton, Iowa.

The Dictum of Authority.

Eds. Med. and Surgical Reporter:

The following case is only one amongst many others of degeneration of tissue, and in itself of no particular value; but as illustrating the wisdom attached to position, it is, I think, worth a good deal.

Mrs. ——, 51 years of age, of healthy parentage, mother of several children, was confined with her last child some six years ago. There was nothing remarkable in her confinement, and her health was good as usual till within the last year, when she complained of pain in lower abdomen, particularly in left inguinal region. On the 22d day of last February, Dr. ——, her family physician, was called to see her, and after a few visits, regarding the case of much gravity, he asked for a consultation, which was had, and a cancerous tumor diagnosed, was touched per vagina and rectum. The case still growing worse, another consultation was had with another physician, and the former diagnosis confirmed. As medication

was still futile, Professor ——, of considerable surgical celebrity, and of a neighboring city, was called to see the case. His opinion, after careful exploration, was that her last pregnancy was twins, one dying during gestation, and somehow becoming encysted and retained at parturition. Then quietly in the lapse of years burrowing its way through the wall of the uterus into the abdomen, and without any constitutional symptoms whatever(for this woman was a farmer's wife, doing the work of a farmer's wife till last February), finding its way low down into abdomen, projecting into pelvis, and misleading the attending physicians and his consultants with the idea of a tumor. And so sure, says the family physician, was the Professor of his diagnosis, that he only failed to operate then and there for want of instruments.

Now another consultation was had, with one of the attending physician's former consultants, *when they too could outline a fœtus, touching fontanel and orbits, and perhaps a rib.*

Well, this poor woman died, and on the 22d of last May a post-mortem was held in presence of eight of the neighboring physicians. The case had become notorious, hence this array of professional talent. On opening the abomen we found an enlarged and degenerated left ovary, much plastic matter had been effused, binding ovary to upper portion of rectum, and by pressure so obliterating cavity of gut as to prevent a proper motion of bowels. L. G. Harley, M. D.

Apple Creek, Ohio, June 3, 1884.

Muriated Ingluvin.

Eds. Med. and Surg. Reporter:—

I have been using for a long time two preparations of ingluvin, and have them prepared in the following manner: I order four ounces of the dried lining membranes of the chickens' gizzards to be reduced to a coarse powder, and macerated for twelve days (in a wide-mouthed, glass-stoppered bottle) in twelve ounces of diluted muriatic acid, made of the chemically-pure acid, and agitated once every day or two until the end of the twelve days. It is then allowed to settle, after which the liquid is carefully and entirely drained from the membranes and kept in a glass-stoppered bottle for use. This I call *muriated liquid ingluvin*, and it possesses a strong acid odor and taste, and presents a dark appearance. It keeps well, and I administer it in ten to twenty-drop doses in a half wine-glass of water before each meal; and of all preparations, I know of none that will change so quickly that condition of the stomach manifested by a habitually white-coated tongue.

After the liquid is drained off, I have the remaining macerated mass dried upon a sufficiently-heated slab or spread upon paper to be dried in the open air; and when well dried, I have it reduced to a fine powder, and also kept in a glass-stoppered-bottle. This I call *muriated powdered ingluvin*, and it likewise possesses a strong acid taste and odor, and a dark appearance. I give this in five to ten-grain doses, singly or in combination with bismuth, quinine, or iron, when the state of the digestive organs demands such combinations. These preparations are readily and cheaply made and are pure and reliable. I use these with the greatest relief to my patients in all the various forms of the interruptions of the appetite caused by debility of the stomach and insufficient secretion of the gastric juice, causing what is known in ordinary language as chronic indigestion and atonic dyspepsia. J. B. Johnson, M. D.

Washington City, D. C.

News and Miscellany.

Hygiene in Domestic Service.

A foreign exchange says: Every practitioner must have remarked the commonness of a certain type among the patients who come to consult him from the ranks of domestic service. We have chiefly in our eye female servants, for these especially exhibit the condition to be considered, though men and boys also, sooner or later, suffer in a similar way. The fagged and irritable heart, the watery but spastic puise, atonic dyspepsia, and *malaise*, even apart from the evidence of a pasty skin and history of hard house-work, suffice for the diagnosis of anæmia. It is very common to find that the subjects of this condition have but recently come up from the country. They have exchanged the fresh air, regular hours of work and rest, and plain wholesome fare of their former homes or service, for the late work, the early waking, and the small unventilated sleeping-room of a city mansion. The relation between cause and effect is obvious. Hygiene is ignored and health suffers. What, then, is to be done? It is easy to point to the evil, but more difficult to devise its cure. We are convinced, however, that much could be accomplished by a reasonable exercise of common sense on the part both of masters and servants. More space, air, and sleep are required. By means of these the frame will be rendered fitter to meet and overcome the generally moderate fatigue of domestic service. With regard to air-space in servants' bedrooms, it should not be very difficult to allot a minimum of 800 cubic feet per individual. Less than this must lead to impairment of health. Ventilation can, as a rule, be maintained even in our capricious climate, if servants can be taught that the window may be kept slightly open at the top without danger from cold. A room without free communication with the outer air readily becomes impure, and is unfit for habitation; a window is a necessity. Seven hours sleep for men, and eight for women, are generally admitted to be no more than essential, and might, with but very moderate forethought, be allowed by masters and mistresses to their domestics. We have not spoken of recreation. It is often difficult alike for servants and for comparatively independent persons to make due provision for this important factor of health. Something has, no doubt, been done by timely holidays. Measures like these which we have suggested must, if adopted, help and not hinder work, and must increase the well-being and just contentment of that large class on which every other class is, in so great a measure, dependent.

—Latin is a "dead language"—when an inexperienced drug clerk fools with it.

The Berlin Polyclinic.

Our correspondent, Dr. Ludwig Loewe, of the Berlin Polyclinic, writes us about this institution:

"Clinical courses, comprising all the different special branches for practical physicians, are held every month in the Polyclinic at Berlin (Germany), Cpalstrasse 30. The courses always commence on the first week-day of the month. They last a whole month, and are held every working day.

"The number of participants is limited to six for every course. Should more than six apply for the same course, an extra or parallel course will be formed.

"To all those physicians wishing to perfect themselves in a special branch, the opportunity is given to serve three months as assistants in that particular branch. Those gentlemen having served as assistants will be allowed in appropriate cases to conduct the extra or parallel courses.

"We intend to elevate the Berlin Polyclinic to an international medical school for the improvement of physicians of every country. In order to have the courses conducted in foreign languages, assistantships will be conferred also to foreign physicians."

What Caused Hunter to Ligate an Artery for Aneurism.

The *College and Clinical Record* notes that none of the books tell how John Hunter was led to originate the operation of ligation for popliteal aneurism. Prof. Chapman gives the facts as follows, and in parenthesis some strong words about the anti-vivisectionists: "Hunter, finding the 'velvet horns' of a deer to be abnormally warm, tied the carotid artery; in a few days he was astonished to find the horns were as warm as ever. He at first supposed that he had tied the wrong vessel, and cut down on his ligation only to find that he had not made a mistake in identification, and that the carotid was still occluded; further investigation showed that a collateral circulation had been established—a thing practically unthought of before. Deductions from this experiment were what led him to believe that the femoral artery could be tied without exsanguinating the limb, and he caused the experiment to be performed on a live dog, with success. After these experiments he performed the operation on a coachman, in 1787, in St. George's Hospital, on the walls of which still hang the deer horns, which, in John Hunter's hands, were the means of incalculable good to mankind."

The Power of a Board of Health to Prevent the Keeping of Pigs.

A Board of Health in an English town not long since passed a regulation forbidding the keeping of any pig within fifty feet of a dwelling-house. This naturally caused a small tempest among the Irish population, and a suit was brought to restrain the Board from enforcing the regulation. In defence to this suit it was alleged that they had power to prevent the keeping of animals on premises where they would be injurious to health, and that they had not exceeded their powers. The court did not take this view, however, but decided that the regulation was too broad, and could not be sustained.

Urinary Test Papers.

The firm of Messrs. Parke, Davis & Co. have devised a very neat case of urinary test papers, put up in convenient packages for carrying in the pocket. They are prepared according to the method proposed by Dr. Oliver, of England. (Price, 50 cents by mail.) We can recommend them as the most convenient that we have anywhere seen. They are accompanied by a test-tube and dropper, in a well-constructed box, containing a small pamphlet of instructions sufficient to acquaint the tyro with the mysteries of this simple yet extremely important diagnostic procedure.

The Beef Peptonoids.

Among recent food preparations, those which are called the beef peptonoids have taken a high rank as a form of easily-digested nitrogenous food. They have received praise as remarkably nutritious and as readily preserved without change, from such chemists as Attfield, of London, and Stutzer, of Bonn. Their high value depends upon the great quantity of digestible albuminoids which they contain.

A Useful Ophthalmic Test Card.

A new test card for myopia, hypermetropia, and astigmatism, has been devised by Dr. Wm. S. Little and lithographed by J. W. Queen & Co., of this city. It contains a number of novel features, and greatly simplifies the diagnosis of these conditions. A descriptive circular of instructions is added.

Items.

—In Calcutta during the month of April there were four hundred and eighty-six deaths from cholera.

—A child recently born, in West Troy, has three perfectly formed legs, the third protruding above the right hip.

—The Mississippi Valley Medical Association (Tri-State) will hold its next meeting in Springfield, Ill., in September, 1884.

—Prof. Gross never operates on menstruating women, if it is possible to avoid it. Oozing is apt to occur from the wound.

—In a letter to the *London Lancet*, April 26, five drops of tincture of cantharides is recommended for incontinence of urine.

—Dr. J. Sutherland, of Bedeque, P. E. I., reports a case of triplets. The children weighed 6, $6\frac{1}{2}$, and $7\frac{1}{4}$ pounds respectively. Mother and children all doing well.

—A favorite prescription of Prof. Da Costa, for the constipation of plumbism, is one drop of croton oil made into eight pills, of which one is given two or three times a day.

—Mr. Charles Adolph Würtz, the distinguished French chemist, whose name is particularly asso-

ciated with the progress of organic chemistry during the last half century, died very suddenly on the 12th of May last.

—Dr. W. C. Jarvis, of New York, recommends the trioxide of chromium, or chromic acid, for the removal of intra-laryngeal growths, especially papillary. It is best employed fused on the point of a probe, an instrument to act as a protector and guide may be used with it.

—Regarding skull fractures with great depression or comminution, Prof. Brinton teaches that the operation is not to be delayed for symptoms to appear. The operation *per se* is not dangerous, and brain symptoms have come on twenty years after the accident. This agrees with Prof. S. D. Gross's opinion.

—Dr. William H. Lopp, of Columbus, Ind., in his paper on Quacks and Quackery in Indiana in the Transactions of the Indiana State Medical Society of 1883, relates "that one of the bogus M. D.'s, in a case of erysipelas, stated to the patient that it was called 'airesipelas' because it traveled in the air—therefore was catching.

—At a recent meeting of the Philadelphia County Medical Society, Dr. Carl Seiler called attention to the value of tincture of benzoin in the treatment of chapped hands and frosted feet. He has used it in a number of cases with much success. It is applied by simply painting it on the skin. The stocking may be prevented from sticking to the feet by rubbing some oil over the benzoin.

OBITUARY NOTICES.

DR. BENJAMIN WILLIAM DUDLEY.

At a meeting of the physicians of Lexington, Ky., held at the office of Drs. Skillman & Scott, the following was unanimously adopted:

"His professional brethren having heard, with feelings of deep regret, of the death of Dr. Benjamin William Dudley, which occurred in Lexington on Thursday, July 3, 1884, at ten o'clock, consider it eminently just and proper thus publicly to give expression to their esteem of him, and offer a tribute to his memory.

"Dr. Dudley bore the name, and was descended from a family illustrious in the annals of Kentucky surgery; and his being taken away at the age of forty-six years, in manhood's very prime, in the midst of professional success, blighted high hopes, and put to an untimely end a career of usefulness and distinction.

"After graduating at the Medical College of Keokuk, Iowa, and living a short time at Hamilton, Ohio, he removed to New York City, and engaged in active practice, where he had rare opportunities for observation and experience, and enjoyed the esteem and friendship of many of the most distinguished physicians and surgeons there, who will be grieved to learn that he has passed away.

"In 1872 he married, and two years later located in Lexington, the home of his ancestors, and there continued his professional labors until they were arrested by remorseless disease, and death closed his useful life.

"By that death the medical profession is deprived of an intelligent, competent, and useful member, and the community of an honorable and worthy citizen.

"And it is our desire that a copy of the foregoing be transmitted, by the Secretary of this meeting, to Dr. Dudley's family, with assurance of our heartfelt sympathy and condolence.

"Also that the papers of Lexington and medical journals of Kentucky and New York and Pennsylvania be requested to publish them; and that as a further evidence of respect, we attend his funeral in a body.

"M. T. Scott, M. D., *Secretary*,
"H. M. Skillman, M. D., *Chairman*."

JAMES PATTERSON CASSELLS,

Aural Surgeon, Glasgow, Scotland. It is with feelings of the most profound sorrow that we record the death of this most estimable physician and aural surgeon, who died at Glasgow, April 13, 1884, aged forty-eight years. With a constitution enfeebled by a railroad accident, Dr. Cassells was one of the most indefatigable workers in his department. His numerous contributions to medical journalism were known and read of all men. He was Chairman of the Section of Otology of the British Medical Association, Secretary of the Section of the International Congress which met at Amsterdam, and of the same which met at London. Dr. Cassells translated the work of Dr. Auther Hartmann, of Berlin, on Deaf-Mutism, but his crowning work was the opening of a distinct ward for the treatment of diseases of the ear in the Glasgow Hospital, and the translation and editing of the great work of Professor Adam Politzer, of the University of Vienna, of which the author states in a letter to the translator, "I have read it, and am very pleased with your translation of my work into English. Receive my thanks for the trouble and patience bestowed on it." Dr. Cassells was a member of the Royal College of Surgeons, England; Fellow of the Faculty of Physicians and Surgeons, Glasgow; Aural Surgeon to and Lecturer on Aural Surgery to the Glasgow Hospital; and one of the editors of the Archives of Otology, published in New York and Heidelberg.

QUERIES AND REPLIES.

Dr. B., of Pa., asks for reliable statistics of the relative frequency of acute pneumonia and pleurisy.

Dr. S. K., of Pa.—The proper pronunciation of the word is gyn-e-col-o-gy, the initial *g* as in *gin*. It is a piece of pedantry to introduce the hard sound of the Greek *gamma* into English words, when the analogy of our tongue is so strongly against it.

Dr. G. W. Johnson, of Illinois, writes to say that in answer to his inquiry about tæniafuges, he received various suggestions, and finally settled on the oleo-resin of Koosso as the most efficient. It is imported by various first-class drug houses.

MARRIAGE.

THORWARTH—MOORE.—At the residence of the bride's parents, May 22, 1884, by the Hon. G. W. Cooley, J. F. Thorwarth, M. D., of Smith River, Cal., and Miss Dora E. Moore, of Ellensburg, Oregon.

THE

MEDICAL AND SURGICAL REPORTER.

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ORIGINAL DEPARTMENT.

LECTURE.

A LECTURE ON SOME PHASES OF CORNEAL DISEASE, ILLUSTRATED BY SIX CASES.

DELIVERED TO THE POST-GRADUATE CLASS IN THE UNIVERSITY OF PENNSYLVANIA, BY S. D. RISLEY, M. D.

Instructor in Ophthalmology, and Ophthalmic Surgeon in the University Hospital.

Reported by G. E. De Schweinitz, M. D., Assistant Physician in the Eye Department.

Gentlemen: To those of you who are somewhat familiar with eye diseases from your former studies, I need say nothing of their importance. To those whom I have the pleasure of addressing for the first time, their importance cannot be well overrated. This becomes obvious when we remember that nearly all tissues of the body are represented in the eye and its appendages, and are liable to all the pathological changes which affect like tissues elsewhere in the body. Moreover, slight changes in tissues so highly organized, lead to the most important alterations in function. Blindness is a calamity which all recognize and seek to avoid, but the minor defects of vision, while they do not excite in the same degree our compassion, are nevertheless of great importance to the individual, since they not infrequently seriously mar his future career, debarring him from those pursuits in life which demand accurate eyesight for their successful accomplishment.

From your physiological studies you know that in order to see with comfort, the eyes should act in harmony, their muscular apparatus should be in order, and their refraction perfect enough to allow parallel rays of light to be focused accurately upon corresponding points of the retina, in each eye the point of distinct vision being the *macula lutea*. If now a muscular anomaly exist, or there be an error of refraction, or if one or both of these faults be present, perfect vision is no longer possible, and discomfort ensues. You may search far and wide to find a perfect eye; for just as we see distortions of various parts of the body, deviations of the nose, structural peculiarities of the fingers, toes, and the like, so also we constantly find distortions in the shape of the eyeball, *e. g.*, elongation or shortening of its axis. Not only are eyes constantly affected with these anatomical departures, but they are subjected to like troubles accruing from disease. Among the very common diseases of the external tissues of the eye are those of the cornea, *e. g.*, minute ulcers, which result either from an existing dyscrasia, or are due to traumatism, examples of both of which conditions are present here to-day. After an ulcer is once present, it is doubtful if the tissue is afterward perfectly restored. There has been an interruption in the continuity of the epithelium, and it is doubtful, I say, if this is again perfectly renewed, so that rays of light passing through such cornaæ are more or less interrupted, and irregularities of refraction ensue. I will now briefly exhibit the series of cases which I have brought before you to-day, and speak of them more in detail later.

1. Here is a young man who, a few days ago, was switched in the eye with the tail of a horse, causing an *abrasion* of the cornea at its lower margin. It is now in the process of repair. The epithelium has been torn away, but is now renewed,

and in its place you can still see the slight infiltration due to the pressure of new cells brought thither in the process of repair.

2. This man's difficulty you can readily see, consisting of a nearly central scar on either cornea, the site of former ulceration.

3. In this woman I show you another example of ulcer of the cornea, which has also undergone the process of repair, but in a manner differing from either of the preceding cases. In place of filling up it has repaired with an actual loss of substance, leaving this little saucer-like excavation. In this case, not only was the epithelial covering carried away, but also some of the deeper corneal structures.

4. In this young woman's case you see the right cornea occupied by a bluish-white cloud, while in the left eye the conjunctiva is studded with minute blister-like elevations, technically known as *phlyctenulæ*.

5. This little child is so much better to-day that while I rejoice to see his improvement I regret that you, for the sake of instruction, did not see him when he first came to the Dispensary presenting a picture that I will later endeavor to paint in words for you.

6. In the case of this young woman you see a central ulcer, but in addition the cornea is vascular throughout.

At first sight these cases bear a remarkable resemblance the one to the other, but their pathological significance is vastly different, which fact has already been pointed in the one instance between the healing of the corneal abrasion and the ulcer which repaired with loss of substance leaving an excavation. In healthy young men there is seldom so much trouble arising from an abrasion of the cornea, (Case 1.) Some of the epithelium was scraped off by the blow from the horse's tail, and probably from neglect, irritation or the effluvia arising from the stables, more inflammation than is usual was set up in this case. It is always a painful affair. From your anatomical studies you know that the cornea is abundantly supplied with sensitive nerves. The epithelial covering now being removed, the exposed nerves are constantly subjected to irritation, setting up a painful and uncomfortable state of affairs, comparable to the mischief brought about by the presence of a foreign body in the conjunctival sac, an experience which, no doubt, all of us have endured. Usually these injuries repair quickly.

A few years ago I saw an Italian one-half of whose right cornea had been abraded by the thrust of he bough of a tree. He came originally twelve hours after the injury, and again twenty-four hours later, at which time the seat of the injury was scarcely visible, and except for a faint bluish-white cloud, only demonstrable by the aid of oblique light and a two-inch lens. The cornea was clear.

Treatment.—An eye of this kind should be bandaged preferably with a white flannel roller, like the one I exhibit here. The roller should be placed over a compress of absorbent cotton, which when applied will keep the eye immobile, and thus avoid irritation. Locally, you should use a boracic acid wash (gr. xv., f. ℥j.), but if this be not sufficient, it may be enforced by the instillation of a drop or two of a solution of sulphate of atropine (gr. iv., f. ℥j.), or if the irritation be only slight, you may use a solution of hydrobromate of homatropine (gr. iv.–vi., f. ℥j.)

Had you seen this child (Case 5) at his first visit somewhat of the following picture would have been presented to your gaze. He came into the Dispensary with his eyes spasmodically closed, his head bowed upon his arm to exclude the light, or more often deeply buried in his mother's lap, to be sure and forbid the entrance of any chance side-rays, so great was his dread of light, or, as it is technically known, photophobia. Inspection of his eyes was difficult. This is best accomplished by placing the child upon his mother's lap, taking his head between your knees —thus—and protecting the end of your finger with a small piece of old linen; press the upper lid up and back, and at the same time draw the lower lid down. Having done this in the present case, you would have seen that the conjunctiva was injected and red, but translucent. The eyes filled quickly with tears. The corneal margin was surrounded by a chain of blisters and approached by numerous dilated blood-vessels. On the centre of the cornea, where you to-day saw the white spot, was an open ulcer. If we had seen this at an earlier stage of the disease you would not have observed an open ulcer, but a blister-like body due to the raising up of the epithelium by the fluid collected beneath, at least such is the usual history of the phlyctenular ulcer. The corneal nerves become exposed; the rubbing of the lids causes excessive irritation, which in turn sets up increased secretion, and soon the blister develops into a typical corneal ulcer.

One point I must speak of right here, and that is the difference between an eye of this sort and one due to cold-taking.

In the latter case, the conjunctiva is opaque.

There is a flow of mucus and an absence of photophobia, while in the former case, there is marked lachrymation, excessive dread of light, with spasm of the orbicularis, and no opacity of the conjunctiva.

Just as the symptoms differ in these two classes of cases, so also do the causes.

Here we see a large number of the cases of phlyctenular disease, while they are not so common in private practice. We see them in a public service such as this is, because they come from the alleys and small streets, where the houses are damp and poorly ventilated, and the inmates insufficiently clothed and fed, and where, in addition to these faults in hygienic and dietetic surroundings they have often inherited some dyscrasia. Usually, in addition to the local manifestation there is derangement of the alimentary canal, loss of appetite, and investigation will show enlargement of the cervical, post-cervical, and submaxillary glands, with a strong tendency in these glands to suppurate, thus plainly indicating the taint which justifies the name *strumous ophthalmia*, so often given to this disorder by the text-books.

None of the cases before you to-day are in such pronounced indigent circumstances, but you must remember that improper food is as bad as insufficient food. Men who receive small wages and have large families, cannot afford to buy fresh meat daily. They naturally turn to the cheaper forms—salted meats, unpalatable bread, and drink largely of tea. You will be surprised when you come to investigate this matter how many men and women there are who eat meat but once a day, the morning and evening meal being largely composed of bread and tea. Hence, the children of such parents grow up with insufficient physical backing, and, indeed, are fortunate if they have not inherited in addition a strumous, phthisical or syphilitic constitution.

Treatment.—The sheet-anchors of treatment are cod-liver oil and the iodide of iron. In addition, shut out their evil surroundings as far as possible, and stop all sweetmeats, for it is astonishing that even among these people a few pennies can always be spared, with which the child is allowed to buy candies and cakes. Advise fresh meat at least once a day, and plenty of good bread and milk. See that the patient has a tepid bath daily. Look after the alimentary canal, and when the child has five or six greenish stools daily, administer suitable remedies, such as you have been taught to give from other chairs in similar conditions.

Local Treatment.—Sulphate of atropia is indicated in almost all cases, and the moment the pupil dilates the photophobia diminishes. It is often difficult to obtain this dilatation. Keep the child in your office, frequently instilling a drop of a solution of sulphate of atropia (gr. iv., f ℥j.) until the desired end is reached, and then when you send the case home give the mother a similar solution, with instructions to put one drop into the eye three or four times daily. The child should further be made to wear a pair of smoked glasses, and not be allowed to bury its head in the mother's lap or pillow. When the irritation has passed away under the use of the atropine treatment, you may dust some calomel into the eye, the calomel being best prepared by the process of sublimation. Put the head back, draw the lower lid down, and having dipped a camel's hair brush into the box or bottle containing the powder, dust a little of it into the eye—thus.

Sometimes, instead of the calomel you may use an ointment of the yellow oxide of mercury (gr. i., ʒj.), of which a small portion is placed into the eye, and then gently rubbed in. One caution I must give you here, and that is not to use, or at least use very guardedly, calomel in this way, when the patient is taking iodide of potash, or any preparation of iodine, as, for instance, the syrup of the iodide of iron. These preparations are freely eliminated by the tears, and form, with the calomel, a soluble iodide of mercury, which acts as an intense irritant to the eye. You will often be gratified to see improvement in the eye by mere local applications before your constitutional remedies have had time to take effect, but more often the local treatment is of no avail, except to diminish discomfort until the system comes under the influence of the internal medication. You should make it a rule to attack these cases early. You can see the white patch or cloud in this child's cornea, and of course light cannot penetrate any more than it could pass through ground glass, or at least no distinct image can be formed. Hence, what originally appeared a simple matter, has marred this child's vision for life. What is present in the child's case is also present in this young man's eye (case 2), and although the scar does not cover the pupillary space, still it is in the axis of vision, and will interfere with the perfect refraction of the eye.

Myopia often occurs in connection with opacities in the cornea, which is probably due to the indistinctness of the retinal images, the patient seeking to make up for what he loses in distinctness by increasing the size of the image. To obtain this he bows his head as near as possible to the

object, producing a strong strain upon the accommodation, and of course corresponding convergance of the visual axis. His history is an interesting one, for he tells me that every summer, for the last seven, he has been attacked with sore eyes, showing the existing dyscrasia which was at the bottom of the trouble; but it is only the last attack which left the central scar. The ulcer in many instances does not occur centrally, but more often, probably, is situated between the corneal pole and its limbus, and when it occupies this position perforation is more apt to occur. The dread of light increases, the ulcer burrows deeper and deeper, and finally reaches the membrane of Descemet, and this, by reason of the intra-ocular pressure, is pushed forward in a minute, cone-shaped protrusion into the the bottom of the ulcer, and this, in its turn, may also rupture. If this happens, the anterior chamber is emptied, the iris is pressed forward into the bottom of the perforation and then becomes adherent. The pupil is now distorted in shape, and with every change of light and shade the iris is dragged upon, and hence is a constant source of irritation. Besides, the changed shape of the pupil no longer permits the proper entrance of the rays of light, and perfect vision is no longer possible.

The woman (Case 3) with the saucer-like excavation in her cornea, came in time to prevent perforation, but not in time to avoid loss of substance and hence loss of the uniform curvature of the cornea, so that the mischief done in her case is also great. You have often seen a blister upon a window-pane and know that you cannot see through it distinctly. Much the same state of affairs is present in this cornea. The rays of light may pass through the cornea around this blemish, and vision may be good for large objects, but distinct and accurate vision for small objects, like fine print, is impossible.

This woman (Case 4) came to me originally two years ago with an ulcer of the right cornea. Her history is an interesting one. She worked at pasting shoes in a badly-ventilated and lighted room, and her health became impaired. Her breakfast consisted of bread and tea, which she ate with poor appetite. She took with her a cold lunch, and ate this with little or no relish. When she returned at night she was too tired to enjoy her supper, and generally retired suffering with frontal headache. In addition, she was afflicted with retroversion of the womb. This was corrected, and under improved diet and hygiene, together with the use of the syrup of the iodide of iron and proper local treatment, the ulcer was cured. At the end of a year she returned with the same trouble, and was again cured; but the diseased has recurred three or four times, the last attack leaving her with these spots on her cornea. This summer she again came to the Dispensary with an ulcer upon the cornea, and was nearly well when she was attacked with a colliquative diarrhœa, an old sinus in the axilla opened, and the disease of the eye recurred afresh.

I have related the clinical history of this case somewhat in detail, because it so markedly illustrates that the disease of the cornea is not purely a local one, but rather a local manifestation of a constitutional taint.

Communications.

NOTES OF SOME FATAL CASES OF PUERPERAL SEPTICÆMIA WHICH OCCURRED IN THE PHILADELPHIA HOSPITAL ABOUT FEBRUARY, 1883.

Reported by A. R. Johnston, M. D., of New Bloomfield, Pa.

The number referred to, their position, on the hospital record, and the length of time, includes the times from the first pain, regardless of perceptible dilatation, until the end of the third stage.

Case 110, delivered January 27, æt. 20, primipara; child presented in first position, and labor lasted six and a half hours. Weight of child, six pounds. This was a very easy labor, and the patient did not attract the attention of any one until a few minutes before delivery. The attendant resident was called, and when he arrived, the head was born with a caul. The womb felt solid and of about the ordinary size. No ergot was given at this time, about 6:30 a. m. A bandage was applied about half an hour after delivery, and the woman moved to another room, a distance, in this case, of about seventy-five feet. (The rule of the house is to confine all the patients upon the same bed, which is composed of a bedstead with a strong gum bottom, rollers upon which it moves smoothly upon the floor, and the necessary amount of bed-clothes. After they are washed, bandaged, and dressed, they are moved upon this bed, under abundant cover, to their lying-in bed.) After she was put to bed she did not complain of anything, and soon went to sleep.

At 2:30 p. m. the resident was told that she had slept most of the day, and had just wakened complaining of weakness. The bed was much stained with blood, the patient was pale, sleepy,

and listless, pulse 170, fundus felt on right side half way between the umbilicus and ribs. The vagina was distended with a coagulum, which at first felt like the placenta on account of its toughness. The blood in the uterus, probably between a pint and a quart, was more fluid. The blood and coagulum were cleared out, and a strip of membrane found in the os. Two drachms of fluid extract of ergot were given, soon followed by vomiting. The head was lowered, hot-water injections were used, and an ounce of whisky, in milk, was given in small amounts. Twenty drops of tr. digitalis was given hypodermically. The temperature after this was 101°, and the pulse rapid and intermittent. She rallied pretty well, and there was no tendency to relaxation of the uterus. The pulse at 4 p. m. was 150; at 6 it was 125, and better in volume and rhythm. The temperature at 6 was 100°.

On the morning of the 28th, there was tenderness of the abdomen, with some distension. Vomiting, with comparatively clean tongue and no nausea, was a prominent symptom. Color of vomit varied, being green, dark, and yellow. The lochia were profuse and fetid, and increased in these properties until death.

On the morning of the 30th, she complained of pain in the left leg. It was affected with phlegmasia dolens. The swelling did not increase much, and the thigh was never affected with pain or swelling. The temperature of the case was as follows:

January 27. Evening, 100°.

January 28. Morning, 100°; evening, 101°.

January 29. Morning, 99.8°; evening, 102°.

January 30. Morning, 99.8°; evening, 101.8°.

The pulse was always rapid and generally intermittent.

On the 28th, it averaged about 125, after that 140 to 150, until the last twelve hours, when it reached about 175. The respiration was hurried during the last thirty-six hours, and before death was as frequent as thirty-two per minute. There was no delirium in this case at any time.

Treatment was as follows: Whiskey, eight ounces daily; tincture of digitalis at first fifteen drops, afterwards increased until thirty were given every four hours. It was given in whiskey at first, and afterward hypodermically. Morphiæ sulphas was given in quarter and third grain doses four to six times in the twenty-four hours, hypodermically. Lead water and laudanum were applied to the phlegmasia dolens, and the pain greatly increased. After this unguents were used. Hot flaxseed meal poultices were applied to the abdomen every two hours.

Patient died January 31st, about ninety-six hours after delivery.

The bed next to this patient was occupied by a woman suffering primarily from an apparently rheumatic affection of the knee, followed by a severe sore throat, and who after this, and about synchronous with the abdominal symptoms of this patient, developed facial erysipelas. The case of erysipelas was removed January 30th, and attended by other doctors and nurses. She was delivered of a living child, probably somewhat premature, February 2d. She died a few days after delivery, but as she was not in the obstetrical ward I did not see her, and do not know what her symptoms were after delivery.

Case No. 108. Æt. 23, first pregnancy. Child presented in first position, and labor lasted forty-one hours. The child was born January 26th, and weighed seven and three-quarter pounds. The patient was a vigorous and apparently healthy woman. This was a slow and difficult labor from the beginning, and after it had been in progress about forty hours, the natural efforts ceased to have any propulsive effect whatever. The pains were almost constant, were very distressing, and the head stuck in the pelvis. Dr. E. P. Bernardy, the physician-in-chief, made his regular visit to the hospital at this time, and decided to use the forceps. They were adjusted, and as the patient complained a good deal, sufficient ether was given to relieve the pain and produce some relaxation, but profound anæsthesia was not produced. There was no laceration of the perineum, but the carunculæ myrtiformes were prominent, and were injured to a slight extent.

During the first ten days there was nothing unusual in the condition of the patient, and no record of pulse or temperature was preserved. I have placed case No. 110 before this one in these notes, because she was the first to present untoward symptoms. On the morning of January 29th the abdomen was large and tympanitic. The patient did not complain of pain, and a considerable amount of pressure did not elicit tenderness. Her tongue was covered by a white fur. Calomel in half-grain doses was given until a motion from the bowels was obtained, which required four doses. About four o'clock p. m., seventy-six hours after delivery, the resident was sent for in haste; the patient complained of great pain in the right side of chest and right shoulder, which came on suddenly. There was no tenderness, and she could not localize the seat of pain. The breathing was shallow and restrained, pulse irregular and about one hundred and sixty per minute.

After this time the breathing was always embarrassed, and the pulse between one hundred and fifty and one hundred and seventy-five. The lochia were rather offensive, but not profuse, and appreciably diminished after this time. This evening she vomited a dark muddy liquid, and the following day a grassy-green liquid. There were several alvine evacuations during the night and following morning. Transient delirium annoyed the patient, growing worse until death.

The temperature on the morning of January 29th was 103°; evening, 103°. January 30th, morning, 102°.

Treatment ten grains of quinine morning and evening, tincture of digitalis twenty drops every three hours, six ounces of whiskey daily, and hypodermics of morphia, according to indications. Poultices were applied to the abdomen and chest. Patient died on the evening of January 30th.

This woman, with three others, occupied a room, the capacity of which was about six thousand cubic feet. The room was warmed by a stove, and adjoined the one in which all the patients were confined. The patient next to her was delivered January 28th, and the other two January 18th and 24th. All were attended by the same doctor and same nurses, without any precautions other than cleanliness, and there were no symptoms of septicæmia in any of the others.

Case 115 delivered February 22d, æt. twenty-one, primipara, first position, and labor lasted thirty-six hours. Child weighed nine and three-quarter pounds. This case was sick and vomiting during the last twenty-four hours of her labor, and was much prostrated after delivery. The perineum was found to be ruptured, and was operated upon about two hours after delivery, the patient being under the influence of ether. During the day there was no complaint of pain, no nausea after delivery, the pulse was one hundred and ten to one hundred and twenty, and the tongue was covered with a yellow coat.

February 3d complained of pain in the abdomen, tongue still coated, and there was distension of the abdomen. Temperature in this case was as follows: Evening of February 2d, 98.8°. February 3d, morning, 99°; evening, 103.8°. February 4th, morning, 102.4°; evening, 105°. February 5th, morning, 100°; evening, 102°. February 6th, morning, 99°; evening, 103.2°. February 7th, morning, 101.8°; evening, 102°. February 8th, morning, 101°; evening 105.2°. February 9th, at 7 a. m., 100°, and at 10 a. m. 105°.

She took her nourishment, which consisted chiefly of milk and whiskey, without nausea or vomiting until February 5, and seemed to be improving in every way except the pulse, which kept in the neighborhood of 125, but with good volume and rhythm. At this time she began to vomit without any considerable nausea. The tongue retained the coating, which now assumed a brown tinge and remained so, becoming dryer until death. Morphia was administered hypodermically, and the vomiting abated, only occurring four or five times during the next thirty-six hours, and the patient feeling better after each time. She craved buttermilk, but could not drink it when it was procured for her. On the night following the 6th, vomiting and purging set in. Both were checked in the morning by hypodermics of morphia. One peculiar feature of this case was that she always thought she was getting along first-rate, and at her injunction on the night following the 7th, the nurse raised her up in bed, and allowed her to sit propped by pillows while she went to attend other patients. During the last twenty-four hours, the face and chest changed to purple and back to pale several times, and the temperature varied greatly, being 100° at 7 a. m. on the 9th, and 105° at 10. The stitches were removed from the perineum on the 8th, union was taking place, and the sore had a healthy appearance. The discharge was more offensive in this case than is usual in healthy women. Pulse 120 to 130 most of the time. Just before death it reached 170.

Treatment.—Tincture digitalis, increasing in dose until thirty drops were given, hypodermically, every four hours. Suppositories containing ten grains of quinine and half a grain of morphia every six hours, with generally a quarter to a third of a grain of morphia between times. Whiskey beginning at eight ounces per day, and gradually increased until twelve ounces were given. This woman had a large room, with no other patient in it. She died February 9, seven days after delivery.

Case 119, delivered February 9, æt. 27, primipara; child presented in the first position, and the labor lasted forty-three hours. Child weighed six pounds. There was thickening and induration of the left anterior part of the os uteri, and the first stage was slow and painful. She was sick and vomiting during the last day of labor, and after forty-two hours the first stage was hardly completed. The patient was so exhausted that instrumental delivery was the only means of relief. An anæsthetic was administered. The forceps were applied at the superior strait and the

woman delivered of a living child. The perineum was ruptured and sewn up while the patient was still under the influence of the anæsthetic. An hour later the woman seemed to be doing well, except that the pulse-rate was 130, and on examination, the physical signs of mitral regurgitation were found. During the night, she complained of pain in the abdomen.

On the following day she became delirious, so much so that toward evening it became difficult to keep her in bed. At the same time, the pulse-rate increased, became small in volume, and intermittent.

On the morning after delivery, the temperature was 99°, and on the following evening, 101°. On account of the delirium, a thorough examination was impracticable. The treatment was whiskey and digitalis with morphia, according to the indications.

Case 116, delivered February 3, æt. 23, primipara, had presented in the first position, and the labor lasted probably an hour and a half or two hours. The weight of the child was seven pounds. This woman came to the hospital on foot while in labor, and was delivered within ten minutes of the time she arrived at the confinement room. There was nothing unusual in her condition until February 8, when she complained of pain and tenderness in the abdomen. On the 10th vomiting was a prominent symptom; the pulse rate was about 125, and the temperature sometimes one or two degrees above normal. After this, the pain and vomiting abated, but the pulse and temperature remained the same, and there was no apparent gain in strength or improvement in appetite. On the 19th an eruption looking very much like measles appeared upon the chest, and spread to her face during the following twenty-four hours. It was accompanied by diarrhœa. On account of burning and itching, cosmoline was applied, and it disappeared on the 21st. It again returned and receded, appearing a third time March 2, accompanied by delirium, vomiting, and a temperature of 103° to 104°. Your reporter's term of service in the lying-in ward expired March 1, and the particulars of the case from that time cannot be given.

About this time an investigation was instituted to discover the cause of the malady. As a consequence, the resident who had been on duty in these wards was suspended for two months, but was reinstated at the next weekly meeting of the same committee. This therapeutic measure of course did not affect the progress of the malady very much, but it showed the folly of a resident having too much of one kind of sickness, and suggested the more prudent course of rendering diverse diagnoses, and thus distributing the cases to different parts of the hospital. This case was transferred. Not long afterward, so the hospital record says, Case No. 116 died of malignant scarlatina. And the epidemic was arrested and the patients saved. If you don't believe it, look at the reports of the house. Of course other deaths from "chronic Bright's disease," "pulmonary congestion," etc., followed; but what have such things to do with obstetrics? The post-mortem appearances of those examined were strikingly similar to those of the patients that had died from the influences of the epidemic, but in the present condition of science such things will sometimes occur.

These hints will be invaluable to the unsophisticated (in the absence of political or social influence), as they bear upon a plan of treatment which does not receive attention by many of our prominent authors.

Between January 18 and March 1, twenty-one women were confined in the obstetrical wards of the hospital, of whom five died. About half the whole number were affected. Almost the whole number of patients were unmarried women who came to the house, sometimes months before term, and were all assigned to the same ward. At this time there were about thirty waiting their time in a room which afforded five or six hundred cubic feet of space per individual.

When the epidemic began, isolation of those affected was not attempted, and it was noticeable that as a rule those most directly associated with the affected ones were most fortunate. After March 1, rigid isolation was instituted, and carbolized spray, carbolized cosmoline, etc., were used in profusion, with little or no effect upon the death-rate for the succeeding six weeks.

Hospital Reports.

MEDICO-CHIRURGICAL HOSPITAL OF PHILADELPHIA.

CLINIC OF PROF. WILLIAM F. WAUGH, M. D.

Reported by Frederick Loos, M. D.

Hæmoptysis—Remarkable Fecundity.

This woman comes to our clinic because she has been spitting blood. To the laity this symptom indicates the presence of tubercular consumption, and the time has not long passed when the profession, following the views of Laennec, held the same opinion. I have told you in my didactic

lectures that hæmoptysis usually indicates a morbid condition of the walls of the blood-vessels in the bronchial mucous membrane. Such a condition exists in tubercular phthisis, together with chronic congestion and relaxation of the tissues, causing an afflux of blood, and a diminution of resisting power in the vessels. For these reasons hæmoptysis is a common symptom in tubercular consumption.

But the same weakness of the vascular walls may proceed from other causes; and I shall show you that this is the case at present. This woman tells me she is 27 years old. She was born in Philadelphia, of Scottish parents. Her mother had eight children, including one double birth. Her husband is also a native of this city, his parents being Germans. His mother had eight children, all single births. He is rather below the medium height, of medium physique, temperate and healthy, and is a morocco-dresser.

Our patient is somewhat above the usual height of women, fair, handsome, well-built, with broad, capacious pelvis. She is rather pale just now, and you can see the blue veins on her face more plainly than I would wish; but her lips are red, and the circulation good. Her pulse is somewhat compressible, and the veins on her hands rather full.

This couple have been married nine years; and although there is nothing in the above description in any way unusual, they have achieved the most remarkable success in obeying the injunction to increase and multiply, which has ever come under my observation.

The first child, a boy, was born October 30, 1872, and is now alive and well. In July, 1875, she had twins: a boy still-born, and a girl who lived two years, and died of marasmus. On September 4, 1878, she had triplets, a boy who died in seven weeks, and two girls, still living and well, though small for their age. In February, 1880, seventeen months later, she had twin girls, one of whom died in three months of marasmus, and the other a month later of cholera infantum. On May 22, 1881, fifteen months later, she had twins again, a boy and a girl, who lived five months, and died of whooping-cough.

You will thus see that she has borne *seven living children in the space of thirty-two months!*

I would recommend this case to the consideration of the alarmists who croak about the degeneracy of the European race in America. I have been unable to find an instance of equal fecundity on record. I am firmly convinced that if American wives are not surrounded by large families, it is because they do not desire them. A woman once told me she had produced abortion in her own person no less than seventeen times!

Let me take this opportunity to adjure you, as physicians, to set your faces resolutely against the practice of preventing conception. From disinclination to bearing the discomfort of pregnancy, and the deprivation of society, and from a selfish desire to save the expense of bringing up a large family, our American women are growing yearly more unwilling to bear children. It is incredible with what utter disregard of moral considerations women look upon this matter. Ladies in the highest walks of life, apparently endowed with every Christian grace, whose walk and conversation are faultless in every other respect, look upon the person who can teach them how to avoid conception as a benefactor to the sex.

When wives voluntarily degrade themselves to the position of the mistress, when they defile the marriage bed with the appliances of the brothel, what wonder is it that they find the honor of their husbands weakened, and the loyalty due to them lost in selfish indulgence not more criminal than their own?

But to return to our patient. What has been the result of this great activity of the reproductive function? To the children it has been disastrous. Nursing two children while others were developing in the womb, the supply of nutritive material she could supply has been defective in amount and in quality, and all have suffered. One child was still-born, and six others succumbed to marasmus, or diseases incident to childhood which they had not strength to resist. The two of the triplets still living are small and puny. Hence we may say that such frequent births lead to the production of a deteriorated race, incapable of supporting the vital functions under ordinary circumstances. In general terms, we may say that if births are less than two years apart, the result is apt to be a deteriorated product.

To the mother, what is the result? You see it before you. She is weak and pale, and has been spitting blood for a year. When the children nurse she has pains in her chest, and if the nursing be prolonged she faints. Every movement of her body indicates languor.

On examining her chest, we find no evidences of tubercular disease; physical examination giving negative results. A blowing murmur at the base of her heart indicates anæmia.

Now, in searching for the causes of the morbid condition of her bronchial capillaries, which evidently causes the hæmoptysis, just think what enormous amounts of nutritious materials have been drawn from this woman's system to build up the frames of so many infants! The organs of her body could not assimilate so much from her food; and the balance has been drawn from her body until every tissue is drained. While the loss has been of *all* the elements of nutrition, the one which has been principally felt in this case is lime. To the loss of this element, we attribute the general weakness, and particularly that of the bronchial capillary walls. To confirm this view, just look at her teeth. Three years ago, she had a perfect set of teeth, and now you see they are riddled with carious cavities. Ask any mother when her teeth began to decay, and she will tell you during pregnancy. She then parts with the phosphate of lime in her teeth to build up the tissues of her infant. Hence comes the strange longing of pregnant women for chalk, slate pencils, etc., a longing which a thoughtful physician should take warning by, and prescribe a plentiful supply of this element.

Now, what is our prognosis in this case? She will recover if she obeys our directions carefully; and as she is of more than ordinary intelligence, I believe she will.

She must, if possible, avoid becoming pregnant for two years. For this purpose, we recommend simply moderation and a self-restraint on the part of her husband. We may do this much

with propriety, but beyond this we dare not go, even in so aggravated a case as the present. She must have a plentiful supply of nourishing food, taking pepsine and muriatic acid with each meal, to add to her digestive capacity. She must have the open air, preferably at the sea-shore, moderate exercise, warm clothing, and every morning a cold shower-bath of the shortest duration, to be followed by vigorous rubbing with a coarse towel, and a cup of hot beef-tea, to be drank immediately after the bath. No remedy has the beneficial action upon the blood of anæmics that the shower-bath has when properly used. We advise her to avoid water and slops or soups, which unduly dilute the blood.

We order for her an emulsion of cod-liver oil, with lacto-phosphate of lime. It is in just such cases that this combination is so markedly beneficial that it has obtained an undeserved reputation as a cure for tubercular consumption.

A prophylactic it assuredly is, as the case before us might, under certain circumstances, develop into a true phthisis. Let us hope that the bacillus tuberculosis may not chance upon this very promising soil until she has taken the prescription for some months, when we will no longer fear it.

The patient whose case is related above returned to the clinic at the end of six months. She had entirely regained her health; the hæmoptysis had long since ceased, and every evidence of ill health had disappeared. She became pregnant one year later, was carefully attended by her physician during pregnancy, and had no return of hæmoptysis. The emulsion was given during her pregnancy continuously, and throughout lactation. The infant was finer and heartier than any of its predecessors excepting the first.

Medical Societies.

PHILADELPHIA CLINICAL SOCIETY.

Stated meeting, May 23, 1884. Dr. Henry Beates, Jr., in the chair.

Dr. Mary Willets reported a puerperal case with numerous complications. Mrs. H——, æt. 30, primipara, after a normal delivery, did well for twelve days. Then, after pain in her back and limbs, and chilly sensations, had a rise of temperature and was attacked with nausea and vomiting. The temperature continued high for two weeks. There was nothing to account for the supra-normal temperature, except a laceration of the cervix uteri and some tenderness around this point. On the twenty-fifth day after delivery the patient complained of pain in her left leg. For more than a week there was pain and swelling both above and below the knee; the pain greatly increased on pressure and attempts at extension of the limb, and was in the course of the femoral vein, but careful examination failed to discover anything abnormal. On the forty-third day, the patient having recovered sufficiently to go down stairs, we were suddenly confronted with well-developed mania, at first violent, but subsequently becoming merely loquacious. This continuing two days, gave place to somnolence, and five days later, to convalescence.

Dr. E. E. Montgomery remarked that the case was unusual from the lateness at which the fever appeared. During his present term at the Philadelphia Hospital, measures had been instituted to prevent the contact of septic matter with the parturient parts. A solution of corrosive sublimate, one to two thousand parts, was used to sponge the parts after placental delivery; and cloths saturated with the solution were kept in place by absorbent cotton, oil silk, and a tail bandage. There had been but three cases of septicæmia during the present quarter.

Dr. A. H. Smith said the local examination which the reader of the paper had very properly made solved the whole problem. Together with the symptoms, it showed the case to be one of pyæmic—not septicæmic—poisoning in a woman feeble and unable to resist the absorption of pus. Septicæmia cannot arise after all open surfaces have become purulent. The examination was valuable, and he thought it would be better if more care was generally exercised in this direction.

Dr. Philip M. Schiedt read a paper on the

Clinical Phenomena Following the Puerperal State in Two Cases.

In the first case he was suddenly summoned to the bedside of a woman aged about thirty-five, whom he found comatose, with undilated pupils, head drawn to left side and flexed on the chest, a clammy sweat on forehead, and imperceptible pulse. The heart-sounds were faintly detected, and the body and extremities warm. Restoratives and artificial respiration were without avail, and the patient soon expired.

The history of the case, subsequently ascertained from the family physician, was as follows: She had been delivered of a child, after a natural labor, two weeks previously, which was followed by a normal convalescence, unaccompanied by fever or offensiveness of the lochial discharge. Her babe was healthy, was regularly nursed by her, and she was doing so well that her physician had ceased his visits. On the morning of her death she felt unusually well, but about nine o'clock complained of some headache; vomited a little mucus; had a heavy chill; became unconscious; and was found by me in the condition described, which soon terminated in death.

The notes were presented to the Society for the purpose of obtaining the opinions of its members as to the cause of death, the writer expressing a belief in its cardiac origin.

The other case was one of temporary blindness following labor. After a perfectly natural labor, three hours in duration, the mother failed to see her child when presented by the nurse. It was found that she was perfectly blind, and unresponsive to the candle test. She remained fully conscious and in possession of other senses. This continued three days, and was followed by gradual and complete recovery. During this time there was nothing otherwise abnormal in her condition. There was no œdema, therefore no examination of the urine was made. Previous to confinement she had been well able to attend to her duties.

Dr. L. Brewer Hall, in discussing the second case, said the most plausible explanation of such

rapidly-disappearing blindness was œdema, giving rise to choked disc. The cases reported have not been properly examined by an ophthalmologist, an omission frequently inexcusable. Some cases do not get well, and then we find an atrophy of the optic nerve. He had seen quite a large number of hysterical cases, at times monocular, and such cases are easily diagnosed by feints and attempts to discover that they do see while off their guard. Some one should always be called in in these cases to make an ophthalmoscopic examination.

Dr. Albert H. Smith acknowledged the want of exact information, while the uræmic origin of such cases had been assumed.

Dr. G. Betton Massey denied the necessity of assuming that cases of hysterical blindness were mere malingerers. Such patients at times may be perfectly honest in their inability to see; the real condition being one of divorce between the volitional and intellectual powers of the mind.

Dr. E. E. Montgomery read a paper on

Tracheotomy in Croup and Diphtheria,

based on an experience of twelve cases, one of which, a case of diphtheria, had recovered and was exhibited to the Society. Five of the operations were for diphtheria, the remainder for croup. In all, the operation was one of last resort, and the series teach the importance of early operation. Death occurred most frequently between the third and fouth days: one died in fifteen hours; a second in thirty-six hours; and another on the ninth day. In the successful case the canula, owing to laryngeal spasm, remained until the twenty-fourth day.

In operating, he gives chloroform, and avoids hemorrhage by transfixing a fold of the skin, held by himself and assistant, making an incision one inch long, completing the dissection to the trachea by the forceps and grooved director. After opening the trachea care is observed to remove all membrane previous to insertion of canula. After treatment consists in attention to tube, keeping several thicknesses of tarletan wet with hot carbolized water over it. The temperature of the room is maintained at between 75° and 80° F., and stimulants and good food given, together with quinia, tincture ferri chlorid. and corrosive sublimate—the latter in frequently repeated doses. The attempt is made to dispense with the tube from the fifth to the eighth day, but it should not be removed until respiration *per vias naturalis* is fully established. From these cases he draws the following conclusions:

1. That tracheotomy is justifiable in diphtheria as well as croup.

2. That it should be performed in croup when it is evident that drugs do not control the progress of the disease, particularly when there is depression of the lower end of the sternum during inspiration; in diphtheria, with the advent of suffocating symptoms.

3. That in the performance of the operation, the knife should only be used to incise the skin and trachea, the intervening tissue being torn by director and forceps.

4. That the subsequent use of proper drugs will promote a favorable result.

Dr. Collins recalled several flattering cases which in a few days showed crape on the door. He doubted the propriety of anæsthesia, but thought the operation justifiable, if only as a means of easing death.

Dr. Wm. H. Parish said this operation, which was one of the easiest in performance, should be resorted to whenever the symptoms were of such a character as to show impending suffocation. To determine this requires no little judgment, and he recalled a case of recovery without operation, where both himself and Dr. Allis agreed it should be performed. He treats diphtheria by large doses of chlorate of potassium and iron.

Dr. W. H. Warder, in discussing the treatment of diphtheria, thought the chloride of potash and tr. ferri chlorid. most successful in ordinary cases. In more malignant ones he had resorted to calomel in five-grain doses. In a case which Dr. Pepper had seen with him, the latter advised a continuance of this plan for forty-eight hours. At the end of this time forty grains had been taken; a large and offensive evacuation followed, and the child recovered. He did not think such large doses usually necessary, however. Much of the calomel passed without other change than oxidation.

June 27, 1884. The President, Dr. Henry Beates, Jr., in the chair.

Dr. G. Betton Massey read a paper on

Traumatic Sciatica and Its Relation to Hip Injuries.

Details of six cases were related, in the majority of which the sciatica had been overlooked, while attention was directed to a search for osseous injury. In the first case he was called in consultation to see an aged gentleman who had fallen on an icy spot of pavement eleven days previously. In falling, he struck heavily on the left hip, and it was with difficulty that he arose and walked home—a distance of four and a half blocks. His family doctor, a prominent physician and an expert diagnostician, when called in searched diligently for fracture, but could find none—notwithstanding the evident helplessness of the limb and the attacks of excruciating pain, that was made worse by movement. At the time he was called in, the physician had about concluded that the pain must be imaginary.

On examination, the absence of any kind of fracture was apparent. The patient could lift the limb but a few inches from the bed. He was suffering from continuous and severe pain, felt most at points corresponding to the sacro-iliac notch of the affected side, the rear of the head of the fibula, and the rear of the external malleolus. The pain was aggravated by any movement, but especially by flexion of the thigh and extension of the leg. It was clearly a case of sciatica caused by contusion of the nerve in falling.

At the request of the medical attendant, the reader of the paper joined him in the care of the case and applied the continuous descending galvanic current to the affected nerve, ending each sitting with a series of muscle-contracting interruptions of the current; great gentleness being required at first to avoid aggravating the pain temporarily. Good effect was manifest after the first visit, and eleven applications sufficed to establish a complete cure—recent careful inspection failing to detect either awkwardness of gait or atrophy of the posterior muscles.

Case 2 was that of a German woman aged 73. On the 15th of January, 1883, she fell on the ice, fracturing the neck of the femur, outside the capsular ligament. After being totally neglected for two weeks, a member of the family asked the reader of the paper to take charge of the case. He found the limb one and a quarter inches shorter than its fellow, and greatly everted. At the seat of injury the great trochanter was lost in an abundant deposit of callus. No crepitus could be found. Great pain existed throughout the distribution of the large sciatic nerve, being especially felt in the peroneal and posterior tibial branches. Considering the age of the patient and the attempt at union already made by unaided nature, it was deemed unwise to interfere with the broken bone, so remedial efforts were entirely directed towards the relief of the sciatica. A series of blisters were directed; chloroform injections made; various stimulating and anodyne liniments applied, together with the internal administration of opiates and sedatives; but he felt bound to say the case seemed slowly to improve without being affected by any of these remedies. Electricity was not used, as the patient was too far from the office to make it possible to apply it with sufficient frequency, and the friends declined to have her removed to a hospital. The pain continued over a year in gradually-decreasing severity; and though the patient has now been able to walk with crutches for some months, there is much atrophy of the muscles supplied by this nerve.

The remaining four cases were selected from the large number of cases of sciatica treated by the writer at the electric clinics of the Orthopædic Hospital and Infirmary for Nervous Diseases.

Case 3. A healthy hod-carrier was sent from Dr. Wharton Sinkler's clinic, November 16, 1881. Seven weeks before, while carrying his usual burden up a ladder, the right foot slipped on a stick and threw the thigh into extreme flexion. He immediately felt an acute pain at the point of emergence of the sciatic, and following that nerve down the thigh into the perineal. It was sharp and pricking in character, and had remained continuously present since the accident, being worse at night. He was unable to walk more than a block at a time, and presented a gait markedly characteristic of sciatica. No atrophy was found. He was placed upon static electricity, positive sparks being drawn from the painful points and course of the nerve. After the fifth application it is noted that he was much better; after the twelfth, that he walks three miles to the hospital, and after the twenty-second application he was discharged cured.

Case 4. A carpenter, aged 68, was sent from Dr. Sinkler's clinic September 29, 1880. A healthy man eight months before admission, he fell on the ice, striking the right hip. He was compelled to remain in bed six weeks, suffering from pain in the region of the small and great sciatics. His physician was uncertain whether fracture was present or not. On examination, the gluteal and flexor muscles of right leg were found much atrophied. He complained of great pain in the course of right sciatic to knee, and also in the distribution of the external peroneal. At times felt some pain in left leg. He was placed on the constant galvanic current thrice weekly. At the end of forty-two applications he is noted as entirely well.

Case 5. A man, aged 40, was sent from Dr. S. Weir Mitchell's clinic, May 6, 1881. Four months before he had fallen and dislocated his right hip. This was reduced shortly afterwards, and he remained in hospital eleven weeks, during which time, and up to his appearance at the clinic, he suffered from much pain throughout the sciatic distribution of that side. There was considerable atrophy of the buttock and limb—a difference of one and a quarter inches being found six inches below the trochanters. He was placed upon five-grain doses of potass. iodid. and the constant current thrice weekly. After thirty-five applications of the battery and considerable quantities of the iodide, it was found that the pain had ceased, but that some atrophy remained.

Case 6. A porter, aged 39, was sent from Dr. Mitchell's clinic, June 30, 1881. Fifteen months before, he had been crushed between a platform and a moving car, fracturing the pelvis on the right side. At his first appearance at the clinic some crepitus was still present, and there was two inches shortening of the right leg. He complained of much pain in the region of the sciatic nerve of the right side, which was increased by motion and exercise. He had been blistered, and was taking 5-grain doses of the iodide, when sent to the electrical clinic. After twelve applications of galvanism, with some benefit, the summer vacation compelled a discontinuance, and he did not reappear in the autumn.

The obvious conclusions to be drawn from these cases were stated as follows:

1. Surgeons called to cases of hip contusion or suspected fracture should not fail to search for evidences of injury to the delicate nervous structures here situated.

2. If such evidences of nerve injury are found, prompt and energetic measures of relief are indicated, the importance of which is emphasized by the complete and rapid recovery of the two cases which were treated early.

3. Of the four remaining cases, one was distinctly benefited and two cured by more or less long-continued (one to five months) galvanic treatment. The fourth did not receive galvanic treatment, and was fully a year in duration.

Dr. E. E. Montgomery inquired how many cells had been used in the treatment. He thought that, considering the usual obstinacy of the class to which the cases related belonged, due to the inflammation of the sheath of the nerve, the treatment had been satisfactory.

Dr. L. Brewer Hall related the details of a case similar to those described, which had been caused in a lady by a fall from horseback, alighting on the seat. The pelvis was fractured, and a long-continued sciatica supervened.

Dr. Massey, in closing the discussion, said that the number of cells used varied from twenty or thirty to fifty, the kind being the gravity cell, which, owing to great internal resistance and the nature of the elements used, did not furnish as much current per cell as the zinc and carbon batteries charged with acid. The number used was largely regulated by the varying resistance of the skins of different individuals, some

skins permitting a free flow of the current, while others presented an almost insurmountable obstacle. It is to be regretted that the inventors have not as yet presented us with an instrument that will conveniently inform the operator of the true amount of electricity passing at a given moment. An approximation, however, to accurate dosage, may be made by including a galvanometer in the circuit, or even by observing the sensations of the patient. Since the date of these cases he had used the static form of electricity in many cases of ordinary sciatica, and found it at times equally efficacious as galvanism, as well as more convenient.

Dr. Du Bois called attention to the value of *Bals. Peru.* as an application for *fissured nipples.* It should be applied after nursing about four times daily.

Dr. Hall, on behalf of the committee on microscopy, presented an improved clinical microscope, which combined all the features of a clinical with those of an ordinary table stand.

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Editorial Department.

Periscope.

Some Observations on the Ætiology of Diphtheria.

Dr. H. Franklin Parsons thus writes in the *London Med. Times,* June 14, 1884:

Diphtheria, though the name is modern, has been known from early times. Until the middle of the present century it had, however, for nearly 100 years, been met with in this country only in the form of sporadic cases and limited outbreaks. Appearing in several parts of the country in 1855, the disease rapidly increased until, in 1859, it caused a mortality of 53 per 100,000. The death-rate then declined, with the exception of a second lesser rise in 1863, to 12 per 100,000 in 1867, about which figure it has kept constant ever since, latterly showing a tendency to rise.

A diagram was exhibited in which the curve of the death-rate from diphtheria during the past 30 years was shown, and compared with those from scarlet fever and "fever," both of which, after large fluctuations in the first half of the period, had steadily declined in the second half, doubtless owing to the operation of the Public Health Acts, and the growth of public opinion as to the importance of preventive precautions.

The Registrar-General's remarks were quoted as to the probably large number of deaths from diphtheria which are returned under the headings of "croup" and "quinsy." The mortality from diphtheria, like that from scarlet fever, is greatest in the fourth quarter of the year, and between the ages of one and five; but, unlike scarlet fever, it is more fatal to females than to males, and in rural districts than in towns. These points were illustrated by tables. Of the modes in which diphtheria may be supposed to originate, infection from a previous case is, perhaps, the only one which is certainly established. Examples taken from the author's experience were adduced.

The susceptibility of the disease varies greatly among different people, often being great in particular families. The disease is infectious in an early stage, before its characters are pronounced, and also after apparent recovery. The infection also attaches itself with persistence to houses, and may be conveyed by persons living in an infected air, who have not themselves suffered from the disease. The attendance of children at school is a frequent means by which the disease is spread, and there is reason to believe that it may be propagated from cases of sore throat of a mild character, such as frequently are prevalent at the time of diphtheria outbreaks, but which do not themselves present the typical features of the disease.

The infectious nature of the disease is also shown by the good effects which have followed well-considered and carefully executed measures of isolation and disinfection. Cases were quoted showing the length of the incubation period to be from two to five days. The hypotheses of the conveyance of the infection by the wind and by milk were touched upon.

Granting the infectious nature of diphtheria, and the difficulties in the way of tracking it, arising from latent causes, etc., it must still be admitted that it is frequent—more so than with small-pox or scarlet fever—to meet with outbreaks which cannot be traced to an antecedent case; and hence it is probable that the disease may arise *de novo.*

Diphtheria and scarlet fever are often associated, and the one disease has often appeared to have been contracted from the other.

Instances from the author's experience were given, and the nature of the connection between the two diseases was discussed.

The one disease is not protective against the other, nor is one attack of diphtheria protective against another. Diphtheria, moreover, may arise as an intercurrent affection in the course of other diseases, as measles, enteric fever, and erysipelas.

It would seem, therefore, that diphtheria should be classed in an intermediate position between the specific zymotics and the common inflammatory diseases; like erysipelas and puerperal fever, which may arise otherwise than from specific infection, but which propagate themselves readily by infection under appropriate conditions.

It is known that diphtheria can be imparted to the lower animals; but are there not diseases of the lower animals differing in appearance from

diphtheria, which may be capable of giving rise to that disease in the human subject? This question, still unsolved, is of especial importance in reference to milk; a number of outbreaks of diphtheria having been observed to follow the distribution of a particular supply of milk, though no opportunity for contamination with specific infection could be traced.

"Garget," suggested by Mr. Power, in reference on the Kilburn epidemic, in 1878, and "foot and mouth disease," were referred to.

Many authorities consider diphtheria to occur most frequently on a wet retentive soil; others that it occurs indifferently on soils of various nature. Some consider it to prefer low, damp situations; others, high, bleak, exposed sites. The author had not been able to attribute influence to any particular soil or situation, having met with the disease on clay, sand, limestone, on high chalk downs, and in the fens.

Can diphtheria be caused or propagated by unsanitary conditions? Judging from statistics it cannot, for the death-rate from the disease is higher in healthy rural districts than in the most unhealthy towns; nor has it fallen, like that of fever, in consequence of the sanitary amelioration of recent years.

On the other hand, in practice it is often found that unsanitary conditions are present in houses in which diphtheria has broken out, and the author had an impression that unsanitary conditions, such as the inhalation of drain air and fœtid effluvia, overcrowding and dampness, were not without influence upon the occurrence and course of the disease.

The cause of the disease had at different times been sought for in various low vegetable organisms, as fungi—especially the oidium albicans. More recently Oertel and other German observers had found a micrococcus abundantly developed in the affected mucous membrane.

It seemed probable that the immediate cause of the disease would ultimately be found to be some low organism, which, while capable of passing its existence outside the human body, and perhaps habitually doing so, could nevertheless, under certain circumstances, take on a parasitic habit, and acquire toxic properties.

Ruptured Urethra.

Dr. M. J. Gardiner reports this interesting case in the *Edinburgh Med. Jour.*, May, 1884:

William C., aged 19, engine-cleaner, was admitted to Ward XII., 10th January, complaining of pain about the abdomen. His friends stated that he had been squeezed that morning between an engine and wagon, and pointed to the pelvis as the part injured. On examination, patient was seen to be in a state of collapse, cold sweat upon the brow, breathing rapid and entirely thoracic. Locally, blood was issuing from the penis, and he was stated to have passed no water since the accident. Fractured pelvis and ruptured urethra were diagnosed. There was no swelling of scrotum or surrounding tissues. An attempt was made forthwith to pass a catheter. For some distance it passed all right, but just at the triangular ligament the joint was felt on a sudden to leave the middle line and pass into what seemed a cavity filled with some soft solid. Immediately blood, fluid and clotted, to the extent of about 2 oz., poured out. The catheter, however, did not enter the bladder, and further manipulation producing no better results, it was withdrawn. The urethra, then, was clearly ruptured, but whether the bladder was hurt or not was still undecided. Aspiration supra-pubically was next attempted, but owing to some defect in the mechanism, failed. A second attempt was then made to pass a catheter, and this time the very first trial succeeded. About 20 oz. of *clear* urine were drawn off. The catheter, a No. 12, was tied in, and the patient made comfortable in bed, hot fomentations being applied to the abdomen. At night the temperature was 100° F., and the patient slept well after taking 30 m. liq. morph. It was noticed, however, that the respirations were very rapid, and, on examination of the chest, the heart was found displaced to the right, and the right lung diagnosed to be consolidated throughout, with breaking down at the apex. What had been an anxious case before was now deemed to be almost hopeless. The catheter was left in for four days and then withdrawn, the urine being clear and free from blood all that time. After withdrawal the urine was at times clear, at times mixed with blood. Occasionally the urethra became blocked, but the introduction of a silver instrument always remedied matters, displacing the occluding cause, which was generally a clot of blood.

For some days patient rallied, but a temperature constantly above 100°, with profuse night-sweats and cough, gave no great hope of recovery. On the 24th a swelling was noticed in the left iliac region. This was aspirated, and a quantity of decomposing blood drawn off. Pus also now began to pass in the urine, and on the 30th patient died.

Post-mortem examination of the parts concerned showed—

Thorax.—Heart flabby and drawn to the right. Left lung healthy; right collapsed, consolidated. Bronchi full of muco-purulent material; the tissue at the apex breaking down.

Abdomen.—Omentum black and disorganized. Peritoneum black, but no active peritonitis. Cavity full of pus. Urethra ruptured; the neck of the bladder and parts around in a state of acute inflammation and sloughing. A special dissection was made of the urethra, and disclosed the penile portion and tissues around practically normal, with the exception that on the under surface, about $2\frac{1}{4}$ inches from the meatus urinarius, there was a longitudinal opening in the urethra, the length of which (by tape measurement) was five-eighths of an inch. Behind this the corpus spongiosum could be traced backwards to the posterior portion of the bulb. Here the urethra had been completely torn across, and at the seat of rupture there had evidently been a large cavity in the cellular tissue, the walls of which were in a sloughing condition. This sloughing action affected also the membranous and prostatic urethra, extending to the rectum and up into the pelvis. The mucous membrane of the bladder was normal.

Treatment of Fractures of the Skull.

Dr. J. T. Stewart thus writes in the *Peoria Med. Mo.*, May, 1884:

The importance of this subject cannot be readily over-estimated. No other fractures bear any comparison unless it may be those of the spine. The far-reaching consequences, the dreadful effects which are liable to result, even after years of comparative health, throw a fearful responsibilty on the surgeon. If it were only a matter of life and death, it would not be so bad. An error of judgment leading to an error in practice, may, and is, very apt to entail a life of misery—epilepsy, insanity, idiocy, any of which is more to be dreaded than death.

The treatment of these fractures was pretty well established by the older surgeons, and there was a fair degree of unanimity in the profession; but of late a portion of our surgeons have drifted away from the sound teachings of the fathers in surgery. These teachings were established, were the results of much observation and long experience of the finest surgeons the world ever produced.

The improvements in this case are like many of our modern improvements, in the wrong direction.

These fractures may be any form or size. They may be simple, compound, or comminuted. In any of them, in case there is no depression of bone, immediate operative measures are uncalled for and wrong; but if symptoms of compression of the brain come on and are at all persistent, then trephining becomes necessary, for that is pretty sure evidence of depression of the inner table, or at least of effusion on the dura mäter, which would be relieved by the operation.

In all cases where there is any considerable depression, whether it be a simple or compound fracture, whether there are any symptoms of compression of the brain or not, the only true practice is to elevate the depressed bone. It was to call attention to this most important thing, and obtain the views of the members, that I brought this subject to your notice to-night. There are many points of interest which we might discuss with profit for hours, but this is the great overshadowing practical question. When we are called to attend a fractured skull, shall we trephine or not? It is interesting and important to study the various kinds of fractures, the relative danger in the different regions, etc.; but compared with the vital question in a certain case, shall we elevate the depressed bone or trust the case to nature, as some advise? they are of little importance. I admit I was led to believe the conservative plan was best in almost all cases, and practiced it; but gentlemen, I have seen enough of the results of this practice to convince me it was a fatal error. I have yet to see the first man who had any considerable depression which was not corrected at the time, who, ten years after, did not suffer serious trouble from it; and some of them have become such wrecks it would have been a mercy to them and their friends if they had died when first injured. I know the line of duty is not always clear. There are cases which will perplex the wisest and most experienced surgeons. I would rather err on the side of trephining when it is not necessary than to fail to trephine in any case in which time afterwards revealed the fact that it ought to have been done. You may say, in these cases, trephine then. After a few months or years have have passed the bones become solid, and it is rare that the operation will then do any good. If there should be a spicula of bone growing down into the brain, and you can strike it and remove it, the operation would be a success; but they are the exceptional cases where this can be done.

The operation itself, if properly done, is not a very dangerous one, and then again there are many cases where Hay's saw can be used so as to make an opening large enough to admit an elevator.

The dangers of this operation have been exaggerated, and the value of it has been underrated.

Extraordinary and Probably Unique Case of Stone in the Bladder.

Dr. Alex. Patterson reports this case in the *Glasgow Med. Jour.*, June, 1884:

J. B., a retired draper, was born in the year 1828, and in his youth was a factory operative. In 1845, when at the age of 17, he fell down the well of a hoist, alighting with his legs astride an iron bar, sustaining a double fracture of the left leg, also rupture of urethra and laceration of the perineum. Through the opening in the perineum, as well as by the urethra, blood passed for a period of two weeks. Two attempts at closure of the perineal fistula were ineffectually made, and the urine continued to dribble without ceasing, compelling B. to resort to padding his clothing for the purpose of absorbing the constantly escaping urine. Several medical men saw him, but as patient was much averse to any operative procedure, nothing was attempted, although patient was aware from the year 1852 of the presence of a calculus.

On the 14th of June, 1872, Dr. G. W. was called to see patient, who was then complaining of pain in the bladder, for the relief of which sedatives were prescribed. On the 25th of the same month he was seen again, when nothing abnormal was noticeable beyond the sinus in the perineum.

On the 9th of the following month (July), Dr. W. was sent for again, when the sinus was seen to be considerably enlarged, and the patient requested the doctor to introduce his finger through the fistula, and he would feel the stone. On passing his finger through the opening, the doctor at once felt the calculus, but his finger entered a large irregular cavity in the stone, and the patient explained the presence of this by saying that he had introduced a chisel, with which he attempted to break up the mass, and had managed in this way to remove about *one ounce*.

The doctor started home for forceps, with which to remove the stone, but during his absence, whilst B. was walking about his room in great pain, the stone suddenly burst the perineum, and fell heavily on the floor, breaking into two pieces. When expelled it weighed nearly fourteen ounces and a half, which, taken with the portion removed by the chisel, makes fifteen ounces and a half, which is, so far as I can discover, about the heaviest stone on record in the annals of surgery

in which the patient recovered after its removal. The stone measured in the long circumference 10⅝ inches, and in the short circumference 8½ inches.

The lacerated perineum was dressed with carbolic oil, and on the 15th of July, six days from the date of expulsion of the stone, B. was going about collecting his rents, and performing his other duties. During the last two years of his life Dr. D. saw him occasionally. He passed his water with difficulty, and was fully convinced that there was another stone in the bladder. To corroborate this opinion, Dr. D. attempted to pass an instrument, but was unable to pass even a No. 1 into the bladder through either urethra or sinus. He died in December, 1883, at the age of 55, of an apoplectic attack, eleven years after the passage of the stone. In addition to the sinus, which never entirely closed, a cicatrix, three inches in length, existed in the perineum.

Scattered through the older surgical works are to be found some cases where the stone has been found of great size, yet, as showing how uncommon they are, I may refer to the wonderful table given in J. G. Cross's prize essay, written in 1833, where a most accurate detail is furnished of sixty years' lithotomy operations performed in the Norfolk and Norwich Hospital. The cases in all amounted to 504, and of that large number there were only nine stones above four ounces in weight, and only two above six ounces, and in the last the patients succumbed. There was not a single lithotomy in which the stone weighed seven ounces in the entire sixty years' operations; in fact, on the whole, there are only a few instances on record of a successful result where the stone exceeded seven or eight ounces.

Kefir.

We take the following, by Dr. Edward Kern Moskwa, from the *Pharmaceutical Record*, May 1, 1884:

Kefir has been known outside of Caucasus only two years. Now it is known in Russia and has spread through Europe. At present you will find kefir factories in all large cities in Europe. Two years ago nobody knew kefir but the mountaineers in Caucasus. They were told that Allah himself had given his children of Islam a panacea for their sicknesses. And they kept this gift to themselves, because kefir would lose its beneficent effect if the unbelievers came into possession of it.

The secret is out, and now the therapy has acquired what no other remedy could perform, and no other remedy can show such remarkable results or be more welcome by the profession.

Before I describe how kefir is made, I think it necessary to give information about the ferment. This consists in peculiarly-formed globules, which generally are called Dispora Caucasica (Zoogloza) and cells of yeast (Saccharacomices cerevisiae).

Dr. Podwysotsky, in Kief, makes kefir by using cow's milk or goat's milk at 30–40° C. To this he adds compressed yeast and a pinch of natr. bicarb. Prof. Smidt, in Moskwa, has proven how by this expedient the casein and albumen is changed to semi-albumen, which stands between albumen and pepsin.

The milk and yeast to be filled in clean, well-corked bottles, these to be kept in a temperature not over 15° R., well shaken every two hours, and in seventy-two hours the kefir is ready for use. It will then be quite freely effervescent. Dr. Dmitrieff Jalta recommends kefir made from boiled milk, especially for children. Dr. Podwysotsky, in Kief, prefers kefir made of skimmed milk for all sicknesses from weak stomach. Dr. Sadoven, in Kasan, claims to have made an important discovery. He declares the milk-sugar is converted into carbonic acid, alcohol, glycerine, and lactic acid.

Dr. Sadoven gives as a result of his experiments:

Casein	2.5670	grains.
Albumen	0.7480	"
Peptone	0.0222	"
Sugar	1.5376	"
Alcohol	1.5	"
Acid lactic	1.3500	"

Kefir is a nourishment, not a drug. Kefir is nutritive, restorative, alterative; nervousness subsides, the stomach performs its work, and the body feels the effect through renewed energy. Besides, kefir is expectorant, diuretic, and sudorific.

In all pectoral ailments, even chronic pneumonia, kefir will act wonderfully. Generally the fever and the cough will disappear in two or three weeks' time, the sleep will be more quiet and uninterrupted, and the appetite better.

For bronchitis there is not a better remedy. Kefir will show its effect almost instantly. All serious disturbances of the stomach will be benefited, and in most cases cured by kefir. Kefir is to be taken regularly. Commence with a wineglassful a day. Then a glass and a half, increasing to six or eight glasses a day. In summer time it may be raised until twenty to thirty glasses a day. The time for using kefir is generally six weeks.

In some cases kefir will act toward constipation, which is easily prevented by the use of common laxatives. Dr. Soboleff recommends for pneumonia 5 grains pepsinum to every bottle. Dr. Podwysotsky uses in cases of anæmia one or two grains ferri lact. and ten grains sacchar. alb.

The Treatment of Seborrhœa.

Dr. George H. Fox thus writes in the *Nashville Jour. Med. and Surg.*, June, 1884:

If the systemic conditions which predispose to seborrhœa were better understood, much might be accomplished by attention to diet and internal medication. In the present state of our knowledge we are forced to rely mainly upon external treatment. There are two objects to be kept in mind in the treatment of every case, viz., to soften, if necessary, and to remove the sebaceous secretion, and to stimulate the glands to healthy action. The first aim can be readily accomplished; the second sometimes proves to be a difficult task. In seborrhœa oleosa the frequent use of soap tends to keep the skin dry, but rarely effects a permanent change in its condition. After bathing the skin with soap and hot water, and carefully drying it, the application of precipitated sulphur, tannic acid, or some other astringent powder, is

usually beneficial. If there be a tendency for thin crusts to form over the affected surface, the following ointment, lightly applied by means of the finger, is preferable:

℞.	Washed sulphur,	8 parts.
	Balsam of Peru,	2 "
	Petrolatum,	40 "

M. In obstinate cases of seborrhœa of the nose, and these cases are generally obstinate, I have obtained the best results by having the patient rub the nose vigorously before going to bed with a soft linen rag wet with ether, and then apply the following lotion:

℞.	Sulphate of zinc,	3 parts.
	Sulphate of potassium,	3 "
	Alcohol,	10 "
	Rose water,	100 "

M. In dry seborrhœa of the scalp the crust may be readily removed by soaking it thoroughly at night with olive or almond oil, and shampooing the head in the morning with the officinal tincture of green soap. This will leave the scalp clean and natural in appearance, but a cessation of the treatment at this point will be speedily followed by a return of the crust. The patient must therefore be directed to shampoo the head twice every week, or oftener if it seems necessary, and to apply meanwhile some slightly stimulating ointment every night. Hyde recommends the following:

℞.	Oil of sweet almonds,	10 parts.
	Carbolic acid,	1 "
	Alcohol to	100 "
	Oil of bergamot,	q. s.

M. If this plan of treatment is carried out for a few weeks, the tendency to the return of the crust will usually cease. In the many cases where seborrhœa does not form a thick crust upon the scalp, but occurs in the form of dandruff with the falling of the hair, it is often necessary to prolong the treatment for several months.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——A convenient duodecimo of 166 pages, written by Dr. C. H. Leonard, has been published by the Illustrated Medical Journal Co., of Detroit, Michigan, on "Auscultation, Percussion, and Urinalysis" (price, $1.00). It is illustrated, and treats succinctly of physical diagnosis, the pulse, the sputa, the liver, spleen, and kidney, and the chemical and microscopical examination of the urine. Dr. Leonard is well known for his success in writing epitomes for the profession, and we do not doubt that his present venture will be equally successful with those that have preceded it.

——In a pamphlet entitled "Directions for the Antiseptic Treatment of Wounds, as Employed at Prof. Billroth's Clinic," written by Dr. Victor R. v. Hacker (published by Cupples, Upham & Co., Boston, price 50 cents), we have a very thorough exposition of the latest form of the German method of antisepsis. The principal agent employed is iodoform, which appears to have taken the place of carbolic acid in the fashion of surgery. The description of its employment is well worth perusal.

——A bulky pamphlet of nearly 400 pp., by Dr. Joseph Jones, gives an account of the quarantine and sanitary operations of the Board of Health of the State of Louisiana, between 1879 and 1884. It is closely printed, and full of information in reference to public hygiene. Dr. Jones is strongly in favor of a regular quarantine, and his arguments for it are sound and convincing.

——Dr. John S. Hough, of this city, has recently written an interesting essay entitled, "An Inquiry Concerning the Relative Influence of the Sex of the Fœtus in Utero on the Mental, Physical, Physiological, Pathological, and Developmental Condition of the Mother during Gestation, Lactation, and Subsequently." It is characterized by his usual erudition.

——Prof. J. S. Wight, M. D., of Brooklyn, in a recent reprint, urges that the proper treatment of criminals should be greatly mitigated, and made rather a matter of reformation and education than of punishment. It is our opinion that all such advice is foolish sentimentality, and has already been acted upon too far. Even now a brutal criminal is better cared for, better fed, and better clothed, than the majority of honest laborers. We already almost offer a premium for crime, and further urging in this direction is needless.

Solutions of Morphia for Hypodermic Use.

In the *Med. News*, February 10, 1884, we learn that Professor Hamburg finds morphine sulphate to be less prone to decomposition and to the formation of mycelia than the hydrochlorate and other salts, and therefore considers the sulphate best adapted for medicinal morphine solution. It should be dissolved in pure boiling distilled water, and the solution should be filtered through paper not previously moistened (Year Book of Pharmacy, 1882). Dr. Squibb has given us a *wrinkle* in the preparation of solutions of the alkaloids for such purposes as collyria and hypodermic injection. He says a few grains of salicylic acid in four ounces of water makes a solution in which alkaloids may be dissolved, and can be kept for years without the growth of fungi. The small amount of the acid used is without any physiological effect either when dropped in upon the eye or used subcutaneously.

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PATENT MEDICINE SUITS.

The vendors of patent medicines get into trouble frequently with each other, and their affairs are ventilated in court. These troubles are generally over the trademarks by which they label their wares, and a successful compound usually has many imitators trying to get into public favor through its popularity.

There was a case in the United States Supreme Court not long since by the manufacturers of what was called "Atwood's Quinine Physical Jaundice Bitters, Georgetown, Mass." It appeared that some persons in Portland, Maine, were imitating the concoction and also the label, and a suit was brought to prevent this.

On the trial it appeared that Atwood himself was dead, and that the medicine was not manufactured at Georgetown, Mass., but at New York, by the Manhattan Medicine Company. These statements were held by the court to be misleading to the public, and an injunction was refused against the Portland manufacturers, who were taking away the trade of the original makers. The ground of the decision was that any trademark must contain nothing but what was absolutely true, if it was desired to prevent outsiders from imitating it.

A still more recent case was that in a Maryland court, to prevent imitations being made and sold of the "Aromatic Bitters or Angostura Bitters, Prepared by Dr. Siegert, at Angostura, now Port Spain, Trinidad."

It was shown by the evidence that Dr. Siegert had never lived at Angostura, and had been dead some ten years. After his death, a firm was formed for the purpose of manufacturing his compound, and the place of business was changed to Port of Spain, but the statement was still kept on the labels that the medicine was manufactured by Dr. Siegert.

These statements were also held to be misleading and false, so that the aid of a court of equity would not be granted to prevent any imitations.

It would seem from these cases that the manufacturers of quack medicines and nostrums of

more or less vileness do not always have a perfectly easy time in gulling an unsuspecting public. Whenever a patent medicine gets a name and trade for itself, at once a host of imitations spring up, and suits are begun over the trademarks.

THE SPLEEN AND THE THYROID GLAND.

At the XIth Congress of the German Society for Surgery, Dr. Credé, of Dresden, presented a patient whose spleen he had removed about a year previously. The cause of the operation had been cystic degeneration of the spleen; the patient, æt. 44, had rapidly become convalescent, and he was introduced to the Congress as a perfectly healthy individual. Two months after the removal of the organ, Prof. Birch-Hirschfeld examined the blood of the patient, and found that the ratio of the white corpuscles to the red was as one to three. Five months later the blood was nearly normal. Credé reported that the most interesting observation that he had made on the patient had been the enlargement of the thyroid gland, occurring in the fourth week after the operation, and continuing until the middle of the fifth month, when the swelling decidedly diminished, but a small goitre being still observable. Credé obtained the following result from his investigations of the case. The function of the spleen consists in the metamorphosis of the white globules developing in the lymphatic system to red corpuscles, which latter, in the blood of spleenless animals, have been noted as being of diminished size.

Zesas, in his experiments, not only adhered to the same view, but he also proved that in cases of extirpation of the spleen, some other glandular organ had to assume the blood-making function of the spleen. His conclusions were these: When in a human being or in an animal the spleen is removed, leucocythæmia first develops itself. Then glandular enlargements ensue, and after a certain period one gland alone stays enlarged, while the blood slowly resumes the normal relationship of its blood corpuscles. Quoting Credé's case and some others published before and after it, Zesas believed the thyroid gland to be the organ which exerts the function of the spleen, when this is extirpated.

Recently, Dr. Tauber (*Allg. Med. Centr. Zeitung*, April 16, 1884,) has instituted a series of experiments. The result has been such that the assertions of Credé and Zesas are denied by Tauber, who has proven that in animals both the spleen and the thyroid gland may be extirpated without any other influence on the blood than that exerted by the removal of the spleen alone; that the thyroid gland does not assume the blood-making functions of the spleen, and that the latter can be considered only a reservoir for the blood.

THE SEAT OF HYSTERICAL APHONIA.

Those cases in which suddenly loss of voice developed itself, as for instance in cases of hysteria, and in which no lesion of the larynx can account for the symptom, have never been explained. It is possible that recent experiments by Krause (*Berl. Akad. Sitzb. Centralbl. f. d. Med. Miss.*, 15, 1884,) may bring us near the final solution of the question.

By electrical excitation of the anterior perpendicularly descending surface of the gyrus præfontalis in the dog, K. obtained, besides contractions of the anterior muscles of the neck and ascending of the larynx, motions of swallowing, lifting of the velum, contractions of the superior pharyngeal constrictor, of the posterior part of the back of the tongue and of the arch, and a partial or total closure of the glottis. Sometimes, when the electrodes were in a certain position, the vocal cords were in the so-called cadaver-position.

But when K. removed the cortical part of the gyrus præfontalis on both sides, some animals lost the faculty of barking, others succeeded in bringing forth only a kind of screeching sound, or powerless high tones, while it was apparent that they made use of a great amount of air and a great effort to produce even these sounds.

Of this gyrus fibres descend by the crus of the same side; in these, eight to eleven weeks after the operation, whole parts of axis cylinders and degeneration of others were noted. The tedumulus corporis mamillaris also appeared diminished

in size, and in the Vicq d'Azyr bundle of fibres, and still more in the root of the fornix, a divided loss of substance was observed in the fibres. These parts must therefore belong to the tract of fibres starting from the gyrus præfontalis and descending, reaching finally the larynx.

How the centre for the sound of the voice is deprived of function in cases of aphonia, cannot be easily explained, as in some animals even the destruction of the part still permits a sound to be uttered. But it is probable that anæmia, or otherwise the cutting off of the supply of blood to a certain extent, may cause the cessation of function.

SPASM OF THE SPLENIUS.

A lady suffered for a year from contracture of one splenius muscle. Cure was established by Dr. Adamkiewitz (*Wiener Med. Presse*, 48, 49, '83), with methodical faradization of the apparently healthy splenius muscle of the opposite side. The result demonstrated that the *apparently* healthy muscle was in fact the weaker, and the splenius muscle, which was *apparently* diseased, had simply disturbed the equilibrium by its normal contraction, not balanced by the healthy function of its partner on the other side.

We think that, if not in all, at least in most cases of long-continued muscular contracture (spasmodic contraction), it is not the contracted muscle which is the seat of the morbid lesion, but its antagonist, which is diseased, has become weaker, and thus gives rise to the increased abnormal contraction of the other healthy muscle. We have never seen any good result from the galvanization of a contracted muscle; but Benedict, whose experience was great in these complaints, always recommended the galvanization of the contracted *and* the faradization of the opposite muscle, giving as his reason for so doing, that faradization would irritate but more the hyperexcited muscle. But if it is true that galvanization has no effect in removing the apparently abnormal contraction, while faradization greatly increases the power of a weakened muscle; and if we adopt the theory that in all such cases the not-contracted weaker muscle on the other side is the one diseased, the whole at once becomes clear. Two muscles, one on each side, exert, we will say, a certain amount of traction. If one becomes diseased and weakened, giving no indication of its function, the other will appear to have doubled its action. Naturally in such a case, strengthening (faradization) of the weaker muscle will reestablish the equilibrium. These cases can at least not be otherwise explained. We would advise, therefore, in all cases of contracture of a muscle (as in torticollis), to leave the contracted muscle alone, and to faradize and otherwise strengthen its antagonist on the other side.

LET US HAVE THE TRUTH.

Now that an epidemic threatens our shores, it is timely to say a word in favor of truth-telling.

There is always a party who want to lie, and to persuade physicians and health officers to lie, about the existence or the severity of an epidemic disease in a city—their real motive is the meanest selfishness. Their asserted motive that it is unwise to alarm the public, etc.

In fact, every consideration of sound sanitary science, as well as morals, condemns the concealment of epidemic sickness or the falsification of reports about it. There is certain to be a public rumor about it, and this is certain to be exaggerated.

Let the public be taught confidence in the candor and the skill of its boards of health and sanitary authorities. Let there not be the slightest effort to obscure a diagnosis or to conceal a case. Private and commercial interests should count for nothing, as against scientific candor.

There is a fair prospect that this summer at least we shall not have a severe infliction of an epidemic. But should it appear, let the utmost publicity be given its march.

NOTES AND COMMENTS.

Bright's Disease of Malarial Origin.

Dr. I. E. Atkinson, of the University of Maryland, believing that this subject has not attracted

the attention it deserves, has been led to study with reference to it all cases of malarial fever coming under his observation during the late summer and early fall of the past two years, at Bayview Asylum, and the result he gives in an able and elaborate paper which appears in the July number of the *American Journal of the Medical Sciences*. The conclusions which he reaches are as follows:

1. Transitory albuminuria is not uncommon in the course of malarial fevers, and is due to the intense visceral congestions characteristic of these affections. It only may endure throughout the height of the congestion, recurring with each return of this, or it may persist in the intervals, in which event a higher grade of congestion is attained, more nearly approaching a condition of acute inflammation.

2. In a proportion of cases varying with locality and type of prevailing epidemic, or individual conditions, inflammation of the kidney occurs, accompanied by dropsy and the usual symptoms of nephritis.

3. The usual form of malarial nephritis is the tubal and diffuse variety. In this the inflammation seems to be most intense in the vicinity of the glomeruli.

4. Contracted kidney may occur as an advanced stage of malarial nephritis, either from long-continued or frequently repeated attacks of malarial fever, or from fibrotic changes such as may ultimately occur in ordinary tubal or diffuse nephritis. It is altogether improbable that this form of malarial renal disease ever occurs primarily as purely interstitial nephritis.

5. These changes may be induced by any form of malarial fever, though they more commonly follow chronic intermittent fever.

6. The tendency of malarial inflammation of the kidney is toward recovery. But from the persistence of the impaludism or the intensity of the inflammation, structural changes may be produced that are characteristic of chronic Bright's disease, when the gravity of the affection will be as that from chronic Bright's disease, from whatever cause.

7. Treatment should be directed primarily against the malarial intoxication, more especially in recent cases. A correction of this will often be followed by a complete, though often gradual, subsidence of the nephritis. Even in more chronic cases, the malarial factor in the process should definitely be destroyed if possible, after which the disease should be treated as ordinary Bright's disease.

Etherization by the Rectum.

Commenting on this newly-recommended procedure, the *London Medical Times*, May 24, 1884, says that Dr. Yversen's proposal to anæsthetize patients *per rectum* appears likely to have a future. It is claimed that the method is as safe, and as effectual, and not so unpleasant to the patient, as the ordinary method of inhalation. On Dr. Yversen's proposal, Mons. Mollière, of Lyons, tried it in various operations, and with so much success as to encourage the best hopes of its proving really useful. Since the publication of the method, other surgeons appear to have tried it, and in many instances with satisfactory results. The plan of administration is to connect an India-rubber tube with the ether bottle, and to the other extremity a vaginal nozzle is attached, which is introduced into the rectum. The bowels are thoroughly cleansed with a preliminary purge, and the rectum is emptied by an enema shortly before operation. When all is ready, the ether bottle is placed in hot water of 140° to 160° F., the temperature varying a little with the amount of ether vapor required: the heat of the water must be kept up. The time required to produce complete anæsthesia appears to vary from six to thirty minutes, and the amount of ether used from two to six ounces. The distension of the bowels with ether vapor appears not to cause any great discomfort: it is quickly absorbed, and can be detected in the patient's breath within a few minutes of the commencement of its exhibition. The period of excitement, which M. Mollière thought was not experienced, appears, however, to be present in many cases; and a fact also not noticed by him, is the occurrence of diarrhœa in a considerable proportion of cases. In one or two, the diarrhœa has been accompanied with the passage of blood, and in one child it is reported that death resulted on the day following the operation, after several large and bloody stools had occurred. It is well, therefore, that surgeons should be put on their guard. Doubtless, experience will soon teach whether the diarrhœa is accidental, or due possibly to the mode of administering the ether —perhaps, too, a too rapid distension of the bowel with the ether vapor may have to do with it. It must be remembered that the ether vapor once introduced into the intestines cannot be easily withdrawn; and until, therefore, its effects are better known, great caution must be used. The anæsthesia must be produced slowly, that is, the ether must not be placed in too hot water. We shall hope to receive reports as to its mode of action from those who try the method.

A Case of Left Inguinal Colotomy for Imperforate Rectum.

Dr. W. H. Haynes, of New York, records in the July number of the *American Journal of the Medical Sciences* an interesting case of inguinal colotomy. One procedure in the treatment we do not find discussed elsewhere in detail, namely, that of opening up a passage at the natural site for the canal, either simultaneously or subsequent to the operation of opening the gut. When the two operations are to be performed at the same time, the first or inguinal opening would be in the nature of an exploratory operation, and should be made small so as to admit of immediate closure and return to the peritoneal cavity, after a passage had been secured at the natural site. If this latter be not secured, then the opening could be enlarged and made to serve the purpose of an artificial anus in the abdominal wall. The advisability of this procedure, however, is at present in such a doubtful state, that only the experience of a number of operators can determine it. Of the few cases so far undertaken in this manner that Dr. Haynes can find recorded, his own is the only one that survived the second operation.

Dr. Haynes' single experience, though successful, does not lead him to advise this procedure, since the object of it will, during the early years of its life, be dependent on the exceedingly diligent and constant attentions of others whose affections and services, though the closest, are not to be depended on, as was demonstrated in his case. If the second operation be subsequent to the first, the patient will have a double annoyance, or be under the necessity of having a third operation performed by the closure of the opening first made, which is not unattended by danger to life, or by doubts as to the result; and perhaps be under the necessity of having to have it reopened, owing to neglect in the proper after-treatment of the new canal in the natural site. Whereas, if one is satisfied with having saved life in a manner which numerous cases testify is not unenjoyable or full of discomfort, as used to be maintained, all dangerous risks of subsequent operations are avoided, there will be no more dependence on others' services than is natural, and many sources of distress that natural flesh is heir to will be obviated.

The Treatment of Diphtheria.

Dr. J. W. Moore says that in his hands the following line of treatment, which he publishes in the *Med. Annals*, June 1, 1884, has been almost uniformly successful in the cases that he has treated during the past six months, the rate of mortality being two to thirty, these two dying from fibrinous tracheo-bronchitis. After attending to the hygienic necessities as far as possible, such as putting the patient in a well-ventilated room, the air of which is both warm and moist, with the temperature between 60° and 65° (assuming that we are able to put our patient in a comfortable room, as often we have to treat them as we find them), and thin patches of false membrane presenting themselves, with other concomitant symptoms, he gently sprays the throat with a weak solution of chlorine gas, made by the action of tr. chlor. iron on potassium chlorate, slowly adding water as the chlorine is given off. He then gives, according to age, from ten to fifteen drops of the tr. of iron every three hours in a little glycerine and water; good nourishing diet, such as milk, eggs, etc. On the second day, if the disease is not checked, he gives one drop of Lugol's solution of iodine, and a half drop of carbolic acid, in a little water and glycerine, every two hours, and increases the intervals of the iron to four or five hours. He also uses a direct application, discarding the spray, of a mixture of iodine, glycerine, and carbolic acid.

Tubercle-Bacilli in Tonsils.

About thirty years ago the observation was first made that children suffering from chronic tonsillitis or from other chronic enlarged glands of the neck are apt to become the victims of tubercular consumption of the lungs when they reach the twentieth year, or thereabouts. About ten or fifteen years ago a German surgeon first recommended the extirpation of these glands as a preventive of phthisis. He had made the observation that children, in whom such enlarged glands suppurated and thus died, were exempt from phthisis. And, indeed, statistics published only some two or three years ago, proved that children in whom the preventive operation had been made not only enjoyed later the best of health, but also ceased to be scrofulous.

We now have an explanation of the good results following the operation, and of the fact that children, in whom such glands suppurated of their own account, reached a high old age. Dr. F. Strassmann (*Virchow's Arch.*, 96, vol. ii., 1884,) has examined a number of such enlarged glands, and found them filled with tubercle bacilli. He besides proved, that in cases of tubercular phthisis of the lungs the tonsils also became the seat of the same disease, and he believes that the infection in such cases takes place by the saliva.

This gives us an explanation of another fact, viz., the common occurrence of "sore throat" and enlarged tonsils (due to which is the hawking of such patients) in tubercular patients.

The Heroic Use of Calomel in Diphtheria and Croup.

Since we have had occasion recently to refer to this method of treatment, it affords us pleasure to see the suggestion therein noted very strongly endorsed by Dr. J. P. Klinginsmith, of Blairsville, Pa., who writes about it to the *Med. Record*, July 12, 1882. The mercurial used in these cases was the English calomel, and was given by filling a teaspoon half full of cold water, then dropping the medicine upon it, after which it was placed well back in the mouth of the patient. The calomel purges, but not to excess, causing simply free and copious evacuations of a greenish appearance. He has never known ptyalism to occur in a single case. His experience with this plan of treatment is based upon three cases of his own, besides a number occurring in the practice of other physicians. He believes that with a faithful and proper administration of the remedy in question, disintegration and separation of the membranes will be facilitated, as well as relief afforded to allay the spasmodic character of the disease.

In this connection it will be interesting to note that Dr. Hanks reports to the New York Obstetrical Society that he has for two years been employing minute doses of corrosive sublimate internally in the treatment of diphtheria in children, and believes that he has obtained better results thereby than by the use of any other medicine.

Universal Erythema After the Use of Sublimate-Gauze.

As an antiseptic dressing, especially in Germany, gauze saturated with a corrosive sublimate solution ($\frac{1}{1000}$) is now employed to a great extent. Dr .Reichel, who has often noticed local irritation follow the application, reports in the last number of the *Berl. Klin. Woch.* the following case:

A baker, æt. 22, had, on account of left genu valgum, osteotomy performed. The leg was bandaged up from the ankle to the groin with sublimate-gauze. Five days later, a burning sensation set in, which so increased that on the ninth day the dressing had to be removed. An intense, papulo-vesicular eczema was found, and this was complicated by a general erythema, covering the whole body save the face and neck. The sublimate-gauze was exchanged with salicylic-dressing, and no further attention paid to the erythema, which disappeared within a few days.

Local eczema is not rare, but such general irritation of the whole skin has never been observed from the application of sublimate-gauze.

Examination of the Air for Microzymes.

For this purpose, Dr. Hesse, of the German Imperial Board of Health, recommends the following procedure: A fine glass tube, which at its upper end has a fine opening, and which at its lower end can be closed by a sterilized cotton-stopper, is first exposed to a sufficient heat to insure its sterility. Then sufficient aseptic gelatine is poured into the glass tube to slightly cover the inner side. The air to be examined is drawn (from a room, the open air, or anywhere) by an aspirator, and slowly blown by the same instrument through the fine opening on top of the tube, the air slowly passing out at the lower end, where a fine opening is left in the cotton-stopper. The passage of the air through the tube causes a deposit of its microzymes on the gelatine-coated inner surface of the tube, which is then closed. Later, a microscopical examination, if necessary, controlled by pure-cultures, demonstrates the varieties of microzymes present in the examined air. The procedure is very simple, care only having to be taken that every implement used is aseptic, and that no other air can enter the tube, which can, however, be easily prevented.

Stretching the Spinal Cord.

From a foreign exchange we learn that Prof. Hegar has recently read a paper at Freiberg in which he advocates stretching the spinal cord. Our readers will be glad to hear that the operation does not consist in opening the spinal canal and directly stretching the spinal medulla. But Dr. Hegar has found that when the spine is very much bent the cord is actually lengthened. His mode of procedure is to place the patient on his back, and then, with the knees kept carefully straight, the lower limbs are bent up towards the chin as far as possible. In this way the great sciatic nerves are put on the stretch, and this, as well as the over-bending of the spine, stretches the lower end of the cord. The cases for which Dr. Hegar recommends this treatment are those of women who suffer from pelvic pain, and of nervous phenomena referable to the branches springing from the lumbar enlargement of the cord. Already the treatment has been employed in a few instances, and, it is stated, with success.

Extirpation of the Clitoris.

Though of late somewhat come into discredit, the following case of Engelman shows the advantage, as occasionally met with, of clitoridectomy:

A woman, æt. 52, suffered during the climacterium from the following symptoms: Pruritus vulvæ et vaginæ, sensation of congestive flow of blood from the external genitals to the spine and the occiput; profuse sweats, disturbances of the stomach, icterus, vomiting. Besides these symptoms, which were permanently present, the patient also complained at times of hyperæsthesia of the genitals, tremor, vertigo, headache, insomnia, inability to work, and *tædium vitæ*.

Vulva and vagina being hyperæmic, carunculæ myrtiformes congested, labia minora and clitoris hypertrophied, and the least touch of the clitoris causing a seizure and aggravation of all symptoms, and the urethra being the seat of very painful carunculæ, Dr. Engelman partially extirpated the clitoris and destroyed the caruncles. An immediate and great improvement set in, and thus encouraged, E. totally extirpated the clitoris and the hypertrophied labia minora. The result was excellent. No untoward symptom followed the operation, and every indication of disturbed health ceased. Six months later, the patient had no complaint whatever, and enjoyed the very best of health. Masturbation generally prevents the good results of the operation, and is the cause of all relapses. (*Allg. Deut. Med. Centr. Z.*, 520 p., 1884.)

Neuralgia in Diabetes.

Besides the usual forms of neuralgia, which are met with in diabetes, peculiar neuralgic pains often set in, which seem to stand in intimate connection with the malady in question. Worms, Berger, Raymond, and others, have specially inquired into these neuralgias, and they had come to the conclusion that the quantity of sugar excreted bore a direct relation to these pains. Cormillion (*Journ. de Méd. de Paris*, 13, 1884,) has recently again taken up the subject, and from a large number of observations he makes the deduction that while these neuralgias doubtless become worse with every aggravation of the diabetes, and improve with every amelioration of the original disease, the quantity of sugar excreted has little influence in that respect, but it is the general condition of the patient, which, in diabetes as well as in other maladies, decides the degree of severity in the complications.

The neuralgias of diabetes have the peculiarity of always being symmetrical. Of twenty-two cases, eighteen happened on both sides. Most frequently the sciatic nerves suffer. There is no special treatment necessary, as the general treatment, which influences the diabetes, also improves the neuralgia.

The Water-Cure in Diphtheria.

Dr. Gasparini (*Gazz. Med. Ital. Lomb.*, February 16, 1884,) accepts Morell Mackenzie's definition of diphtheria, and looks upon it as an acute infectious general disease, with a tendency to the production of certain local manifestations. His treatment consists in wrapping the patient in a cold wet sheet, repeating the packing three or four times a day, according to the height of the fever. Cold compresses are to be kept continually to the throat. He also uses gargles of the alkaline sulphites, carbolic acid, etc., as disinfectants, never caustics. In 1875 six cases were thus treated; all recovered, the disease lasting from five to eleven days. In 1879 seven cases recovered under the same treatment, the average duration of the disease being ten days. This treatment is well borne, and the patients like it; its antipyretic action is marked, though transitory. Stimulants are at the same time to be freely administered. The duration of the disease is not influenced; but convalescence is shortened and the strength is more quickly recovered.

Nephritis and Varicella.

Chicken-pox is usually considered a very mild disease. Text-books say that occasionally death takes place by that disease, but the cause has never been explained. The celebrated authority on diseases of children, Prof. Henoch, in Berlin, has discovered that nephritis occasionally complicates varicella. (*Berl. Klin. Woch.*, 1884, 2.) He observed in four children, eight to fourteen days after the beginning of the varicella, the development of acute nephritis. Three of the cases recovered, but the fourth died in consequence of rapidly-developing œdema of the lung. It shows that chicken-pox is not always the innocent disease which we believe it to be, and that we had better watch every case with the same care as we do in scarlatina. It may be safer near the end of the disease to examine daily the urine, as an early treatment of the dreaded complication will insure its favorable issue.

On Muscular Hypertrophy of the Stomach.

Concerning this rare condition of the stomach there appears to be but little known, and it is not

generally mentioned by writers on diseases of this organ; therefore the careful report of a case by Drs. Alex. Marcy, Jr., and J. P. Crozier Griffith, of Philadelphia, which appears in the *American Journal of the Medical Sciences* for July, 1884, has a special value. Unfortunately, the disease is rather of pathological than clinical interest, since there are no symptoms which are as yet known to be peculiar to it, and the treatment can only be palliative.

Solution of Iodoform for Injection in Acute or Chronic Blennorrhagia.

The *London Med. Record*, April 15, 1884, tells us that Campana gives the following formula:

℞.	Iodoform,	20 grammes.
	Carbolic acid,	0.10 to 0.20 grammes.
	Glycerine,	80 grammes.
	Distilled water,	20 grammes.

At first one injection only is to be used in the twenty-four hours; after three or four days, two injections daily. After about ten days, when the inflammatory symptoms have subsided, sulphate of zinc in mucilage and water is to be substituted for iodoform.

A Case in which Four Inches of the Shaft of the Femur were Lost by Necrosis, with Complete Recovery.

Dr. John Ferguson, of Toronto, reports this very interesting case in the July number of the *American Journal of the Medical Sciences*. Upon the removal of the sequestrum, which embraced the whole diameter of the femur, a thin shell of newly-formed bone was felt, and the steps of repair advanced until the femur was completely reformed without shortening. An expectant and tonic plan of treatment was adopted throughout.

Correspondence.

Dr. Hazlett's Case of "Facial Erysipelas," and its Maniacal Complications.

Eds. Med. and Surg. Reporter:

The practitioner who relates a given case and confesses his perplexity with reference to its features, and asks suggestions respecting their nature, deserves well of humanity and the respect of his brother practitioners: for it is through the rectification of error that truth is often established.

Dr. J. C. Hazlett, of Belle Vernon, Pa., gives a striking portrait of a case that occurred to him, with the treatment employed in it. With the same candor with which the doctor has submitted his case, I offer a few remarks concerning it. Of the original disease, not much need be said. Dr. Hazlett saw the patient, a lady in the very last period of gestation, at noon, on Saturday, March 1, "finding the face much swollen and inflamed, * * tongue heavily coated, throbbing headache. Temperature 101° F.; pulse 100." Let us see what the medical man gave her—"4 grs. of quinine s. every four hours"—equal to 24 grains per day; "also tr. aconite, fl. ext. belladonna, āā gtt. j., per hour"—equal to 24 drops of tinct. aconite and 24 drops fluid extract of belladonna per day. It is not stated whether these liquids represented the leaves or the root of the drugs, the prescriber probably not having read the following caution, under tinct. aconiti radicis, in the thirteenth edition of U. S. Dispensatory, "that physicians should be careful, in prescribing either of the tinctures of aconite, to give the whole name of the one they intend, as otherwise serious consequences may ensue."

The record continues: "Sunday, March 2, 3 a. m., a good-sized boy had been born about one hour." The doctor did what was needed for the patient's comfort and well-being; and, "continued the same treatment as the day before." He had "found temperature normal, pulse 100, patient free from pain and resting easy"—a condition which would suggest little treatment. Record continues: "Saw patient at 5 p. m. Temperature 100½°, pulse 100; appetite good. Continued quinia sulph., 4 grs. every four hours" (24 grs. per day). * * * "Continued aconite and belladonna every hour or two" (12 to 24 drops each per diem).

"Monday, March 3, 7 o'clock a. m. Temperature 101⅘°, pulse 100. Continued treatment of the day before, and saw her again at 5 o'clock p. m., and found temperature 102⅘°, pulse 100, appetite good, swelling and flush beginning to fade and pass away.

"Tuesday, March 4, 11 o'clock a. m. Temperature 102⅗°, pulse 96; 5 p. m., temperature 104⅕°, pulse 86, appetite good, but *complains a little of dryness of the throat.*

"March 5, 9 o'clock a. m. Temperature 99½°, pulse 80. Erysipelas entirely gone; *throat still dry, pupils a little dilated.*"

Nothing is said of the treatment of Tuesday, March 4, but we may fairly infer that it was the same as on the preceding days. At this time, March 5, a consultation is held, and the record says: "We stopped all active treatment, and gave quinia sulph., grains iv. every six hours" (16 grains per day).

"At this time my patient began to talk a little incoherently, but was not stupid, and recognized any one on going to her bed. Saw her again at 5 o'clock p. m. Temperature 99⅘°, pulse 80; *mouth still dry;* inclines to talk, also to look and listen as if for some one calling; then will speak to some imaginary person on the bed, or at the foot of the bed, or call to some of the children that are in danger, or in mischief, sometimes kindly, but generally in great earnest."

"Thursday March 6. Was called at 5 o'clock a. m. Patient much worse. *Temperature normal; pulse normal*, but very restless and wild; had put in a fearful night, raving, crying, scolding, and pleading to be taken home. Her night-clothes and underclothes, together with the sheet, were completely saturated with perspiration. She had passed no urine, but no accumulation could be detected. Gave potassic bromide gr. xv.; chloral

hyd., gr. v., every half hour until sleep was produced.

"6 o'clock p. m. Temperature, 97° F.; pulse, 76; has taken potassic brom. ʒiij., chloral hydrat. ʒj., during the day, but no signs of sleep. * * Is very wild, talks incessantly to imaginary persons about her, and frequently speaks of explosions that are taking place, even brushing the dirt from the bed-covers as it falls about her. Does not recognize any one except her father. No urine passed during the day, and much against my patient's will, with the assistance of four women, I used the catheter, and drew off about thirty ounces of not unhealthy urine. Continued chloral and brom. and to each dose added about one-eighth grain morph. s., staying with my patient until three doses were given, watching the effect. At this time she ceased to talk so much, and would lie still a few minutes at a time. * * At 10 o'clock p. m., she slept, and continued to sleep most of the time till morning.

"Friday, March 7, 8 o'clock a. m. Found her *at home*, calm, and in her right mind, but extremely weak."

We must now return to 9 o'clock a. m., of Wednesday, March 5. If we recall the fact that for nearly four days the patient has been taking from 10 to 15 minims per day of fluid extract of belladonna, somewhere from 40 minims to one fluid drachm in all, and a considerable amount of tincture of aconite, we shall be able to find a very probable reason for the cause of the hallucinations, the fierce delirium, the great sweatings, and the suppression of urine. The view that this was a case of belladonna poisoning is strengthened by the fact that while potassic bromide and chloral were exhibited ineffectually for thirteen consecutive hours, complete relief was obtained by $\frac{3}{5}$ gr. morphia s., distributed over about four hours. In the morning, the same medicine having been continued during the night, the lady was "At Home," much to the delight, no doubt, of all.

I append a few notes from standard authors, which place in relief the symptoms of belladonna poisoning.

Von Boerck (Ziemssen's Cyclop., art. Atropia, p. 666), after relating the usual early symptoms, thus tersely states the phenomena when fully developed: "Giddiness, headache, slight stupor, confusion of mind, dejection; to these are added hallucinations of sight and hearing, various in character, often of a cheerful nature, * * * then follow in most cases difficulty in micturition," etc. Again, on page 669: "The first symptom is generally giddiness, swimmings in the head, abnormal sensations, especially of sight and hearing; hallucinations are also very common, and delirium is superadded, so that the general condition may be characterized as one of mental aberration with delirium."

Pereira (Mat. Med., vol. ii., art. Belladonna, p. 472), enumerates among many other symptoms of poisoning in the second degree: "Visual illusions (phantasms), suffused eyes, occasionally disturbance of hearing (as singing in the ears), numbness of the face, confusion of the head, giddiness and delirium, which at times resembles intoxication." In the third degree he mentions "continual motion of hands and fingers, gay delirium, with a vacant smile."

Dr. Wood (U. S. Dispensatory, xiii. edition, art. Belladonna, p. 170) enumerates as symptoms, "vertigo, and intoxication or delirium, with violent gestures, and sometimes fits of laughter." According to the same author, the dose of the powdered leaves is for adults one or two grains, repeated daily or twice a day, and gradually increased till the characteristic effects are experienced."

On the effects of belladonna on the human subject, I again quote from Boerck's article in Ziemssen's Cyclop.: "As a general rule belladonna and atropia are very powerful poisons, even in very small quantities. In a case given by J. Seaton, one single nightshade berry was sufficient to produce severe symptoms of poisoning in a young man." The same author says: "The German pharmacopœia fixes as maximum doses of belladonna leaves, per dose grains 3; per diem grains 9." As to the liability of accumulation, we may get a hint from the same paper (p. 685): "When the dose of atropine has been large, its effects will survive those of moderate doses of opium or morphine."

It may be proper to state that one drop of fluid extract is believed to equal one grain of the leaves, and that the effects of opium often last for many hours.

E. T. Blackwell, M. D.

Cedarville, N. J., June 25, 1884.

Syrupus Acidi Hydriodici.

(*Syrup of Iodide of Hydrogen.*)

Eds. Med. and Surg. Reporter:—

During an experience of several years, I have thoroughly tested this preparation in acute inflammatory rheumatism, chronic bronchitis, and scrofula. In the first disease I prescribe for adults from two to three teaspoonfuls every two or three hours, in a wineglass of water, during the febrile stage, until relieved; this, in my experience has always occurred within forty-eight hours. I then reduce the dose to one teaspoonful, and continue for five or six days at longer intervals. I have never observed any heart complications under this treatment, the remedy preventing exudation and organization of plastic material.

In chronic bronchitis, its effects have been very gratifying, not only affording prompt relief to the cough, but also to the secondary symptoms of asthma, which is so apt to occur in these cases, I prescribe from one to two teaspoonfuls three times a day, in water.

In scrofula and other cases requiring the alterative action of iodine, a teaspoonful three times a day, in water, will be found to act much more satisfactorily than potassium iodide, as it agrees with the stomach, and does not disturb the appetite; if anything, it increases it, and instead of depleting the system seems to possess tonic properties.

It acts admirably in syphilis; in combination with biniodide of mercury, its use can be continued for a long time without any unpleasant effects.

I would also speak of the success and peculiar

fitness of this remedy in lead poisoning and paralysis resulting therefrom, as it is the true theoretical antidote to this condition, converting the lead in the system into its iodide, which, owing to its solubility, is readily eliminated through the various excretory channels.

The non-irritant character of this preparation, its prompt action, and its palatability, very strongly recommend it to favor.

The syrup I have used is that prepared by R. W. Gardner, of New York.

JAMES CRAIG, M. D.

Jersey City, N. J.

NEWS AND MISCELLANY.

Official List of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service, April 1 to June 30, 1884.

Bailhache, P. H., surgeon. Detailed as chairman of Board to examine candidate for appointment into the Revenue Marine Service, May 17, 1884.

Vansant, John, surgeon. To proceed to Empire City, Oregon, as inspector, April 2, 1884.

Hutton, W. H. H., surgeon. Granted leave of absence for twenty-five days, May 14 and June 9, 1884.

Miller, T. W., surgeon. Granted leave of absence to attend the meeting of the American Medical Association, May 1, 1884. To proceed to Pittsburgh, Pa.; Ashtabula, Ohio; Buffalo, N. Y., and Detroit, Mich., as inspector, May 10, 1884.

Wyman, Walter, surgeon. To proceed to Crisfield, Md., as inspector, April 11, 1884. Detailed to represent the Marine Hospital Service as delegate to the American Medical Association, April 17, 1884. Detailed as President of Board for Physical Examination of Candidates for Appointment as Cadets in the Revenue Marine Service, May 20, 1884. To examine cadet graduates Revenue Marine Service as to physical qualifications, May 31, 1884. Detailed as member of Commission to inspect United States buildings at quarantine station on the Delaware river, June 16, 1884.

Austin, H. W., surgeon. Granted leave of absence to attend the meeting of the American Medical Association, May 2, 1884.

Gassaway, J. M., surgeon. When relieved by Passed Assistant Surgeon Mead, to proceed to Portland, Maine, and assume charge of the Service, April 16, 1884. Granted leave of absence for thirty days, May 28, 1884.

Stoner, G. W., passed assistant surgeon. When relieved by Surgeon Gassaway to proceed to Cairo, Ill., and assume charge of the Service, April 16, 1884. When relieved by Surgeon Gassaway, to report in person to the Surgeon General, June 20, 1884.

Irwin, Fairfax, passed assistant surgeon. Granted leave of absence for twenty-one days, June 19, 1884.

Mead, F. W., passed assistant surgeon. When relieved by Assistant Surgeon Devan, to proceed to Philadelphia, Pa., and assume charge of the Service, April 16, 1884. Detailed as recorder of Board for Physical Examination of Candidates for Appointment as Cadets in the Revenue Marine Service, May 20, 1884.

Carter, H. R., passed assistant surgeon. To inspect unserviceable property at the San Francisco Hospital, May 24, 1884.

Wheeler, W. A., passed assistant surgeon. To inspect unserviceable property at the Chicago Hospital, May 24, 1884.

Benson, J. A., passed assistant surgeon. Granted leave of absence for thirty days, April 14, 1884. When relieved by Passed Assistant Surgeon Stoner, to report to him for temporary duty, May 19, 1884.

Banks, C. E., passed assistant surgeon. Detailed as member of Board to Examine Physically Candidate for Appointment into the Revenue Marine Service, May 17, 1884. To inspect unserviceable property at Baltimore, Md.; New York, N. Y., and Boston, Mass., May 26 and June 2, 1884.

Bennett, P. H., assistant surgeon. Granted leave of absence for twenty days, June 28, 1884.

Devan, S. C., assistant surgeon. To proceed to Port Townsend, W. T., relieve Passed Assistant Surgeon Mead, and assume charge of the Service, April 14, 1884.

Urquhart, F. M., assistant surgeon. Granted leave of absence for thirty days, May 22, 1884.

Yemans, H. W., assistant surgeon. To report to Capt. M. A. Healey for duty as medical officer during cruise of revenue cutter "Corwin," April 16, 1884.

Glennan, A. H., assistant surgeon. To proceed to Mobile, Ala., for temporary duty during sickness of Passed Assistant Surgeon Goldsborough, June 17, 1884.

APPOINTMENT.

Brooks, Stephen D., M. D., of Massachusetts, having passed the examination required by the Regulations, was appointed an assistant surgeon by the Secretary of the Treasury, May 15, 1884. (Dr. Brooks had previously served as an acting assistant surgeon from March, 1883, to May, 1884.)

Report of the Meeting of the Adjunct Montgomery County (Pa.) Medical Society,

BY DR. J. B. CARRELL, HATBORO, PA.

The society met at the office of Dr. Carrell, and was called to order by the president, Dr. John Pason. The secretary being absent, Dr. O. C. Robinson was appointed secretary *pro tem.* After the usual routine business, Dr. Coltman, Jr., read a selected article on anæsthetics, from the *Columbus Medical Journal*, by Dr. Ikrit, of Ohio. Dr. Coltman, Sr., read an article on the "Treatment of Unfavoroble Symptoms Developed during Anæsthesia," by Dr. Smith, of Baltimore. Dr. Carrell stated, in producing anæsthesia he first used chloroform to quiet the patient, and after the stage of excitement was over employed ether. He had found it much more satisfactory to both patient and physician. The sickness of the stomach, which is almost always present, was by this method always avoided. He had never seen any unfavorable results from this method. Dr. Doughty said he had employed this method in a

great number of cases during the last few years, and was highly pleased with the results. Dr. Cooper said he used as an anæsthetic three parts of chloroform and four parts of ether, and had never seen any unfavorable results from the administration. The crowding of anæsthetics, as often seen in our college and hospital clinics, he denounced as unscientific and brutal. If a moderate allowance of atmospheric air was allowed the patient, the struggling, fighting and almost fatal syncope, which results from the crowding of the anæsthetic, would not be produced and exhibited to the world, and their students would be better instructed on this point than they now are.

The President heartily concurred in what Dr. Cooper said, and thought the instructors of the coming medical men should teach humanity, and not brutality.

Dr. Carrell related that he had seen Prof. Wm. Pancoast, at the Blockley Clinic several years ago, operate upon a little girl for strabismus without the use of anæsthesia. The little girl stood the pain heroically, and when he was through the girl broke down and sobbed bitterly. The kind-hearted professor took the child in his arms, and comforted her like a good father.

This little spontaneous act did more in a humane way than any one ever dreamed of. It showed the true greatness of the man. It would be well if we had more such surgeons.

While it is the surgeon's duty to not shrink from giving the patient pain if necessary, still it is brutal for him to give unnecessary pain.

An Unusual Accident.

An amusing story about a local doctor was told a short time since, for the accuracy of which a contemporary is responsible. A hurried ring at the door-bell after midnight brought the doctor quickly to the window, which he threw up to inquire the cause of the hasty appeal to his monitor, and leaning forward, he fell through the window on to the pavement beneath. The servant girl who had run with the message, on seeing the sudden appearance of the white-clad form, fled with fright, shrieking "A ghost! a ghost!" To make matters worse, an untoward addition to the scene was presented by the doctor's wife, who, finding that her husband had disappeared in this unexpected manner, and hearing the voice, hastened into the street to his help. The wind blew the door to as soon as she got through it, and, in a condition of anything but full dress, the anxious wife came to the rescue of the unfortunate husband, whose knee-cap had been broken by the fall.

The Illinois Dram-Shop Act.

The Dram-shop Act in Illinois requires any persons retailing liquors to file a bond for $3,000 as security for obedience to the other provisions of the law; and a recent case in that State turned on the point whether druggists who had permits from city or village authorities to sell intoxicating liquors for medicinal, chemical, and sacramental purposes, were obliged to give such a bond. It was decided that they did not come within the intent of the law, and need not file a bond.

Recovery from a Cobra Bite.

It is not often that a person who has been bitten by a cobra lives to tell the tale. An Allahabad paper, however, gives such an instance. Very recently, it appears, while staying at Kangra, an officer of the 1st Goorkhas was bitten by a cobra in the hand. With great fortitude, Mr. R. seized his gun and blew off the finger which had been bitten; nevertheless, when medical assistance arrived, he was almost insensible, and it was only by keeping him walking about all night, and administering large doses of brandy and ammonia, that he was pulled through.

Discovery of an Ancient Crematory.

During the progress of some excavations in England recently, a crematorium, or cremation furnace, in a good state of preservation, was unearthed. Near the mouth was a large quantity of charcoal, and underneath a sarcophagus. Within the latter were found ten urns of various shapes and sizes, provided with saucer-shaped covers, and all containing ashes or partly-consumed bones. The discovery is one of great interest to antiquaries, and is remarkable from the fact of the crematorium being within the limits of the old Roman city, on a portion of the site of which London now stands.

School of Pharmacy for Women.

The School of Pharmacy for Women in Louisville, Ky., is the only school of the kind in this country. We understand that it is conservative in its tendencies and thorough in its course of instruction. At the recent commencement, held July 1, 1884, diplomas were conferred upon three women. Dr. D. W. Yandell delivered the address of the evening.

Items.

—One of the Astors has given the Cancer Hospital of New York two hundred thousand dollars.

—The Garfield Memorial Hospital, Washington, D. C., opened on June 18 for the reception of patients.

—The Health Exhibition in London is a decided success. Over 50,000 visitors are present on some days.

—Untold wealth awaits the patent medicine man that will invent an ointment that will cure the itch—for office.

—A druggist who has opened a new store in Oshkosh, advertises "Arnica, sticking-plaster, splints, bandages, and other base ball goods."

—There has been a marked decline in the number of medical students in Great Britain since 1881. In 1881, 2,171 were recorded, and in 1883, 1,783.

—On the recommendation of Dr. Woolsey Johnson, Yeng Tis Hing, a Chinaman, was recently registered as a practising physician at the Board of Health, New York city.

—The painful burns produced by nitric acid may, according to a writer in the *Chemical News*,

be successfully treated by a dilute solution of sulphurous acid applied instantaneously.

—"John," asked a doctor of the apothecary's boy, "did Mrs. Green get the medicine I ordered?" "I guess so," replied John, "for I saw crape on the door-knob this morning."

—What is called swamp fever has killed off 5,000 of the 15,000 negro laborers on the Panama Canal in the last three months. Some of the laborers are Italians, and they do not suffer nearly so much.

—The French method of administering castor oil to children is to pour the oil into a pan over a moderate fire, break an egg into it, and stir up; when it is done, flavor with a little salt or sugar, or currant jelly.

—In the *Glasgow Medical Journal*, June, 1884, Dr. J. S. Muir relates a curious instance of abnormal development of adventitious fingers and toes, as illustrating the influence of heredity in five consecutive generations.

—A Philadelphia man compels his daughter to eat onions every night for supper, and thus assures himself that he can shut the house at ten o'clock without locking in a strange young man.—*Burlington Free Press.*

—The so-called "serpent's eggs" of the toy-shops contain, says Dr. George Hay (*Medical Times*) from one to three-tenths of a grain of sulphocyanogen, quite enough to kill a child if he should happen to swallow it.

—An Italian hospital has been opened in London, and we learn from the *Gazetta degli Ospitali* that persons from all nationalities will be admitted, as well as of all religions, and all shades of political opinion.

—Senator Edmunds was particularly cordial towards the members of the American Medical Association whom he met at Washington, "because," say the graceless gossips, "he owns the biggest tombstone quarry in Vermont."

—"Why, Cousin Charlie, what are you doing here? I suppose I must call you doctor now; and how are the patients, by the way?"

"I don't know how they are by the way. I know none of them ever get as far as my office."

—An Oshkosh girl made her lover a birthday present of a bottle of "Benson's Boil-Banisher." He wrote her thanking her for the gift, but at the same time observing that he thought she lacked those spirituelle traits of character essential to his happiness.

—The Illinois State Board of Health is now engaged in revising the Register of Physicians, preparatory to publication. Any changes or corrections should be promptly sent to the secretary. Lists of the Officers of the medical societies in the State are also requested.

—Ten years ago a penniless man, with a peculiarly-shaped head, made a bargain with a London professor of anatomy by which the latter was to have the head on payment of the man's funeral expenses. Meanwhile the man became wealthy, and when he died the other day his friends tried to avoid fulfilling the contract. But the professor insisted, and the matter is to be brought before the law courts. Pending the decision, the defunct gentleman has been buried with his head on his shoulders.

—It is reported that Dr. Carter, Acting Principal of the Grant Medical College at Bombay, has found the cholera bacilli in the perfectly fresh dejecta of cholera patients. Dr. Weir, of Bombay, has found the same bacilli in the well water drank by cholera patients.

—Our sanitary representatives abroad this summer will include Dr. Alfred L. Carroll, the Secretary of the Board of Health of the State of New York, and Dr. Woolsey Johnson, one of the Commissioners of the Health Department of the city of New York.

—The following testimonial of a certain patent medicine speaks for itself: "Dear Sir—Two months ago my wife could scarcely speak. She has taken two bottles of your 'Life Renewer,' and now she can't speak at all. Please send me two more bottles. I wouldn't be without it."

—In the *American Journal of Obstetrics* for May, Dr. Baer warns the profession against regarding metrorrhagia at or just after the change of life as one of the freaks of the menopause, since cancers are found most frequently at that age, and an early diagnosis is necessary for surgical interference.

—The Minister of Public Instruction at Berlin has resolved upon a foundation of a professorship of hygiene in the Berlin University; and to this there will be attached a Hygienic Institute, under the direction of Geheimrath Robert Koch. No such institute has been founded hitherto in any of the Prussian universities.

—Dr. Fordyce Barker is reported to have said that for two years he has directed his nurses never to give a vaginal injection, unless especially ordered, in the puerperal state. Experience has taught him that patients did better than when antiseptic vaginal injections were used in a routine manner.

—The late Samuel W. Swett, of Massachusetts, left in his will a bequest of $50,000 for the Massachusetts General Hospital, to establish a convalescent department; $10,000 to the Children's Hospital of Boston; $10,000 to the New England Hospital for Women and Children; $20,000 for the Medical Department of Harvard College.

—Prof. James Law has made an elaborate report upon the disease which appeared last winter and spring among the cattle in Kansas and Illinois. He concludes that the animals suffered from dry gangrene, the result of eating ergoted hay and corn. Prof. Law's report contains a valuable review of the subject of ergotism in cattle.

OBITUARY NOTICES.

ELLEN WIRT O'NEAL,

Daughter of the late Henry Wirt, of Hanover, and wife of Dr. J. W. C. O'Neal, died of consumption of the lungs, at the residence of her husband, in Gettysburg, July 10, 1884. Born March 20, 1825. Buried in Mt. Olivet Cemetery, Hanover, Pa.

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Communications.

RECURRENT IRITIS, AND ITS RELATIONS TO CHOROIDAL DISEASE.*

BY S. D. RISLEY, A. M., M. D.,

Of Philadelphia,

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The general features of iritis are so well understood that I shall not delay you in order to portray its usual manifestations; but enter at once upon the study of a small group of cases which shall serve me to illustrate the subsequent history of many eyes, once the subject of acute iritis.

The cases are selected, not because they present unusual symptoms or a novel history, but rather because they furnish clear-cut examples of a frequently-occurring form of disease; and I believe throw some light on the pathogeny of chronic iritis. They furthermore illustrate the serious importance of the disease, and the value of certain methods of treatment.

No form of eye disease numbers a larger percentage of blind people among its victims than those insidious, but none the less destructive processes which follow in the train of the acute plastic inflammations of the iris. It has long been observed that eyes, once the subject of this disease, are liable to progressive deterioration of vision, and often suffer acute relapses of the iritic inflammation. This liability to recurrence seemed to depend upon the presence of attachments between the pupillary margin of the iris and the anterior capsule of the lens, since it was observed that cases which recovered, having escaped the formation of posterior synechia, but rarely showed such tendency.

Von Graefe, in 1856 (*Archiv. f. Ophth.*, Bd. ii., Abt. 2, S. 202), published his important communication on iridectomy as a means of treating chronic iritis and irido-choroiditis, in which he asserts "*that the principal cause of recurrence of iritis is the existence of synechia, especially when broad and inextensible.*" Again: "*that the exclusion of the pupil is the point from which the further complications proceed, especially chronic choroiditis.*"

The method of treating acute iritis by mydriatics, at that time insisted upon by him, had for its principal motive the prevention of adhesions of the iris to the lens capsule, and up to the present time is the universally accepted treatment—the baneful influence, which he ascribed to the existence of synechia, seemed so thoroughly in harmony with the clinical features of chronic iritis, that for many years its entire correctness was accepted without a question.

Schweigger, however (Handbook of Ophthalmology, American Edition, pp. 335, Philadelphia, 1878), in commenting on relapsing iritis, employed the following language: "Such patients are for an indeterminate length of time, at intervals of a month or longer, attacked more or less severely with iritis. It is not strange that such persons generally have a number of iritic adhesions; and still this fact is the only ground upon which is based the generally-accepted assertion that these adhesions are the cause of the relapses." In substantiation of this statement he cites a fact within the range of experience, of all

*Read before the Philadelphia County Medical Society.

ophthalmologists certainly, that many persons, notwithstanding the presence of numerous synechiæ, do not suffer from relapsing iritis, and that, on the other hand, other cases do thus suffer, who have been properly treated from the beginning with atropine, in which no synechia remains.

F. Schnabel (Knapp's Archiv., Oph. and Otol., vol. v.,) has also called in question the truth of Graefe's first proposition, in an elaborate paper on the "Accompanying and Consecutive Diseases of Iritis."

Experience, however, has established upon so firm a foundation the value of the early employment of mydriatics, that we should accept only after the closest scrutiny, any report which would change our notions regarding the hurtfulness of iritic adhesions. It is, nevertheless, important that our eyes should not be closed to other conditions which may stand in a causative relation to recurrent iritis. Any doctrine accepted without question antagonizes further progress.

One object in presenting this paper is to set forth the probability *that too much importance has in some cases at least been given to the existing posterior synechia; since the plastic iritis resulting in their formation is itself often consecutive, and the subsequent eye history was probably but a continuance of the primary disease, the recurring attacks of acute iritic inflammation being only the extension forward of acute exacerbations primarily affecting the structures posterior to the iris, most probably the ciliary body and choroid.*

The following case will illustrate the truth of this proposition:

Case 1. Mrs. H., æt. 63, in good health, although from gouty ancestry, consulted me in April, 1879, for failing sight and inability to use her eyes for near work without pain: $V=\frac{20}{XL}$ in each eye. A weak concave cylinder was very positively selected with its axis at 180°, but no smaller letters could be seen. She complained of a fine web or veil before her eyes, dotted with numerous fine dark points; externally the eyes appeared normal except some enlargement of the anterior perforating vessel; the field was perfect and no increase of tension. The ophthalmoscope revealed only a hazy view of the eye-ground. The nerve was normal in color, and there was no derangement of the central retinal circulation; the visible choroid showed no change. The cornea and lens were transparent, but the anterior part of the vitreous body was hazy, and a magnifying-glass showed innumerable fine dark points as viewed by transmitted light. No web could be made out, and the dust-like particles were almost fixed. The condition of both eyes was similar.

There was no marked change after four months, during which time she had been quite unable to use her eyes. The following August, after a drive in the park, facing the western sun on a hot afternoon, she returned home with much discomfort in O. D., which during the night ripened into severe pain, which prevented sleep. The following morning, September 1, the eye was red, painful, and extremely sensitive to light. September 2, the eye was some better, and she ventured out-of-doors, the day being cloudy, and came to the office. There was still marked ciliary injection, ball tender to the touch in the ciliary region—T *n*—V diminished, and mydriasis revealed a broad synechia, attaching the lower pupillary margin to the capsule. She proved remarkably susceptible to all the mydriatics, so that I was compelled to use them with great caution to prevent serious constitutional poisoning. The eye rapidly regained its former condition, but the adhesion remained throughout the subsequent history of the case. Through the following autumn and winter Mrs. H. had repeated attacks of inflammation resulting in the formation of delicate synechia, but profiting by her first experience, the mydriatic was applied at the very outset, so that they were usually torn asunder, leaving a minute pigment-spot on the anterior capsule at the site of attachment. It is worthy of remark that however early in the attack the mydriatic was used, this attachment was, with a few exceptions, found present. The attacks occurred quite indifferently in either eye, often in both simultaneously, rarely more than ten or fifteen days elapsing without an out-and-out attack of inflammation, or a flushing of the ciliary region. These exacerbations were determined by various causes; *e. g.*, fatigue, a shopping expedition, any effort at near work, or a visit to the laundry or kitchen, immediately brought on pain and ciliary injection, resulting in an iritic attack if persisted in.

Under the internal administration of guaiacum and iodide of potassium, and the free use of the Bedford water, the attacks gradually grew less frequent and severe. 1880 was passed with only a few exacerbations, but she purchased the immunity from attack by the most assiduous care, n the avoidance of those influences which experience had taught her to dread. The balls, however, remained tender, and her vision fluctuated about $\frac{20}{XL}$, sometimes much less than this, at other

times somewhat better: on one occasion with correcting glass it was noted at $V=\frac{20}{XXV}$ in each.

In October, 1881, while sitting in church, she had marked photopsies, which were followed in a few hours by an usually severe onset of binocular iritis, which resulted in firm bands of adhesion in both eyes, notwithstanding the employment of local depletion and of atropia as vigorously as she could bear it. The eye once more lapsed into its former condition, with an additional adhesion in O. D., and a firm band in O. S. There was after this attack a marked increase in the haziness of the vitreous humor. Her former experience was now repeated. There were frequent recurrences of the iritic trouble, so that she lived in constant dread, and was greatly discouraged. Various therapeutic measures were adopted, only to be relinquished as of no avail. Iridectomy was now suggested as a probable means of permanently removing the tendency to recurrence. Sulphate of eserine had been used at different times, but only with the result of adding acute periorbital neuralgia to her present distress.

At the time I chanced to be interested in a series of clinical observations at University Hospital, on the effect of this drug over the nutrition of eyes lost by past injury or former inflammation, but now subject to subacute exacerbations and setting up sympathetic irritability of the fellow-eye. I had noticed that while solutions not stronger than 1 gr. or 2 gr. to the f. ℥i., would cause great pain and thus prevent its use, weaker solutions could be used without difficulty, and with the effect of rapidly relieving the redness of the chronically inflamed eye, and with it the irritability of its fellow.

A very striking result had been gained in a case then and still under observation. A young woman, at work in a carpet mill, came to the clinic, having been advised to have her left eye removed, to which she strenuously objected. There was well-marked sympathetic irritation, depending upon the irritable and blind left eye. The cornea of O. S. was opaque, still vascular and becoming staphylomatous at the centre, where was an adherent circatrix at the site of a perforating ulcer occurring in childhood. The eye was painful T +, and the sunlight was very painful to the right eye. She could not come into the hospital for immediate enucleation, and was very loth to submit to the operation at all; so she received a solution of sulphate of eserine, gr. $\frac{1}{8}$ to f. ℥j., to be used in the blind eye three times in the twenty-four hours, and instructions to report daily. All the symptoms rapidly subsided. The drops were used for many weeks, and although nearly two years have elapsed, she has had no serious return of the symptoms, notwithstanding the presence, on one occasion, of a small foreign body in the centre of the former corneal staphyloma, which had been allowed to remain many days.

Without room for question, the nutrition of this eye had been greatly improved under the use of the eserine. With this and other examples in mind, Mrs. H. was directed an eserine solution, .002 gm., 10 cc. to be used twice daily. In a short time after each instillation, she had a throbbing in her eyeballs and a sensation which she described as a starting forward of the eyeball, which then appeared to recede to their proper bed. There was also a slight twitching of the lips but no pain. A month later $V=\frac{20}{XX}$ with her correcting glasses in each eye. She had not been even threatened by her old enemy, and was already gaining confidence in the use of her eyes at near work. Four months later, after a long and fatiguing railroad journey, she had a mild attack in Cincinnati, but she had not neglected her homatropin solution, which, through her long trial, she had used with the earliest symptoms of an attack. This was freely instilled, and in twenty-four hours the eyes were once more quiet, and she returned to the eserine. After a lapse of two years there has been no recurrence, notwithstanding the existence of firm inextensible synechia in both eyes. The vitreous cleared up so that no trace of the former trouble could be detected. The choroidal margin at the optic nerve showed some increased pigment absorption, but no other change was noted. The ant. perf. ves. also assumed their normal condition.

I am convinced that had we the opportunity more frequently to study carefully iritic eyes before the onset of the acute and painful trouble, we should find the attack had been preceded by an interval of dim or weak sight, with disease of the choroid or retina, or both. In the case of Mrs. H., I had the opportunity to observe, first, the haziness of the vitreous body, and to follow subsequently the painful history of relapsing iritis extending over more than three years. These attacks were invariably preceded and accompanied by increased dimness of sight, due to increased opacity of the vitreous humor, as I had repeated occasion to witness. I did not hesitate to diagnosticate disease of the ciliary region of the choroid tract, notwithstanding the fact that I could discover no change in the choroid as far forward as I could

study it with the ophthalmoscope. I was, however, borne out in this by the fact of the ciliary tenderness which persisted throughout, by the dilatation of the anterior perforating vessels, and by the material poured out at each exacerbation into the vitreous. This opinion was strengthened furthermore by the inability to use the eyes at a near point.

The opinion that iritis is often secondary to choroiditis or cyclitis receives confirmation in the history of the following case:

Case 1. W. F., æt. 40 years, engineer on coastwise steamer, came to eye clinic of the University Hospital in April, 1878, with commencing iritis. A month before V. in O. D. had failed, and he had a floating web before it. The iris was discolored and he was suffering from great pain and dread of light. The pupil, however, dilated large medium under atropine, and the vitreous was filled with large grayish webs and black masses, which floated freely about with the movements of the eye. V. O. D. counts fingers. In O. S. $\frac{20}{XL}$. He gave a clear syphilitic history, and was just recovering from mucous patches in the mouth. He was admitted to the wards of the hospital, and after a tedious treatment finally recovered without post. syn. and V = $\frac{20}{C}$.

During his residence in the hospital, he complained of failing V. in O. S.—V=$\frac{20}{LXIV}$—veins of ret. large and tortuous, and the retina hazy throughout. Three days later V. had sunk to $\frac{20}{LXXX}$, and the vitreous was filled with numerous floating opacities.

Under mercurial inunctions these rapidly cleared up, and he was discharged June 20, with O. D. V. $\frac{20}{LXIV}$ O. S. $\frac{20}{XXX}$. The following December he returned with failing V—dread of light and cil. redness. He remained under observation for over two years, in the meantime having repeated attacks of iritis. He carried with him a sol. of atrop. sulph., which was applied as soon as he noticed any aggravation of his eye trouble, and thus prevented formation of adhesions to the capsule. He had many more relapses of dim sight on three separate occasions, affecting the left eye also, which, however, never resulted in iritis. The patient was an intelligent man, and soon learned to treat himself with much skill. He had learned that, unmolested, his attacks of increased impairment of vision in a few days resulted in attacks of iritis. He therefore did not wait for the attack, but began treatment at once. He would swallow a saline cathartic, instil his atropine solution, don his smoked glasses, give up all attempt at near work, and quietly await results. If the attack threatened notwithstanding these measures, he applied leeches, which he carried with him while at sea as a precautionary measure. The attacks in the left eye were ushered in by flashes of light, and either a hazy retina or cloudy vitreous, soon to be followed by floating opacities.

In this case there can be no question but that the recurring iritic attacks were consequent upon increase of the choroidal disease. Furthermore, the recurring attacks of iritis, both in Case 1 and Case 2, demonstrate the truth that relapses of iritis are not necessarily dependent upon the presence of synechia, and lend support to the assertion of Schnabel (*loc. cit.*), that "experience has taught me that eyes possessed of synechia are no more liable to relapses of iritis than those which have passed through an iritis without retaining any synechia."

I have been greatly interested in the retinal condition present in irido-choroiditis. In Case 2 the attacks in the left eye were attended with all the necessary manifestations for a retinitis. It is improbable that any serious disease of the choroidea can exist without leading to a pathological condition of the retina, and doubtless the reverse may be true. But it must be remembered that any study of the eye-ground in iritis presents great difficulties, because of the almost constant presence of semi-opaque media, and the great dread of light experienced by the patient. In my own experience, I have been more frequently thwarted than successful in the attempt to do so. When extensive synechiæ are formed, there is also very frequently a web-like opacity of the anterior capsule, which precludes any satisfactory inspection of the tissues beyond it.

(*To be continued.*)

MEDICAL EDUCATION AND STATE LICENSE.

BY ROMAINE J. CURTISS, M. D.,

Of Joliet, Ill.

The reader of medical journals during the last few months must be impressed with the general complaint that the profession is overcrowded, and must have also taken note of a general remedy that has been suggested, which is to separate the teaching power and the licensing power, or to permit teachers to educate, but to take away

their power to grant diplomas which the state is bound to respect.

The structure of this complaint is built up of certain factors, and so is the structure of the proposed remedy; both of which factor classes I will enumerate, and venture an attempt to analyze.

THE COMPLAINT.

1. The profession is said to be overcrowded because there are upwards of 80,000 doctors in the United States—a proportion of one to six hundred of the population. The proportion is alleged to be incompatible with the professional activities, or "practice," by which a doctor must make his living, and support his family, and lay up money for a rainy day, and for his children.

2. The overcrowding of the doctors is said to be caused by the too numerous medical colleges, which entice, partially educate, and grant diplomas to young men far too numerous to mention. The standard of medical education is declared to be too very, very low, and that it must be raised, not by educating a greater number, but a less number to a higher standard; and to do this, personal liberty in education, both for student and teacher, must be taken away.

THE REMEDY.

1. The factors of the proposed remedy are to lessen the number of medical colleges by legal proscription, of course; taking away their charters very likely, and refusing to charter more. When the number of colleges in the United States is reduced to five or six, then the faculties are to be appointed by the political machine, and the term of study of a limited number of students is to be increased to five or ten years, during which time they are to be crammed with special questions and answers in "medicine" and the allied sciences; and when they are considered to be sufficiently crammed with these special facts and fancies, they are to be examined by a board appointed by the political machine, and if found qualified they are to be licensed by the state to practice medicine.

2. Some of the more zealous of the medical prohibitionists suggest that politics should not only control medical education in colleges which are run by individual or corporate enterprise, but that the government should start a medical college, or should take charge of medical education entirely, just as the government does the post-offices. These enthusiasts, who are so afraid of private enterprise, say that the only medical college, or at least the head-centre college, should be in Washington, and that the faculty ought be appointed as postmasters are—perhaps under civil service rules—and should the exigencies of the service require, then perhaps a college or sub-college might be established in St. Louis, and perhaps other cities.

COMMENTS.

I will offer comments on the preceding propositions, under the heads of (*a*) Causes of the Alleged Over-crowding of Doctors; (*b*) The Nature and Quality of Education; and (*c*) The Relation of Government to Individual Rights; and will try to show the fallacies of the propositions, and the true relations of medical education and the doctors to each other and to politics; and take a little look for the true sources of relief, should it really be learned and experienced that doctors are too many and too ignorant.

(*a*) Are the doctors too numerous, too poorly educated, and if so, what is the cause?

The principal evidence, so far as brought forward, of too many and too ignorant doctors, is numerical. The proportionate ratio of the physicians to the total population is given, and the assertion made that the number is too great. Obviously there is no proof of the proposition in these figures. The figures lie in the light of known professional success, for the doctors, with the exception of the clergy, are the longest-lived class, and I have never heard of the righteous seed of Æsculapius either begging or stealing bread. Nay, if the doctors will refuse to treat patients without pay, in dispensaries and private practice; or even withhold the chromo to entice the patient, in addition to the gratuitous treatment, then, perhaps, the public would think doctors not too numerous, and those philanthropists, as a class, might outlive the clergy.

The only evidence of the overcrowding of a working, or business, or professional class, which is at all approaching proof, must be that a certain proportion are unable to make a living by their calling, or physiological activities in this special line, whatever it may be.

Now, there is no general evidence or proof from this source which proves the proposition. Like all other callings, the profession has members who fail to adapt themselves to the character of activities required in order to be successful in getting a living, and are obliged to leave it for something else. There are thousands of people on earth who can not adapt themselves to anything, and are supported instead of being killed by the community; yet the population, at large, of the earth has not put in a complaint against the procreation of the species—at least since the day and labors of Malthus.

The cry of professional over-crowding is simply a professional trade-union howl. It is the regard for self, with the other fellow left out. It embraces all that is selfish, with nothing that is altruistic. It is conservative in the direction of self-preservation, but the element of duty, which gives the other man liberty to make a living also is absent.

The social law (which ought to be adopted by the "Code") is that all men have equal rights to exercise their gifts and faculties in pursuit of a living and happiness; and it is a corollary, that while all men have this privilege, they must all be subject to the other side of the proposition, which is that they must not interfere with each other's rights. To specialize in a medico-ethical direction, the conclusion is that no body, or organization of medical men, have any ethical right to declare that the profession is overcrowded, unless the proof can be shown, nor to take any steps to prevent by law the entrance of any person upon the study and practice of medicine, when other things are equal. The social law of equal rights and equal ethical duties in medicine will not allow any corporate sect or body of medical gentlemen to prescribe anything different for medical students than what the same gentlemen enjoyed, or to which they were subjected. A higher medical education can't be brought about in this way. The demand must come from natural competition in professional life, under the law that the fittest shall survive and propagate his kind.

But there is a feature of ethics having most important relations to the over-crowding of doctors, which comes within the range of legal control, and should engage the attention of medical gentlemen who are so willing to devote their services to the welfare as well as the "dignity of the profession." I allude to the charity (?) work of doctors in hospitals, dispensaries, and private practice. This alleged charity is the chief stumbling-block to professional success and to professional dignity. This charity represents millions of money every year, and is all money that should be paid to doctors. It is money that should be paid to the great over-crowded crowd who rush in and beg for a chance to do the work without pay and without price. Charity, in a civilized community, should always be at the expense of the corporation, and should not be individual, especially when the gift represents money that could be earned by another. When a doctor consents to attend a poor patient for nothing, or a public pauper for nothing, he is robbing the profession, as a class, of the cash value of his services. It is such work as this that makes the profession overcrowded. It is this kind of work which is, above all else, unethical in medical practice; for the money is taken indirectly from the pockets of doctors, and is a contribution of the profession to the community at large, which the profession is not able, especially in its over-crowded state, to contribute; and it must be told that the community do not rob the doctors of this money, but a few doctors, who have "a higher medical education," are the criminals before the Court of Ethics.

This feature of medical practice is so heavy with ethical outrage toward the medical profession, and of injustice to the public or governments, that it is difficult enough to say so little about it. I will leave the subject to the prayerful consideration of every doctor who feels a lively interest in his brother's education and prosperity, and will proceed to consider other features of the question.

The relation of medical colleges to the number of doctors, whether large or small, is certainly not as stated in the "complaint" or the "remedy." The fundamental law which determines a man's business or calling, as well as determines the production and consumption of all material, is called the law of supply and demand. The colleges are a means between supply and demand, and are themselves demanded, or they would not be supplied. Among the more immediate antecedents causing the supply of students, is to the fact that doctors instigate young men to become students in medicine. The young man gets his ambition and resolution in this direction from the example—the professional excellence, grandeur, education, dignity, and wealth—of the man who becomes his "preceptor" and not by gazing on the outside walls of a medical college. The young man may be a son or neighbor, or only the hostler and office-boy of the doctor. At any rate, the fact cannot be disputed, and every doctor's history will show it, more or less, that such are the initial circumstances, or conditions, or forces, which entered him at the wicket-gate, at the right beginning of the pilgrimage—provided he did not climb over the wall 'way down the walk, and register as a medical pretender.

Now, there being about 80,000 doctors in the United States, with strong tendencies to become preceptors, it would be interesting to know how many of them have sons, or office-boys, or neighbors, or prospective sons-in-law, to whom they are, even at the present time, the "preceptors."

During the past fifteen years, there has been a triennial crop of from five to fifteen thousand medical students. To accommodate these students, the colleges have rapidly increased. No one need deny that the people who are the proprietors of the colleges are beneficiaries, directly or indirectly. There is great honor in being a medical "professor," and acting as hero to a full clinic and dispensary, and consulting surgeon to a hospital; so that the demand for colleges and teachers has never suffered for lack of this material, though there may have been some deprivation in places, of other *material*. As is well known, the colleges in larger cities have been overcrowded with students. It is not unusual that the class of such colleges has numbered every winter from four to seven hundred. Colleges in smaller towns "have had no reason to complain," and it may be true that in most towns of the United States with a population of 100,000 and over, the town has ambitions and pretensions of being a centre for railroads, manufactures, elevators, and boards of trade, as well as a "medical centre."

Obviously, then, if the colleges are not the initial cause of the large number of students, the proposed remedy of lessening the number by law or other compulsion, say the gentle pressure of ethics, will not lessen the number of students, who will simply overcrowd the colleges which are elected to survive. So long as men, whether in the ratio of one to six hundred or one to three hundred, can make a living in the practice of medicine, they will get as good a medical education as they must have in order to compete successfully, and be happy as living members of the most foolishly charitable and most foolishly uncharitable (in different directions) of any class of people on earth.

Looking at things as they really are, then, the candid thinker must reach the conclusion that the charge of over-crowding is untrue, and is founded upon the selfishness of the persons who make the charge; and this conclusion is further warranted by the proposed remedy, which seeks to strangle the young brood by imposing an impossible standard of education, destroying educational means, and turning the whole matter of education, and right to be medically educated, and to practice medicine, over to politics. Verily, such a proposition has not been promulgated since the doctrines of Malthus were made public.

But, looking further, we may find very readily what are the causes of the demand for doctors, which it may be admitted is rather fully supplied. The cause is the lack of sanitation. People are unable, and unwilling, to prevent disease. They want the disease "cured" which afflicts them; they do not want it prevented. The curing of these diseases, and the hurts which afflict the people of the United States, keeps 80,000 doctors "quite busy;" at least, it is the lack of sanitary precautions, and the alleged curing of the diseases of 53,000,000 people, which creates the demand for doctors, and which supply is furnished by young men who become students of preceptors, and then students of colleges.

The ethics of medical science (every science has an ethical side) is, it must be plain to every thinking person, to promote the knowledge of the prevention of disease among the people—professional people, as well as the laity. There is not much medical ethics in a body of men who call vainly for a higher standard of education in curing diseases where there are no cures known, and say too little about what is known of prevention, and then "cure" people in great part for nothing, and quarrel about the great number of men among whom the spoils of the paying patients must be be divided. From such a class of men, one might expect, would originate the impossible, and deplorable, and disgraceful method of turning medical qualification over to the political machine, with the object of diminishing professional competition.

(*To be continued.*)

Hospital Reports.

A CLINICAL LECTURE DELIVERED AT THE PHILADELPHIA HOSPITAL,

BY CHARLES K. MILLS, M. D.,

Neurologist to the Hospital, and Professor of Diseases of the Mind and Nervous System in the Philadelphia Polyclinic.

Reported by WILLIAM H. MORRISON, M. D.

Tumor of the Brain—Autopsy.

GENTLEMEN: I have here the specimens from a case on which I made an autopsy this morning. It was a case of multiple brain tumor, which I had seen in consultation. From the details of this case you can obtain the essential points in the diagnosis of brain tumors.

The patient was an Irishman, 19 years of age, who had been in this country only one year. He was perfectly healthy before he left Ireland, and he remained healthy for eight or nine months after coming to America. Three or four months ago he began to suffer with headaches. At first they came and went, but soon lasted a longer time. He also had, although not to a marked degree, attacks of vertigo. About six or seven weeks ago, while at his work, he was suddenly attacked with

partial loss of power in the right hand and arm, and also complained of a little weakness in the leg. A little drawing of the face was noticed. He consulted a physician, was prescribed for, and the paresis disappeared, and he went to work. During this time he was working as a hostler in a street-car stable. Three weeks ago he was kicked on the side of the face by a mule. After this, the headaches became much worse. There was some loss of power of the right side, but no actual paralysis. He continued to work until two weeks since, when he was compelled to go home and take to his bed. I saw him first about a week ago.

He was at that time in a dull condition, although not comatose. He was on his back, entirely paralyzed in his right arm, nearly so in his right leg, the face drawn slightly to the left. There was also ptosis on the right side, and doubtful strabismus of the left eye; that is, it could scarcely be determined whether or not a squint was present. I examined him very carefully for sensation, and although he could give no response in words, he could indicate where he felt pain. This examination showed that there was loss of sensation, although not absolute, on the right side of the face. As soon as the middle line was passed and the instrument was applied on the left side of the face, he began to respond, and he evidently suffered pain. He undoubtedly suffered severe pain in the right side, and he so indicated as long as he could indicate anything. He had both anæsthesia and pain. This is not an impossibility. With depression of sensation, a condition of this kind may exist, just as there may be severe pain in the trigeminal nerve, as in anæsthesia dolorosa, with loss of sensation to certain tests. He had at times slight twitching of the right hand. During the last week of his life, he lost control of the bowels and bladder. A little irregularity of breathing which approached the Cheyne-Stokes breathing was observed, although there was no absolute descent and ascent in the respirations, simply a little irregularity approaching this type before he sank into a stertorous condition. He had complained somewhat of his eyes, but no ophthalmoscopic examination was made. He sank into a stuporous condition, and died yesterday.

My diagnosis was a tumor or an abscess, more probably the former. I thought that the tumor was probably due to syphilis. There was no known history of syphilis. It however seemed to me that no other diagnosis could be made.

The post-mortem examination was made this morning, and here is the result: Here is a mass —small, it is true—but unquestionably a tumor of some kind. Here is a much smaller mass, not much larger than a pea, from the inferior angle of the right lobe of the cerebellum. In addition to these masses, some meningitis was present at the base of the brain, with a little effusion. There was a little streaking over the fissures of the surface of the brain. The pia mater was injected, but about as much on one side as on the other.

This larger growth was almost exactly in the ascending frontal convolution, at the junction of its middle and upper thirds. A portion of the mass (perhaps a third) was on the convexity of this convolution, while the rest was in the fissure of Rolando. The growth did not involve the ascending parietal convolution. There was no pus, as often occurs in cases of some standing, nor any breaking down of tissue. It was simply a case of localized tumor, involving the motor region of the brain. It was absolutely localized in the ascending frontal convolution, and only affected the ascending parietal, if at all, by pressure.

A slight discussion of this case may be profitable. This is a case in which, if the trouble had been recognized early, the man could, perhaps, have been cured; that is, if any case of cerebral syphilis can be cured, and undoubtedly some can be. If this had been recognized several weeks ago, the fatal result might have been prevented. When he came under the care of his attending physician, two weeks ago, the disease had advanced too far to be relieved. This illustrates the importance of an early recognition of troubles of this kind. I may, perhaps, be taking too much for granted; this may possibly be a tubercular growth, but I do not think so.

At the time of his attack he was living in a malarial district and had been treated for malarial trouble, without any reference to the special condition in the brain. The peculiar phenomena were not recognized.

I believe it within the bounds of possibility to have successfully removed this cortical growth by operation, if no basilar trouble had been present.

He had the symptoms which I should lay down as the typical manifestations of brain tumor, and which will enable the diagnosis to be made in the incipient stage or in any step of its progress. A tumor of the brain is nearly always a tumor of the membranes. It usually is a growth from the pia mater or the dura mater, and very commonly, when the post-mortem is made, these two membranes are found agglutinated together. Many of these tumors originate in the pia mater. Such was the case in this instance. The dura mater was not involved in the growth. It was a highly-congested condition which was most marked near the site of the growth, but it was not adherent to the pia mater.

The general symptoms of brain tumor here present were headache, vertigo, mental disturbances, hyperæsthesia, and usually choked disk. All the post-mortem appearances indicated that the man had this condition of the eyes, although we were unable to obtain an ophthalmoscopic examination before death. Hyperæsthesia is very common in cases of brain tumor, even on the side of paralysis. Vomiting, usually a symptom, was absent. The other phenomena depended on the seat of the lesion. More or less marked paralysis, and often spasm, are present when a tumor involves the motor region. In this case, spasm did not exist except as a slight monospasm. There was a history of paresis which came, disappeared after a time, and returned. This is often the history of a tumor of the convexity, which is not of large size. After a time apoplectiform attacks occur, and the condition remains permanent.

This case bears out the doctrine of localization. The localizationists, and I am inclined and have always inclined to be a localizationist so far as the functions of the brain are concerned, would account very beautifully for the paralysis of the arm by the position of the tumor pretty nearly in

the middle Rolandic region, here towards the middle of the ascending frontal convolution. According to the localizationists, this Rolandic region is divided into three elliptical regions, the upper one containing the centres for the leg, the middle one the centres for the arm, and the lower one the centres for the face, and a little anterior to the latter the speech centres are located. In this case there was no breaking down of the white matter behind the tumor. It was a beautiful instance of a strictly localized growth. The paralysis was due to this growth in the motor cortex. Inhibitionists might say that the paralysis was due to the irritation of both growths irradiated to certain regions and inhibiting motion. As a matter of fact, we know from experience that if the tumor had been in the occipital lobe, there might have been sensory phenomena, headache, vertigo, and the general phenomena of brain tumor, but there would not have been paralysis, or at least not localized paralysis. A tumor in the antero-frontal portion of the brain would have given the general symptoms of a brain growth, but not paralysis. Whatever view you may take of localization, whether you take the view that there are true volitional, psycho-motor centres, or the view that there are certain regions in which lines of force are concentrated, without question is a sort of localization.

I should say that the paralysis in the right arm and leg was due to this tumor of the convexity, and to the irritation and pressure which it exerted on the general region in its proximity. We get not only the fixed pressure, but the irradiation and the impairment of the region in proximity to the growth.

Let me say a word as to the other growth and the other phenomena. The tumor on the convexity of the brain ought not to have killed this man, or at least not so soon. I have made autopsies of cases which had lasted for a year or two, with larger growths than this. He had also a tumor in the right side of the cerebellum, in close proximity to the pons and medulla, causing some pressure, but no destruction, and very great irritation in the neighborhood of the vital regions. It undoubtedly gave rise to a local meningitis. There was, however, no destruction of tissue. There was also effusion at the base. He died more from this meningitis and effusion at the base than from the larger one. The ptosis and the trigeminal anæsthesia may be accounted for without going into minute details, by the condition at the base of the brain.

You should always be on the lookout for cases of this kind. Within the past year I have been called into case after case, where if the correct diagnosis of syphilitic disease of the brain had been made, instead of malaria, or some other trouble, the chances of the patient would have been much better. Such cases should be put on the use of iodide of potassium and mercury, ergot and bromide of potassium being given to relieve the congested condition.

In view of the history of traumatism, I may say that I carefully examined for any evidence of fracture of the base or convexity of the skull, but found none. There were no ecchymoses such as are present in some cases of concussion without fracture. I have no doubt that the growth was at the bottom of the trouble, and that if the traumatism did anything, it simply served to light up the brain trouble.

Medical Societies.

PHILADELPHIA NEUROLOGICAL SOCIETY.

A stated meeting of the society was held Monday evening, April 28, the President, Dr. S. Weir Mitchell, in the chair.

Dr. J. Hendrie Lloyd read a paper entitled

The Report of a Case of Pseudo-hypertrophic Muscular Paralysis with Bone Lesions.

Sarah C., æt. 17, was one of the first inmates of the Home for Crippled Children, after its establishment by Mrs. Innes, in the early winter of 1883. The patient presented, when first seen, an appearance of great obesity. The fat was generally distributed to the face, neck, trunk, gluteal regions, arms (partial), and legs. Some of the muscles of the forearms were slightly wasted. The appearance was one of great robustness ef health, and the accumulation of fat and general outlines of the figure were such as to suggest an over-fed, middle-aged woman, rather than a girl but half advanced in her teens. Upon closer inspection there was discoverable a strange contrast to this appearance of health. It could be readily seen then, that the patient was a complete cripple. So absolute was the loss of power that she either lay supine, or was propped with pillows in a large chair, the body spreading out, as it were, by the mere force of gravitation, and without muscular resiliency or the control of will power.

The girl was, and now is, so helpless that it is impossible for her to assume the sitting from the reclining position; she cannot turn upon her side without assistance, and it is with the greatest difficulty that as she lies upon her back she crosses one leg over the other. She retains, however, some power in her arms, especially the forearms, and although these regions are evidently wasting, they alone seem to possess what fraction of power the girl can command, and with them she can sew, crochet, and do other work requiring skill and training.

The details of her condition are briefly as follows: The muscular system presents in many places marked enlargements. These are evident especially in the deltoid, lumbar muscles, and calf. The muscles in these regions have a dense, doughy feel, and are overlain with subcutaneous fat, with which they appear so intimately connected that it is difficult to detect their exact limitations. They are very little, if at all, subject to the will, so that their passive condition and their envelope of mottled and lifeless-looking skin is very suggestive to one who handles them, of some profound pathological change.

This pathological change has been demonstrated by the microscope, and is in accord with the classical description of pseudo-hypertrophic muscular paralysis. With the aid of the little instrument of Dr. Harte, of this city, specimens of the muscular tissue were taken from the lumbar region and the calf. Dr. William E. Hughes kindly

prepared these for examination, by teasing them, as the fragments were too small for embedding and cutting. The specimen from the calf presented under the lens an interstial hyperplasia, with granular changes in the muscular fibre, and a marked loss of striation. There was not any appearance of secondary fatty change in the connective neoplasm, which may possibly be accounted for by the "teasing" process. The specimen from the lumbar region was not apparently from the muscle, but was simply adipose tissue.

The reactions to the faradic current in the deltoid and calf muscles are very feeble. The reactions with sponges on median and ulnar nerves of forearm—the muscles of which are wasting—are about normal, or, at least, much more active than in the hypertrophied muscles. So, too, in the peronei. The reactions of degeneration to the galvanic current have not as yet been sought for.

The girl was weighed some months after her admission to the Home, and after she had evidently lost much flesh, turned the scale at 124 pounds. When first admitted it required the combined strength of two men to carry her up stairs, and she, no doubt, at that time weighed considerably more. Her stature is not tall, and her age at that time not seventeen. The measurements of her limbs are at present as follows: Upper extremities, arm, right, 12½; forearm, 9; arm, left, 13; forearm, 9. Lower extremities, right thigh, 21; leg, 13¼; left thigh, 21¼; leg, 13.

These figures show an increase of bulk during the last few months. The girl's mind is fairly bright. She is something of a giggler—simpering and foolish—but her defects may be partly, at least, accounted for by lack of opportunity and education. She cannot be called a feeble-minded child. The patient's history is very obscure. Her mother "ran away with another man," as her brother explains in a letter, and she has passed her life in public institutions. This brother says he thinks she was always a cripple, but not so bad but that she could at one time walk. Her general health is excellent; she attempts to add constantly to her exuberant proportions with a vigorous appetite, and is now putting on fat. The heart and lungs are normal. She occasionally suffers pain from the spinal curvature, to which reference will be made in a moment. There is no evidence of heredity. She at one time menstruated very freely, and as often as every two weeks.

But while the appearance of the muscles is so significant, there are changes in the bones of still greater interest, and to which I desire to call your attention. These changes have occurred in the spine, and in the elbow and knee-joints. The spine is in a state of constant scoliosis, with its greater convexity to the right. One year ago, this convexity could be thrown to the left by one attendant lifting the patient by the shoulders, and another making pressure on the vertebræ. It would not remain thus, however, and was evidently uncomfortable to the girl.

The elbow-joint presents a unique appearance, which, as far as I am at present informed, has not been described in any other reported case of pseudo-hypertrophic muscular paralysis. It is exceedingly mobile, due apparently to an atrophy of the epiphyses of the bones. Thus, the joint can be bent backward at a marked angle, quite impossible when the olecranon and its opposing surface are intact. The attachments of the head of the radius and upper end of ulna are loosened, allowing a sort of wabbling and limberness in making pronation and supination. This preternatural mobility is increased by a somewhat similar condition of the head of the humerus in the glenoid cavity.

The wrist-joint, also, is not firm and staunch (depicted by Dr. Taylor). The chief defect of the knee-joints is an atrophy of the patellæ, which are not more than one-half their normal diameters.

In bringing this case to your notice, I desire especially to call your attention to the fatty phenomena and to the bone lesions. The literature of the subject presents nothing which has added much to the original description of Duchenne, supplemented by a few very thorough post-mortems—especially of Eulenberg and Cohnheim. Duchenne said that the interstitial connective tissue proliferated with the production of fibrous tissue, and that this increase was associated with fat vesicles; also that the striation was preserved, but was very faint. He does not bring into prominence the fatty changes, which seem to be secondary to the hypertrophy of the connective tissue. Other writers, apparently following Duchenne, or perhaps not seeing cases in which fatty changes are prominent (for they are rarely as marked as in our case), have not discoursed much upon the phenomena of lipomotosis. Duchenne says "the subcutaneous tissue contains very little fat." Eulenburg, however, has brought these changes prominently forward, for in his monograph—founded upon his post-mortem researches—he says there is a great increase of subcutaneous fatty tissue, "most noticeable in places where nature has provided an abundant panniculus;" and, moreover, says of the intermuscular changes that there is first a proliferation of connective tissue, which is transformed into fatty tissue. I think that our case is a striking example of this pathology.

The bone lesions in this case are interesting in view of the tendency at present to connect bone and joint changes with diseases of the central nervous system. This speculation is not a new one, for it was a suggestion of Prof. J. K. Mitchell, years ago—so he is quoted—that rheumatism may be of neurotic origin. Arthritis deformans has been recently attributed by Weber to a neurotic source, but the argument is largely from a therapeutic standpoint, viz: as the disease does not improve on anti-rheumatic treatment, and does improve on general tonic and galvanic treatment, ergo—a neurotic origin. There are undoubted bone lesions, caused by disorders of the cerebro-spinal axis, as has been shown by Prof. H. C. Wood in a recent clinical lecture. He refers to bone changes in insanity, especially dementia paralytica, in hemiplegia and locomotor ataxia. These changes are described as atrophy, hypertrophy, and inflammation. A true causative relation is shown, but we are wahting in an exact pathology as to what trophic centres, if any, are affected, and in what manner. Bone lesions in pseudo-hypertrophic muscular paralysis have not been brought into any prominence in the investigations which I have consulted, and in many cases not even referred to. Scoliosis, which ex-

ists in one case, is mentioned by some and ascribed to the weakened state of the muscles—no doubt a true explanation; but such changes as I have described in the elbow and knee appear to be unique.

As a probable explanation of these impaired bones, I am reminded of the dictum of Duchenne. It was not the belief of this great clinician that pseudo-hypertrophic muscular paralysis was at all identical with progressive muscular atrophy, or that it was of central origin. It seems probable that the case before us may be an expression of that faulty development which overtakes, in some defective births, all tissues, and that pseudo-hypertrophic muscular paralysis, associated, as it often is, with impaired brain and nerve function, may be but a form, in some cases at least, of congenital deficiency of development power.

Dr. Charles K. Mills said he had that day seen a case at the Philadelphia Polyclinic, interesting in connection with Dr. Lloyd's remarks on bone and joint lesion originating from the nervous system. The case was that of a mulatto woman who is changing to a bronze color, and in addition, the upper half of the body is affected with muscular atrophy. The joints, more particularly the smaller ones of the right hand, are swollen, rigid, and painful; the hands were in a half-closed position. She had perverted sensation in her face, loss of the sense of taste, difficulty of swallowing, and could only open her mouth half way, on account of the muscles of deglutition and mastication being affected. The case illustrated the connection between muscular degeneration and joint and other trophic affections.

Dr. N. A. Randolph read

A Note on the Behavior of Hydrobromic Acid and of Potassium Iodide in the Digestive Tract.

I venture to present before the society a brief note upon a subject not strictly neurological, but having direct bearing upon the relations entertained to the processes of digestion by two drugs, which are of interest to the neurologist.

In a series of artificial digestions, in which hydrobromic acid was present in the digestive mixture, in amount corresponding to the therapeutic dose, I have noted:

(*a*) That salivary digestion was completely suspended, whereas

(*b*) The peptonization of proteid food-stuffs was in nowise retarded, the variation from the normal, if any, being toward an acceleration of this process.

It is evident, therefore, that, other things being equal, the appropriate time for the exhibition of this drug is immediately upon the cessation of salivary digestion within the stomach, or in other words upon the first formation of free acid within that viscus.

Recent studies* have shown that the acidity of the gastric contents, found even in quite early stages of digestion, is not due to the presence of *free* acid; and the ingenious observations of Von den Velden† go far toward proving that the development of free acid within the stomach does not occur until from forty-five minutes to an hour after breakfast, and from one to two hours after dinner. These results were obtained chiefly by the use of methyanilin, violet, and tropæolin bodies, delicately responsive, by color-change, to the presence of free acid. There is little doubt in my mind that hydrochloric acid is developed in the stomach at an earlier period than that above indicated, but it seems very probable that by immediate combination with albuminoid it loses somewhat its characteristic activity. This is illustrated by an observation made in the course of this study, namely, that the addition of small amounts of potassium iodide to dilute solutions of acid albumin containing two-tenths of one per cent. of hydrochloric acid, does not result in the liberation of iodine. The addition of the same amount of the iodide to the same quantity of an aqueous solution of hydrochloric acid of the same degree of activity results in an immediate liberation of iodine.

This interesting discovery of two stages of acidity in the gastric juice has, I believe, not yet been incorporated in the text-books. It serves to reconcile the contradictory opinions so frequently found as to the value to the economy of saliva as a digestive fluid, and explains the completely diverse results obtained by such careful workers as Frerichs,* and Bidder and Schmidt.†

Besides an observance of the time-limitations just indicated, I would suggest the advisability of milk as a vehicle for the administration of hydrobromic acid. The curd thus formed is fine and flocculent, the mixture closely resembling buttermilk in taste and appearance, and in no wise suggesting medicine. I have taken as much as a tablespoonful of the dilute acid in a tumbler of milk, without any repugnance. The milk used must be raw. With this, as with most other acids, boiled milk gives tough and bulky coagula.‡

As regards the exhibition of the iodide of potassium, the rationale of its time relations is altogether different. Although this drug is distinctly alkaline, its presence in a mixture of hydrated starch and saliva certainly does not suspend the action of the amylolytic ferment, nor, so far as I can determine, materially retard it.‖ When, however, iodide is added, even in very small amount, to a mixture of artificial gastric juice and egg albumin or fibrin, the rapidity of peptone formation, as determined *by the nascent* murcuric iodide reaction,§ or by the biuret reaction and control test, is greatly diminished. This result is not due to a slight diminution in the acidity of the solution, caused by the addition of an alkaline body; for the same effect is noted when the acidity of the solution is at once again brought up to the normal degree. The pepsin is apparently but little, if at all, affected by the

*Deutsch. Archiv. Klin. Med. xxiii, 369. See also Jahresb. ü. d. Fortsch. d. Thier-Chemie, 1880, p. 302, and Danilewsky, Centralb. f. de Med. Wiss., 1880.

†Zeitsch. f. Physiol. Chemie iii 205.

*Wagner, Handwoerterbuch d. Physiologie, iii, a, 772.

†Bidder und Schmidt, Verdadung u. Stoffwechsel, p. 27.

‡Randolph; Verbal communication on differences between raw and boiled milk.—*Proc. Acad. Nat. Sci. of Philadelphia*, 1884.

‖Langley & Eves, Jour. of Physiologie, iv., p. 19, have shown that although a distinctly alkaline medium retards salivary action, the presence of a proteid body in the digestive mixture will prevent this retardation.

§Randolph; A reaction common to peptone and bile salts.—*Proc. Acad. Nat. Sci. of Phila.*, 1884.

presence of the iodide, if we may judge by the indifference of ptyalin to the drug, and by the fact that quantities of the iodide corresponding to the maximal therapeutic dose neither entirely suspend the peptic activity, nor induce greater retardation of the digestion than do much smaller quantities. A slight effect is exerted by the iodide upon the proteid food-stuffs, evidenced in an increased toughness produced in, *e. g.*, fibrin, and when the drug is abundantly present, in the acquisition by the albuminoid of a slight yellow tinge, due to staining by iodine, which is liberated by the free acid of the artificial gastric juice.

The most important factor in the delay of peptonization lies in the power possessed by potassium iodide, even in relatively minute quantity, of precipitating acid albumen in solutions which shall, after its addition, possess the normal degree of acidity of human or even canine gastric juice. The same may be said of potassium bromide, and of several other analogous compounds. The precipitation effected by the iodide is so complete that when solutions of acid albumin are thus treated and filtered, the still acid filtrate yields no trace of proteid matter. This observation, which is doubtless old, though I have as yet been unable to find it recorded, tends to show that the time at which the administration of this drug is least liable to disturb digestion is either during or immediately after the ingestion of food.

There are several sources of error in attempts at deduction from the results of artificial digestion, as ordinarily performed. Thus the continued activity of a digestive fluid is largely conditioned by the removal of the products of its action soon after their formation. This occurs in the living viscus, but not in the test tube of the experimenter. The maintenance of the normal temperature of the active stomach is, of course, readily accomplished; but the conscientious imitation of other factors in the normal digestive process implies not only a constant mechanical intermingling of food-stuff and digestive fluid, but the continued addition of small amounts of the digestive fluid itself. I have nearly perfected an apparatus which in a large degree obviates the difficulties just cited.

In it artificial salivary digestions are conducted in a thin tube of fish-bladder, closed at one end, which is, by mechanical means, kept in gentle agitation. The contents of this tube are maintained at the proper temperature by a surrounding body of warm water, which is slowly but constantly changed. For gastric digestions the animal membrane is substituted by one offering equally great surface for dialysis, but resistant to peptic action. Despite, however, the inaccuracies attending existing methods of study, the following deductions from the facts, old and new, which are here presented, appear justifiable:

1. That the earliest production of free acid within the stomach is approximately three-fourths of an hour after a meal; its appearance being still further delayed by the ingestion of food in large quantity.

2. That hydrobromic acid is liable to impede the digestion of starchy foods when administered within the interval just named; and

3. That iodide of potassium should be given at such time and in such dilution that its absorption shall be complete before the appearance of free acid within the gastric contents.

Dr. Francis Dercum said he thought the suggestion of using milk as a vehicle for hydrobromic acid, a very good one.

Dr. S. Weir Mitchell spoke of the utility of hydrobromic acid given with bromide of potassium.

Dr. E. T. Reichert referred to the paper recently written by Dr. H. C. Wood, on the "Use of Hydrobromic Acid in Epilepsy." He said it confirmed the conclusions which he had come to in a paper on the physiological action of hydrobromic acid, published some years ago. He believed that hydrobromic acid could be substituted for bromide of potassium, as it had the same physiological qualities as the bromide.

Dr. S. Weir Mitchell read a paper on

Œdema of Hysterical Hemiplegia and Unilateral Swelling in Hysteria Generally.

Dr. Charles K. Mills said he had seen similar cases to those reported by Dr. Mitchell, but had not studied them closely. In a case of hystero-epilepsy, with hemi-anæsthesia, etc., there was œdema of both limbs, but the swelling was most marked on the affected side and was chiefly below the knee. In another case recently seen at the Philadelphia Hospital, the swelling of the limb was very decided.

In some cases of hysterical paraplegia he had noticed these swellings, but had not made them a special study. He also referred to a case of hysterical contracture of the wrist with marked œdema.

Dr. Sinkler spoke of having seen a number of cases of slight temporary swellings of the limbs in hysterical women. He mentioned a case of this kind which he had seen at the Orthopædic Hospital. It was that of a woman whose hands, feet and legs would become, at times, slightly swollen; but it was temporary, as it would entirely disappear.

The Treatment of Scrofulous Pyonephrosis.

The treatment recommended by Dr. R. Clement Lucas (*Brit. Med. Jour.*, July 5, 1884,) consists in cutting down upon the kidney through the loin, draining, and disinfecting it. Afterwards, when the organ has contracted, should it remain a source of discomfort, it may, with comparatively little danger, be removed without opening the peritoneum. At the time of his report there were two cases of scrofulous kidney lying in Guy's Hospital, under his care, each with a tube in one kidney. To those unfamiliar with the progress which has of late been made in renal surgery, it may still seem strange that these cases were both operated on before any tumor could be felt in the abdomen. The immediate relief from pain, cystitis, and irritable bladder, in one case amounting to incontinence of urine, is as remarkable as the freedom from pyrexia and general constitutional disturbance after this apparently severe operation. Statistics of nephrectomies clearly show the safety gained by first draining the dilated organ before proceeding to remove it; and he is inclined to think that the ventral or transperitoneal operation will one day be regarded as a scarcely justifiable operation for pyonephrosis.

EDITORIAL DEPARTMENT.

PERISCOPE.

The Fixation of Movable Kidney by Scratching its Capsule Through the Loin.

Dr. J. Greig Smith thus writes in the *Lancet*, July 5, 1884: At present, when the subject of displacements of the kidney is exciting considerable interest, notes of the following case, which was operated upon about a year ago, may be acceptable:

M. W——, aged thirty-nine, a largely-developed, well-nourished married woman, was admitted to the Bristol Royal Infirmary, under Dr. Spencer, in April, 1883, complaining of pain in the bowels, want of appetite, and constant headache. Six years previously she had suffered from a severe attack of inflammation of the lungs, and a month later she was confined of twins. Up to this time she had been strong and well, and her troubles came on subsequently. A year before admission she noticed a tumor in the abdomen on the right side, usually under the ribs, but occasionally low down near the crest of the ilium, or at intermediate points. It was the source of constant worry to her, causing her considerable pain as well as mental anxiety, and she laid on it the blame of all her troubles. There were no other symptoms of importance beyond a yellow discharge from the vagina, which was found to arise from endometritis, and which soon disappeared under the ordinary remedies. Dr. Spencer having effected no improvement by medicinal treatment, and the patient being most anxious to have something done, I was requested to see her. The patient was almost melancholic, with an anxious and worried expression of countenance. The abdomen was lare and pendulous, but thick-walled, and the tumor could not be very definitely made out. It could be moved freely in every direction on the right side of the middle line, and could be made to disappear under the crest of the ilium. It corresponded in shape and consistence to the kidney.

Dr. Spencer's diagnosis was floating kidney with dyspepsia, and he thought that the one caused the other. Personally, though I was bound to admit that all the signs were consistent with floating kidney, yet I thought they just as consistent with solid ovarian tumor with a long pedicle. Two other cases which I had seen, where diagnosis of floating kidney was made, turned out, one on the post-mortem table to be horseshoe kidney, and the other, on my removing it, to be solid ovarian tumor. The facility with which this tumor could be pushed down into the pelvis suggested the possibility that it also might turn out to be ovarian, and I recommended abdominal section, to remove it if not renal, to fix it if renal. This was accordingly done, and the tumor was found to be renal. There was no mesonephron proper, and the kidney was found very freely movable, partly in the midst of, partly with, a sort of flaccid bag of peritoneum and fat. When replaced it could be made to bulge in the loin, where it was readily felt through the skin and muscle. I hoped to be able to stitch it subcutaneously by carrying a long, curved-handled needle through the skin and the surface of the kidney, and tying the catgut suture over the muscles after making a punctiform incision in the skin. But the surface of the kidney tore and afforded no hold to the needle; so with one hand still in the abdominal cavity pushing out the kidney and ascertaining the course of the needle, and the other holding the needle outside, I moved the kidney surface in several directions over the point of the needle, and left it *in situ*. I hoped that the organized inflammatory material so produced would be strong enough to retain the kidney in position.

The case pursued the ordinary course of a successful abdominal section. The antiseptic dressings were removed in a week; the wound was found completely healed, and the stitches were removed. On the fourth day there was a small amount of blood in the urine. All pain from the tumor was gone immediately after the operation, but about six weeks afterwards she suffered from diffuse irregular attacks of abdominal pain, not in any one spot, but generally all over. At this time she had abnormally frequent calls to micturate, and these extended over some weeks. The tumor remained *in situ*, however, and there has been no sign of its reappearance since. I cannot say, however, that the operation has benefited the patient very much. She is nearly as low-spirited as ever, and though there is less abdominal pain than before, there is still a good deal, and the calls to micturate are still abnormally frequent. Possibly the near advent of the menopause may partially explain her symptoms.

Remarks.—I am no advocate of operative procedure in case of either movable or floating kidney, and what was done in this case was rather as a sequel to an exploratory operation than as a deliberate attempt at fixation of the kidney. It would have been easy to stitch the kidney to the abdominal wall; but it is difficult to believe that an unprotected position, close to the surface of the abdomen, and in contact with its constantly-moving walls, can be much better than free movement inside the abdominal cavity. Again, I might have cut down on the kidney in the loin, and stitched its capsule to the tissues in the neighborhood. This would have added to the danger of the operation, and would have rendered only the immediate result more certain, for sutures fixate only as long as they exist. When these are absorbed, the adhesions only remain to connect the united surfaces, and if the artificially inflamed capsule is kept in position while the adhesions consolidate, the effect of sutures might be got. In this case, now that a year has passed, we may assume that the desired result has been attained. In another case I should give a thorough trial to treatment by rest in bed, and carefully applied padding inside an abdominal belt. If this failed, I should perform nephrorraphy by lumbar incision. But a case such as the above teaches us not to be too sanguine as to the immediate good result of fixation, and should warn us to hold our hands for a long time, unless the local symptoms were very urgent indeed.

Dislocation of First Lumbar Vertebræ Successfully Reduced.

Before the Clinical Society of London (meeting March 28, 1884):

Mr. N. Davies-Colley read notes of this case. A shipwright, aged 55, was stooping at his work, when a mass of iron, weighing 7 cwt., fell upon the small of his back. He was at once admitted into Guy's Hospital. He was collapsed, but quite sensible. The spine of the first lumbar was three-quarters of an inch to an inch behind that of the last dorsal vertebra. The adjacent spines were even, and formed a continuous series, those above at a level considerably anterior to those below. There was no motility nor crepitus to be detected upon gentle manipulation. He could move his legs, but the right somewhat less than the left. There was impairment of sensation on the outer side of the right leg, and complete loss upon the dorsum of the right foot. Soon after admission extension was applied under ether. Mr. Davies-Colley kept his hand upon the prominence while three assistants made traction upon the legs. The projection was thus gradually reduced without any jerk; at the same time some crepitus and motility could be felt in the last dorsal spine. A plaster-of Paris jacket, similar to the laminated form recommended by Mr. Furneaux Jordan, was applied in the horizontal position, while traction was still being made upon the man's legs. When he recovered consciousness, he was quite comfortable. A more careful examination, two days later, showed that the right musculo-cutaneous nerve was completely paralyzed, and there was some loss of sensation between the first and second toes, where they are supplied by the anterior tibial nerve. For ten days he was unable to micturate, and some small bed-sores formed over the sacrum, although within two days of the accident he could turn over in bed and lie upon his side. On the thirty-fourth day after the accident, the splint was removed. The line of the spine was then quite even. There was no deformity, and little, if any, tenderness. In less than two months after the accident he was able to walk; but he was still unable to evert his right foot. With the help of faradization, he gradually recovered power and sensation; and when he was last seen, in October, no difference could be detected between the movements of the two legs, and the only abnormality in sensation was a slight numbness in the middle third of the outer side of the right leg.

Mr. Bryant, after remarking on the great interest of the case just related, said that the practice therein recommended was hardly sufficiently recognized. He had seen three cases of supposed fracture of the spine in the practice of his colleagues benefited by extension, and had had two cases under his own care where the treatment had been adopted successfully. One of these was that of a man, aged 74, who was brought to the hospital an hour after a heavy sack had fallen on to the nape of his neck. There was paralysis from the nipple-level downwards, no loss of sensation, slight priapism, and great pain in the right half of his body. There was projection of the third dorsal vertebra, with swelling around, and some separation of the spinous processes; there was also fracture of the sternum. Extension was applied, a sudden jerk was distinctly felt, and was audible to the bystanders; the deformity was completely relieved, and so was the pain, which had been extreme. The next day some movement of the toes and of one foot was possible, but on the following day the anæsthesia had increased, and was complete the day after, and he died from respiratory troubles on the seventh day. The examination confirmed the diagnosis of dislocation of the third dorsal vertebra, which was found to have been completely reduced; there was some extravasation of blood into the spinal cord, but not enough to have produced permanent disorganization, and had the patient been younger he might have made a complete recovery. He wished to advocate very strongly the treatment of such cases by extension.

Mr. Howard Marsh referred to a case of Mr. Willett's at St. Bartholomew's Hospital, wherein there was dislocation of one of the lower dorsal vertebræ; extension had brought about replacement, and after death the dislocation was proved to have been completely reduced; but he could give no details.

Mr. Durham had seen Mr. Colley's case throughout, and congratulated him on the result. He did not now regard these cases as so hopeless as he was taught to consider them in former days. He thought that there was some danger in the use of plaster-of-Paris jackets in these cases, except in the late stages, on account of the risk of producing sores, which would be unrecognized and inaccessible.

Mr. Davies-Colley agreed that the jacket would be objectionable, if with a fracture of a dorsal vertebra there was loss of sensation below the umbilicus.

The Actual Cautery in Diseases of the Joint.

In the *Lancet*, May 10, 1884, we read that on the recent occasion of a patient being brought into the operating theatre of King's College Hospital for the purpose of undergoing treatment by actual cautery for disease of the knee-joint, Mr. Henry Smith made some remarks on the employment of this agent. He stated that, whilst in former times the actual cautery had been employed to a considerable extent by surgeons, it had gradually fallen into disuse, in consequence probably of the seemingly cruel and painful nature of the operation, so graphically described by the late Sir William Fergusson in his "Practical Surgery." Since, however, the introduction of anæsthetics, by means of which this potent remedy could be applied without the horrors formerly accompanying it, the actual cautery had been resorted to without scruple, and the pupils attending his class had had recently several opportunities of witnessing the extraordinary benefits produced by its application. He desired to call attention to two other instances of disease of the knee-joint, occurring in females, where the effect of one application of the actual cautery had been remarkable. In one of these cases the disease had been of long standing, the joint being in a state of chronic inflammation, the chief symptoms being severe pain on any attempt to move it, and some swelling. After the employment of various measures, which were of little use, the actual cautery was freely applied, with almost immediate

relief and ultimate cure. In the other case, that of a woman who had been suffering from chronic inflammation of the femur, which had implicated the knee-joint, and resulted in great enlargement of the bone and anchylosis of the joint, attended with most severe pain and total loss of use of the limb, no treatment seemed to be of any avail until the cautery had been freely used over the end of the femur and knee, and those present had been able to witness the effect of this agent, which resulted in immediate and permanent relief. In another case which had been before their notice, that of a young woman with disease of the hip-joint, the symptoms denoting progressive disintegration of the articulation, the usual treatment was adopted—namely, rest, extension, and local applications—but although the acute symptoms were relieved, intense pain persisted, especially at night. The actual cautery was applied, and the effect was to mitigate the pain within a few hours, and ultimately the course of the disease was arrested. Another striking instance of the good results produced by the cautery had recently been under their notice. It was the case of a poor woman who had suffered for some time from disease of the spinal column in the dorsal region. There was some curvature, very severe pain on pressure over three of the vertebræ, and latterly the woman had lost control over the bladder. After she had been kept at rest for some little time, and the more urgent symptoms had been relieved, he applied the actual cautery freely over the diseased vertebræ, and at the same time administered mercury internally, so as to produce gentle ptyalism. The effects were almost immediate: pain was relieved within a few hours, the bladder symptoms were removed, and in the course of six weeks the woman left the hospital convalescent, having been previously fitted with a Sayre's jacket. In an instance, also, of disease of the ankle-joint in a strumous lad, where the features of the case pointed to mischief in the bone rather than in the synovial membrane or cartilage, he was on the point of amputating the foot, but before doing so, he determined to apply the cautery freely. This was done under ether, and with such good results that the patient left the hospital with a stiff ankle but a serviceable foot.

Mr. Smith said he was anxious to draw their attention to one important point in connection with this means of treatment. It should not be used in instances where acute inflammatory action existed; it would be necessary to abate the acute symptoms before using the cautery. In all the instances alluded to this had been done, and the actual cautery was then applied; in fact, as he had often pointed out to the pupils in the wards, it was in those instances where the chronic inflammation was going on, threatening progressive disintegration of the joint structures, and especially those instances where constant pain was a notable symptom, that the actual cautery was such a powerful help to the surgeon; and he strongly advised its use in such cases before resorting to more severe proceedings.

Gastrostomy.

After reporting a successful case in the *American Practitioner* for May, 1884, Dr. S. W. Gross says:

A personal experience with two cases and a thorough knowledge of the literature of the subject have convinced me that gastrostomy is not only easy of performance, but that it should be resorted to in all cases of carcinoma of the esophagus as soon as dysphagia has set in, for the double object of alleviating suffering and prolonging life. The best incision to reach the organ is that of Bryant, which commences at the outer border of the rectus at the level of the eighth costal cartilage, and is carried for three inches below the borders of the ribs toward the apex of the tenth cartilage, the movable tip of the latter on the ninth cartilage being a capital guide for the termination of the incision. Unless there is imperative need for opening the stomach at once, it will be wise to divide the operation into two stages, so as to insure perfect union of the peritoneal surfaces, and thereby prevent peritonitis from effusion. To effect this object, the stomach should be stitched to the wall of the abdomen by an outer row of pure silk sutures, as recommended by Howse, in addition to the sutures inserted through the viscus and the edges of the wound, care being taken not to penetrate the cavity of the stomach, lest its contents may pass through the punctures and light up peritonitis, as happened to Volkmann. The opening in the stomach, which may be made after the lapse of five or six days, should not be longer than a quarter or the sixth of an inch, and in making it the organ should be steadied by the two threads or wires inserted at the first operation near the center of the exposed portion. For feeding, an elastic tube of sixteen or eighteen millimeters in circumference may be permanently retained in the opening, but it should be renewed at least every four days.

Gastrostomy for carcinoma has been resorted to at least one hundred and fifty-eight times. Forty-two of the subjects perished as the direct or indirect result of the operation; twenty-one from peritonitis, eleven from pneumonia, bronchitis, and pleurisy, five from shock, four from phlegmonous gastritis, and one from renal convulsions. The mortality may therefore be placed at 26.58 per cent., which is not large when the exhausted condition of many of the patients at the time of its performance is taken into consideration. Two additional cases succumbed, one from hemorrhage from the growth, and the second from suffocation due to perforation of the trachea, while sixty-five died of exhaustion, starvation, or extension of the disease, at periods varying from nine hours to one month; in fourteen the second step of the operation was not completed. Of the entire number, 109 died in one month; four were living, but how long can not be determined, and forty-five survived longer than one month, the average duration of life after the stomach was opened having been thirty-three days.

Of the forty-five survivors, twenty-seven expired subsequently: two in five weeks, two in seven weeks, eight in two months, two in two months and a half, three in three months, two in four months, two in five months, one in six months, one in seven months, one in seven months and a half, two in eight months, and one in ten months. Of the remaining eighteen, three were living at the end of one month, two at forty days, one at seven weeks, three at two months, two at three

months and a half, two at four months, one at five months, one at six months, one at seven months, one at twelve months and nine days, and one at thirteen months. The last two cases were under the charge of Mr. Walter Whitehead, of Manchester, England, who was kind enough to write me that the first could not live much longer, while the second was still enjoying excellent health.

The Treatment of Sea-Sickness.

Dr. T. T. Reynolds thus writes in the *Lancet*, June 28, 1884:

With regard to the symptoms of sea-sickness, I only need mention those which bear on its etiology and treatment. The first is excessive glandular action, the salivary glands being those soonest affected. Efferent empulses from the secretion centre in the medulla, descend by the chorda tympani, and excite this salivary secretion. Now, we know that atropine paralyzes the secretion centre in the medulla, and if given early in sea-sickness we find it cures the affection. A drop-dose of liquor atropiæ sulphatis, B. P., in a teaspoonful of water, should be given every hour till the physiological effect of the drug is produced. The sedative action of atropine on the medulla renders altered sensory impressions inoperative in producing sea-sickness. It should be given early in the affection, as when the more advanced or secondary stage is reached, its effect is not so marked, though still beneficial. In some cases sugar is found in the urine, due probably to the irritation of the diabetic centre in the medulla. Four minim-doses of Fowler's solution thrice daily is the best treatment in such cases. When called in after the affection has lasted two or three days, the medical man generally finds the patient greatly depressed, with a furred tongue, bowels obstinately constipated, pulse quick and weak. The best treatment of this stage is to have the bowels well moved by enemata. The atropine should be given as above, and the patient's strength supported by drachm-doses of a mixture composed of equal parts of brandy and iced water. The dryness of the throat caused by the atropine will be best relieved by small quantities of ice or iced lemonade. Valentine's meat juice or cold beef-tea, "a little and often," will sufficiently nourish the patient till more solid food is relished. Bromides, like atropine, have a sedative action on the brain, but, to prevent sea-sickness, must be given in sufficient quantities to produce bromization. Now, as bromism is a very serious condition, and one liable to affect a patient's reason and general health most injuriously, the bromides should be used with great caution, and only when prescribed and their action watched by a medical man. A late New York physician published a book on sea-sickness for the general public in 1881, in which he recommends travelers to "purchase a pound" of the bromides of potassium or sodium, and to take as much as ninety grains a day before coming on board, and to keep up a bromized condition during the voyage. This is dangerous advice, and the public should be warned against adopting it. I have seen lamentable results follow such abuse of the bromides. One case was that of a clergyman, who had taken ninety grains daily two days before coming on board and two days afterwards. I was called to see him during the night of the fourth day. He was insane, unable to remember, subject to illusions, and incoherent in his talk. This condition lasted seven days. Two business men of New York also came under my care, suffering in a similar manner. Both were married men, and the bromization rendered them impotent for some months, and also incapacitated them for business. In such cases of bromide poisioning, I find nourishing food, with small quantities of brandy and sal volatile, at regular intervals, the best treatment. Chloral hydrate is a useful drug in some cases of sea-sickness; its curative action seems to depend on its rendering the brain anæmic, as we find that the vaso-motor centre in the medulla is affected in the same way after loss of blood and under chloral.

Injections of Glycerine and Carbolic Acid for the Preservation of Bodies for Dissection.

Dr. O. T. Freer thus writes in the *Chicago Med. Jour.*, July, 1884:

During a course of dissection in the anatomical department of the University of Munich, I observed that the material showed a remarkable resistance to decay, being still fresh at a period when the average subject of Chicago's dissecting-rooms is too much decomposed for use. The parts which I was dissecting were in almost as perfect a condition after exposure to the air of a warm room for from two to four weeks, as when they were first given me; and those portions from which the skin had not been removed, remained entirely unchanged.

On inquiry, I learned from Professor Rudinger, Munich's anatomist, a man who has written numerous valuable works and done much for science by his original researches, that he preserved his subjects by injecting into the femoral artery a mixture of glycerine, carbolic acid, and alcohol, a method invented by himself and used here since 1872.

Since its introduction he had seen no bad effects from dissection wounds here.

He said that, according to the amount of injection material used, subjects would keep from two to six months in a summer temperature, the only necessity being moisture to prevent mummification.

The solutions used by Prof. Rudinger are:

(*a*) For preserving bodies for long periods, three to six months: Glycerine, 40 parts; carbolic acid, crystalized, 11; alcohol, 8.

(*b*) For preserving bodies from two to three months: Glycerine, 80 parts; carbolic acid, 17; alcohol, 13.

The amount injected varies according to the length of time it is desired to preserve the subject, from two to four litres being ordinarily used; but an average body will readily contain six or more.

The advantages of this method are, that the tissues preserve their natural appearance and pliancy from the commencement of an ordinary dissection to the end. Students, therefore, need not hurry their dissection, even in warm weather, as decomposition is so slow that the parts dissected last are in as perfect a state as those seen first. The solutions mentioned above do not whiten the tissues, which retain their natural appearance to the end.

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ANTIPYRIN.

Knorr, in Erlangen, has manufactured from chinolin a new alkaloid, called, on account of its antipyretic effect, antipyrin. Dr. Paul Guttmann, in Berlin, has recently investigated its effect, and published the results of his observations in the *Berl. Kl. Woch.*, 20, 1884.

He made use of the drug fifty-seven times, in twenty-seven patients laboring under a high temperature. The cases experimented upon were as follows: 6 fibrous pneumonia, 6 typhoid fever, 2 scarlatina, 2 febris recurrens, 2 erysipelas faciei, one each of variola, morbilli, pleuritic exudation, erysipelas cruris, and abscess of the arm, and 4 of pulmonary phthisis with continually high fever. The temperature was usually taken in the rectum, in a few cases in the axilla, and generally every hour during the day, and every two hours during the night.

The results teach that antipyrin, in the dose of 64 to 96 grains, has a certain and high antifebrile effect, at least lasting five hours, and often much longer. It is best to administer the remedy in two or three doses, each of 32 grains, given every hour in watery solution, to which some corrigens for the taste has been added, or in powder form in wafers.

The temperature sinks continually and gradually, already one hour after the first dosis, at least by half a degree, and then goes on falling, until two hours after the third dosis, five hours after first, the decline has usually reached its height, and mounts up to 30. Sometimes the effect continues for eighteen hours. When later the temperature ascends again, it also does so slowly and gradually. The same effect can be achieved by one single dosis of 64 grains, and also by five consecutive (every hour) doses of 16 grains each.

Together with the temperature, the frequency of the pulse declines. In cases where the decline in temperature is great, active perspiration is apt to occur. Disagreeable effects were not observed; only in one case vomiting ensued. Generally the remedy was well borne, even in cases where quinine caused emesis.

Antipyrin has, therefore, a great advantage

compared to kairin. The latter produces its temperature-decline by a rigor; its effect is sudden, and lasts but a short time, when temperature again rapidly ascends. Antipyrin has a similar effect to quinine, but as it is much cheaper, and is generally better borne by the stomach than quinine, its general adoption as an antipyretic, in preference to quinine, can be recommended.

THE VIVISECTION QUESTION.

The discussion on vivisection has become one of the popular literary topics of the day. It offers a good theme for affecting sentiment. *Lippincott's Magazine* had a leading article on it in its last number—*against it*, very pointedly.

In the London *Illustrated News* on the other hand, George Augustus Sala says something in defence of it in his happy style. His words are:

"I was, in early childhood, that which I once heard my mother's maid, in conversation with a friend, describe me as being 'a miserable little hobject;' and the doctors were continually doing things to me. I am, in many respects, a miserable object now, and require to be periodically patched up by the faculty. And I will say naught against vivisection, because I never yet met with a cruel doctor, and because I firmly believe medical men to be among the most humane, the most generous, the most unselfish of mankind; and I indignantly denounce the imputation that there are any members of a noble, a high-minded and a beneficent profession who, actuated by no more exalted motives than their 'greed after the hidden things of the life of the flesh,' confessedly and without compunction torture dumb animals. The medical man practices vivisection (with the smallest possible infliction of pain on the animal vivisected) not because he is selfishly greedy after 'the hidden things of the life of the flesh,' but because he wants to find out what is the matter with you, verbose sir, or sentimental madam; because he is striving his utmost to devise means for saving you from misery and anguish; for mitigating the agony of the ills that rack the joints or fire the veins, or that 'in the deeper vitals rage.' He is no worshiper of knowledge as of an idol. He tries during his whole laborious life to learn more and more, in order that he may console and relieve and preserve suffering humanity."

That there is truth as well as good writing in this extract, all must admit.

One of the latest conquests of vivisection is that it has demonstrated that diseased lungs, or portions of them, can be removed from living animals and human beings. At Naples, out of sixty-three animals operated upon in this manner, thirty-six recovered.

CAFFEIN IN DISEASES OF THE HEART.

Gubler, 1877, first reported that there are certain cases of heart disease, associated with dropsy, where caffein has a far more powerful effect than digitalis. Many reports have since confirmed this statement. Dr. X. Francotte has recently once more investigated the action of caffein (*Deutsch. Med. Cent. Zeit.*, June 7, 1884). He shows by the records of six cases, that when digitalis has no longer any effect, caffein may still save life. Its main action consists in a greatly increased diuresis. The dose has to be gradually increased. Its effect on healthy persons seems to be *nihil*, for sixteen grains per diem have been taken without their causing the least effect.

Dr. Kobert, who also has experimented with the drug, comes to the conclusion that caffein, while exerting no influence in normal conditions, acts as a strong diuretic in some cases of heart disease with failing circulation. He further says, that caffein cannot be compared with digitalis, as it never shows any accumulative effect, does not act at all on healthy persons, and greatly stimulates the function of the cases only when the effect of digitalis has ceased.

Notes and Comments.

The Action of Digitaline.

From the *Lancet*, July 5, 1884, we learn that M. Kauffmann, of Lyons, working in M. Chaveau's laboratory, has studied experimentally the physiological action of digitaline (amorphous), and embodied his results in an interesting paper contributed to the *Revue de Médecine* of May 10. His experiments are all the more valuable in that they were made upon the higher animals (dog, ass, and horse). He finds that locally digitaline acts as a powerful irritant, which renders it unsuitable for administration by the skin, whether intact or denuded of epidermis, the inflammation excited by

the substance preventing absorption. It has similar irritant action on mucous membranes, and the stomach can only tolerate minute quantities. For the same reason, only very dilute solutions (1 in 500 or 1 in 1,000) are available for subcutaneous injection. He found that absorption took place most readily by the respiratory mucous membrane, next by the gastro-intestinal, next by connective tissue, and least by muscle—the febrile reaction ensuing on injections into the last two named tissues masking the specific effects of the drug. The results of all his experiments as to the general action of digitaline are partly at variance with accepted teaching, particularly as to its effect on the renal secretion; for he finds that in healthy animals digitaline, whether given in large or small doses, does not produce diuresis. Administered hypodermically or in the form of powder in the stomach, it causes a diminution in the quantity of urine excreted, and an increase in the amount of urea. Given by the stomach in the liquid form and in small doses, it diminishes both the quantity of urine and of urea. It only produces diuresis in dropsies due to disorders of the circulation. Of its physiological action on the circulatory organs he declares that in small doses digitaline slows the pulse, but in larger doses accelerates it; and he attributes the former effect to stimulation of the medullary and intra-cardiac centres of the moderating system, the latter—*i. e.*, acceleration—in central and peripheral paralysis of the system. The intra-cardiac pressure, both diastolic and systolic, is increased, and also the energy of the cardiac contraction. The action of the heart is more regular when accelerated than when slowed by digitaline, whilst the pulse is stronger with small doses of the drug than with large. Small doses slightly raise arterial tension by central and peripheral stimulation of the vaso-motor nerves; stronger doses at first increase, then diminsh the tension. The rate of arterial blood-flow is diminished, and the rectal temperature is lowered.

Iodide of Potassium in Pneumonia.

From the *Lancet*, July 5, 1884, we learn that Dr. Luigi Gualdi, of Rome, gives the iodide in forty-centigramme doses every two hours, at the same time applying the ice-bag over the seat of pulmonary inflammation. In thirty-nine cases in which he practiced this treatment, he had excellent results. In all, without distinction, he observed that the sputum, from being viscid and tenacious, became, before the second day, fluid, resembling bloody serum; that with the cessation of the fever the exhaustion also ceased, although the physical state of the lung was not improved—nay, in some cases aggravated; and, finally, that in all the convalescents the appetite was so sharpened that the ordinary diet had to be considerably increased. The mortality was six per cent., while of the two who died one could not be included in the calculation, because, being affected with pneumonia of the apex with furious delirium, he took only two grammes of the iodide of potassium. It is worth remarking, continues Dr. Gualdi, that the fever and the exhaustion ceased, although the physical condition of the lung remained unchanged, thereby confirming Schwartz's position, that the fever is independent of local alterations; also Jürgensen's contention that the cause of the exhaustion resides not in the change in the lung, but in the fever, seems to be similarly confirmed. Dr. Gualdi concludes that from his experience the treatment by the iodide succeeds better with the youth of either sex than with adults; that the iodide should be exhibited at the beginning of the disease, to insure an immediate and perfect result; that the iodide is efficacious over the fever and the exhaustion, but not over the localization, which latter indeed may even be extended under the treatment; that the iodide and potassium combined separate in the organism, so that each has its special virtue; and, finally, that the action of the ice is secondary, inasmuch as it operates on the effects, and not on the cause of the disease. It is useful in the congestive stage; hurtful when the contents of the air-cells are already solidified and the lung indurated.

Unusual Weight of Fœtus at Full Term.

Dr. Edward Gordon reports this case in the *British Medical Journal*, April 5, 1884:

On March 16, a lady, aged thirty-five, primipara, tall, healthy, and well built, gave birth to a well-formed female child, weighing eighteen pounds and measuring twenty-six inches in length. Delivery was effected by forceps, and presented no unusual difficulty till after the head was born, when the shoulders wedged between the coccyx and the pubic arch; by bringing out each arm they were released. The pelvis now lodged in the same place as the shoulders, and was only liberated after a severe struggle, by compressing the iliac bones of the fœtus. The passage, even of the thorax and abdomen, was effected only by great effort. There was just a twitching of the nose and lips of the child after

birth. The placenta was expelled in ten minutes afterwards. A binder was applied and one drachm of ergot administered. The pulse was 80. The patient seemed exhausted, but fully conscious. Artificial respiration, warm bath, brandy, etc., failed to resuscitate the child, although persevered in for half an hour. Unfortunately, the patient, on asking if the child were dead, was answered in the affirmative by an attendant, and at once threw up her hand, exclaiming, "Then I shall die too." She died two hours and a half after the extraction of the fœtus. The immediate cause of death seemed to be syncope from shock, by the news of the death of the child after such a severe and laborious extraction.

Perhaps the extraordinary size of the child may be, in some measure, accounted for by the inordinate appetite of the mother. She herself informed me, during the labor, that she had often eaten a pound of raw meat at a time, took little or no exercise during the last six weeks, often lying in bed till eleven o'clock, and again lying down at three in the afternoon till six. I am informed by a relative that, on one occasion, she ate three pounds of pork at one meal during the latter part of her pregnancy. The lady had made a note of the date since the last menses were seen, which made the fœtus exactly nine months on March 16.

The Treatment of Cholera Infantum.

Dr. James Craig, of Jersey City, publishes a paper on this subject in the *Archives of Pediatrics* for March 15, 1884, in which he says that the treatment of cholera infantum varies very much, and depends upon the physician's ideas and experience. The indications are to prevent nausea and vomiting, support the strength, and check the diarrhœa. If nursing, no change in diet is made, but care should be taken not to nurse the child too often or too much at a time. If bottle-fed, the milk is stopped, and stale bread, soaked in hot water, with a little sugar and brandy added, or Robinson's prepared barley, or arrowroot, made with water, given in small quantities, answer a good purpose. Milk is also prohibited where the child is weaned, but is gradually resumed as it improves. Where the child is weak, one teaspoonful of brandy to six or seven of water, a teaspoonful of which is occasionally given. Where a more powerful stimulant is required, carbonate of ammonia, in one or two grain doses, mixed in syrup of adacia, is used according to the age of the child.

For the gastric and intestinal derangement, his favorite prescription is:

℞. Liq. acidi carbolici, 5 per cent., ℥j.
Bismuthi subcarb.,
Pepsini sacch., āā ℥j.
Aq. cinnamomi, ℥iij.
Syr. aurantii cort., ℥ij.

M. Sig.—A teaspoonful every two or three hours until relieved.

He also applies a spice plaster over the abdomen composed of the following:

Powdered cinnomon, cloves, nutmeg, ginger, allspice, of each, ℥ij.; honey and glycerine, of each, ℥vj.; white of one egg.

M. And spread on cheese cloth or fine mosquito netting. It may remain on over the region of the stomach and bowels for hours or days without blistering—it merely reddens the skin, and is an excellent counter irritant. A bandage should be applied over it to keep it in place.

Change of air frequently brings about convalescence in a very short time. When that cannot be had, the next best thing is to take the child out daily for an hour or two at a time, early in the morning and late in the afternoon. While in the house the child should be kept in a well-ventilated room, free from draughts.

Cystic Tumor of the Thyroid Body.

The following case (which Dr. J. Sidney Hunt reports in a foreign exchange) may, perhaps, be of interest:

At six o'clock on the evening of June 9, he was asked to see a woman who "was taken with a rising in the throat," and was thought to be choking. He found the patient (a woman about forty-six years of age) in an agony of dyspnœa—loud stridulous inspiration, and lividity of face, etc. She had a lump about the size of an orange in the situation of the thyroid isthmus. This lump was stated by a neighbor to have increased in the course of a few minutes from the size of a walnut. There was, however, nothing peculiar in the appearance of the tumor, which looked like a *goître*, and he concluded that the appearance of sudden enlargement was due to the general engorgement of the neck. The *goître*, in fact, appeared to be an accidental complication of a case of laryngeal obstruction or spasm. In a few minutes, chloroform and nitrite of amyl were obtained. The patient was by that time senseless, livid, and making a few last desperate efforts at respiration. Both the nitrite of amyl and the chloroform were tried, with artificial respiration, but without the least effect. The most vigorous efforts

at artificial respiration failed to draw air into the chest. The lump of unknown nature, in front of all the available part of the larynx and trachea, prevented him from making any attempt to open the windpipe. The time from the first symptom of dyspnœa to the moment of death was about ten minutes.

When, at the post-mortem examination, the lump in question was removed, it turned out to be the isthmus of the thyroid gland, hollowed out into a ragged and irregular cavity containing recent blood-clot. The sides of the cavity were covered with old and partly-organized clot. The trachea was flattened from before backwards, from pressure of the tumor upon it. The cause of death was evidently the effusion of blood into the cystic tumor (thyroid cyst?), either directly by pressure on the trachea, or indirectly by pressure on the recurrent laryngeal nerves, causing spasm of the glottis. The larynx was healthy. The trachea was, as before mentioned, flattened from before backwards, especially the second, third, and fourth rings, which corresponded to the greatest size of the tumor.

Arsenic in Gastric Ulcer.

Of course, we all know that regulation of the diet is of paramount importance in the treatment of gastric ulcer. But, making due allowance for the great improvement which always follows the regulation of the diet, Dr. John Strahan (*Brit. Med. Jour.*, June 21, 1884,) thinks the treatment by small doses of arsenic gives results to be obtained by no other mode of treatment. More than, at the outside, two drops should never be given, as the irritating action would then commence to the injury of the patient. By an action on the end organs of the gastric nerves, small doses relieve the pain wonderfully, and improve the general tone of the gastric mucons membrane, curing the gastric catarrh which exists at least in the immediate neighborhood of the ulcer, and thus relieving the patient of the vomiting of mucus, which is sometimes an important feature of the case. We also know that a weak solution of arsenic will, out of the body, heal unhealthy ulceration, *e. g.*, cynchia, or even when given internally, so that it is not strange that it should act locally as a cicatrizing agent on a gastric ulcer. Nitrate of silver, the next best remedy, recommended by such men as H. C. Wood, Da Costa, and Wilson Fox, is not nearly so efficacious, either in relieving the pain or in promoting cicatrization. Indeed, in all gastric and intestinal affections in which nitrate of silver is so much recommended and is so successful, he believes that the small dose of arsenic is far more valuable, and it is certainly far more convenient. Bismuth is highly recommended by Brinton and many high authorities, but it has been recently said that it very often owes its powers as a sedative to the stomach, to a trace of arsenic which it contains.

Spina Bifida Cured by Elastic Ligature.

The *Lancet*, May 17, 1884, tells us that Dr. Antonino Turretta has republished, from the *Giornale di Clinica e Terapia*, of Messina, a case of spina bifida successfully treated by the elastic ligature. His aid was requested for a female child two months old, apparently in good health. She had a tumor as large as a small apple in the middle line, opposite the two last cervical vertebræ. It existed at birth, and had since slowly increased. It was supported by a pedicle which measured an inch and a half in circumference. The covering skin was very thin, and of bluish-red color. The tumor was soft, flaccid, and fluctuating; under strong pressure it diminished somewhat in size; the child cried, and slight convulsive movements were excited in the limbs. No other deformity was present, neither was there paralysis of any organ. An exploratory puncture at the base of the tumor with a trocar gave exit to a thin transparent liquid of alkaline reaction. The tumor shrank, and the aperture was closed with iodoform collodion. Distension and fluctuation were again perceptible in twelve hours. The tumor having been half emptied by another puncture, its pedicle was constricted with a couple of turns of elastic ligature. At the moment of constriction the child cried, the face became livid, and some clonic movements were excited; but in a few hours the patient took the breast and rested. The next day vomiting was persistent, there was a tendency to coma, and twitching of the upper limbs. The condition on the third day was unchanged, and a small dose of calomel was given each day. All these symptoms had subsided on the sixth day, and the ligature with the tumor separated on the twelfth day, leaving a granulating surface, which gradually contracted. The cicatrix was complete and the child cured on the twenty-seventh day.

Phosphorus in Tubercular Disease.

In the *Brit. Med. Jour.*, June 21, 1884, Dr. John C. Thorowgood tells us that he has employed phosphorus as well as the hypophosphites of potash and soda, and under the influence of these prep-

arations he has seen pleuritic thickenings melt away. Old-standing consolidations of lung, that had existed for one, two, or three months, he has seen at once begin to move and disperse as soon as the hypophosphite of potash was given; and cases that have appeared to himself and others very like acute tubercle in the lungs have sometimes recovered on the hypophosphite treatment.

He commenced, about twenty years ago, with phosphorated oil as a medicine; but, owing to its nauseous taste, he took before long to the use of the hypophosphite salts, which contain phosphorus in a very low state of oxidation; and certainly, in those lung diseases which are of inflammatory exudative origin, and apt to run into phthisis, he knows of no remedy to compare with the hypophosphites. Before the discovery of the tubercle-bacillus, he had come to the conviction, from observation, that there were cases of lung disease where something seemed most decidedly to stop the way towards recovery by means of drugs given by the stomach. If inflammation be the sole agent that destroys the lung in phthisis, he should regard very few cases as incurable. It is the bacillus that seems to set the phosphorus treatment at defiance; and he notices at Victoria Park Hospital, that, just when he finds the hypophosphites most helpless, then it is that his clinical assistant finds "lots of bacilli."

A few weeks ago, he turned out as cured a case of unmistakable disease in the upper third of one lung, and in that case no bacilli were found.

The Treatment of Ostitis.

In the *Brit. Med. Jour.*, July 5, 1884, Mr. C. Macnamara thus tersely puts the question of treatment of ostitis: "We must bear in mind the fact that, supposing the exciting cause of tubercle be a bacillus, it is certain that an hereditary predisposition, and other recognized circumstances, prepare the soil in which any such influence can take root and grow. Pure air, sunlight, and plenty of wholesome food, are essential to the building up, or fortifying tissues against the action of any causes which provoke the growth of tubercles. If tubercles have formed in a bone, means tending to invigorate the patient's health must be enforced, and at the same time the diseased tissue should be protected from concussion or injury. Rest to the diseased bone is useful, and it should be employed so as to relieve pain caused by the pressure of the extremities of tender parts against one another. But, in my opinion, it is a mistake to suppose that rest, or confinement to a couch or bed for weeks and months, particularly in young children, is a judicious method of treating cases of this kind, especially in the early stages of the disease. I am convinced that the actual cautery, applied judiciously near the seat of the disease, and repeated if necessary, is of great service in many of these cases. In more advanced instances, good hygienic conditions, great patience on the part of the patient, his friends, and the medical attendant, and the removal of diseased bone, together with free drainage, will bring about results more favorable than could otherwise be attained. Subperiosteal excision of the diseased extremities of the bones is sometimes attended with most favorable results."

Ovariotomy in Infancy.

From the *Brit. Med. Jour.*, April 12, 1884, we learn that Dr. Roemer, Assistant-Surgeon to the Augusta Hospital, Berlin, has recently published in the *Deutsche Medicinische Wochenschrift*, a case of ovariotomy performed by him on a child aged one year and eight months. At the birth of the child, the midwife observed that its abdomen was much distended. There was little difficulty in diagnosis, and the pelvis was readily explored through the rectum. The tumor was removed last August, under corrosive sublimate spray; it was "of the size of a child's head," and there was slight adhesion of the omentum. The pedicle was long and thin, and was secured by a double catgut ligature. The right ovary was the seat of disease, the left was perfectly healthy. The tumor was dermoid, containing hair, bone, and cartilage. After the operation, the child was tied gently but effectually on to its cot, and opiates were given when required. It was fed on cold milk and wine. The highest temperature was 101.6°; this point was reached on the evening of the second day. On the fifth, the child's bowels were freely opened by five minims of castor-oil administered twice; on the twelfth, the abdominal sutures were removed. The child recovered perfectly. Dr. Roemer gives the following statistics of ovariotomy performed on children: One of the youngest cases next to his own was under the care of Dr. Neville, of Dublin; the patient was two years and eleven months old, but only survived the operation for two hours. Busch operated on an infant aged two; Alcott on a child aged three; both cases died. Schwartz operated successfully on a child aged four; Barker on two, and Knowsley Thornton on one, aged seven; and Spencer Wells, Cupples, and Chenoweth, each on one child eight years of age.

Exercise for Girls.

The *Brit. Med. Jour.*, March 22, 1884, says:

Several daily papers have recently discussed a letter from Mr. H. P. Dunn, published in the *Standard*, on the use and abuse of gymnastics for young women. The letter, as might be expected, turns attention to the evils of excessive gymnastic training. As violent exercise produces bad results on weak youths, and as girls are, on the average, weaker than young men, it is natural to suppose that injuries to health after gymnastic training may be commoner amongst females than amongst males; and experience shows this to be the case. No doubt the best kind of physical training in youth is voluntary exercise, either in playing at the outdoor sports popular with English boys, or in rambles over fields and hedges. For certain social reasons, not entirely unconnected with physical matters, neither such sports, nor such congenial walking exercise, can be carried out in girls' as thoroughly as in boys' schools, and methodical gymnastics stand to cricket in the same relation as a walk with other fellow-pupils in line and in class does to a pleasant saunter with one or two school-fellows along a country lane. The aim of the authorities at a girls' school should be to allow as much congenial exercise as possible to every pupil, and to encourage physical activity as strongly as cleanliness and deportment; gymnastics are quite secondary to such conditions. Mr. Dunn is right in recommending frequent drilling; but in preferring dumb-bell practice to bar and ladder gymnastics, it must be remembered that severe palpitations are not unfrequently set up by the use of dumb-bells, even when that form of exercise is not disagreeable, and when the subject is apparently free from visceral disease.

The Compatibility of Sulphate of Quinine and Iodide of Potassium.

It having been suggested that when these drugs are prescribed together, or one a short time after the other, owing to their incompatibility, that they will produce anorexia, nausea, even vomiting, or colic. William Martindale writes to the *Brit. Med. Jour.*, July 5, 1884, that such a mixture, with the addition of compound powder of tragacanth, is a favorite with a physician in large practice, yet he never heard any complaint about its effect. Chemically, their incompatibility will depend upon whether the normal sulphate of quinine is dissolved by diluted sulphuric acid added to the mixture or not. No decomposition will occur if the two neutral salts be mixed with water in a fairly diluted condition; in an ordinary dose, some quinine will remain undissolved, as sulphate of quinine. But if diluted sulphuric acid be used to dissolve the sulphate of quinine, the mixture is at first clear; but, on standing, it deposits a reddish-brown powder. Theoretically, this is due to the sulphuric acid reacting on the iodide of potassium, setting free hydriodic acid, which is colorless, but readily decomposes, liberating iodine; and this element, under certain conditions, has a great affinity for sulphate of quinine, forming sulphate of iodo-quinine. The reddish-brown powder which he has mentioned as depositing in the above mixture is not pure sulphate of iodo-quinine. It has been analyzed by Righini (Watt's Dictionary, vol. v, p. 20), and shown to be a mixture of hydriodate of quinine and iodo-quinine.

The Essentials for the Safe Administration of Ether.

Dr. David W. Cheever concludes an article on the administration of ether in the *Boston Med. and Surg. Jour.*, May 29, 1884, by giving the following essentials for its safe use:

An empty stomach.

A loose neck.

A free abdomen; no corsets or skirt bands.

Removal of artificial teeth.

An easy, semi-recumbent position.

A sponge wrapped in towels for the ether.

A gag, and forceps for the tongue.

When stertor occurs, the patient should be tipped forward, the cheek opened with two fingers, the tongue drawn out, the fauces swabbed. To *insure* safety, the surgeon should hear every respiration of the patient.

Anæsthesia from sulphuric ether is of two forms:

1. Primary anæsthesia, which is a moment of confusion coming on after a very few inspirations. At this moment a felon can be opened without pain, and the patient wake at once.

2. Comatose anæsthesia, for prolonged operations. Ether *may* be given almost indefinitely. To relieve the hopeless agony of tetanus, I have had it administered for twenty-four hours.

If you would avoid asphyxia, nausea, and headache, and be *safe*, use only the best and the purest anhydrous sulphuric ether.

Surgical Treatment of Acute Circumscribed Pulmonary Gangrene.

Dr. Christian Fenger, of Chicago, presented a paper on this subject to the late meeting of the

Illinois State Medical Society, from which we extract the following recommendations:

1. The incision ought to be made parallel to the ribs.

2. The ribs must be exsected to a degree sufficient to secure access to the part.

3. In conformity with the suggestion of Albert and Mosler, the needle of a hypodermic syringe should be used as a guide into the cavity, or diseased lung tissue, and the small platinum pole of Paquelin's thermo-cautery should be employed to effect the opening.

4. The cavity must be washed out if practicable. Due care must be exercised to prevent drowning, if the cavity connects with a bronchus. Irrigation of the cavity was productive of no untoward effect in Buhl's case, but was the cause of troublesome cough in Fénger's patient, and Mosler ascribes one death to poisoning from thymol irrigation.

Dr. Fenger is of the opinion that there is no immediate danger of death from the operation, and that it is indicated in cases of acute circumscribed pulmonary gangrene.

Tobacco Amblyopia.

That the excessive use of tobacco has an injurious influence on sight has been amply demonstrated. Dr. Charles Shears contributes a very able article on the subject to the *Brit. Med. Jour.*, June 21, 1884, in which he formulates the following conclusions:

a. Atrophy of the optic nerves is very rarely met with as the result of excessive smoking.

b. Tobacco is the essential agent in producing the failure of sight.

c. Great moderation in smoking, and especially the employment of mild forms of tobacco, is all that is necessary to insure recovery.

In the great majority of cases, no diminutiton in the peripheral field of vision was found. In twelve only were careful observations made with regard to a central defect in the visual field; and, of these twelve, six cases were found having well-marked "central scotomata."

Hydrobromate of Conia in Epilepsy.

We will all at least agree with Dr. R. Norris Wolfenden, when he tells us in the *Practitioner*, (June, 1884), that his experience with bromide of potassium in epilepsy has not been satisfactory, to say nothing of the disagreeable skin eruption which it frequently induces. But we cannot accept positively, until it has had further trial, his recommendation in favor of hydrobromate of conia. While he does not praise it very highly, yet it would seem from the tenor of his article that he has found it more useful than any other drug now in use. The dose is half a grain thrice daily, gradually increased. It would seem to us that those who regard epilepsy as almost always a traumatic disease, so to speak, that is to say, a disease with a palpable cause (palpable when carefully sought for), will have the most success in its treatment. So says Dr. Pepper, and he knows whereof he speaks.

Pasteur on Hydrophobia.

From the *London Med. Record*, April 15, 1884, we learn that the results of M. Pasteur's experiments were presented to the Académie de Médecine, Paris, on February 26. They show that the virus has been found in the saliva, brain, spinal cord, peripheral nerves, and sometimes in the cerebro-spinal fluid. The medulla oblongata of a rabid animal contains an enormous number of very fine granules, which are supposed to be the virus, but which have not been satisfactorily isolated. When the virus is injected into the subcutaneous cellular tissue or into the veins of a healthy animal, the paralytic form of the disease is produced, while the furious form appears after inoculation of the virus upon the surface of the brain. M. Pasteur thinks that the virus may be attenuated by passing through different species of animals, and that immunity may perhaps be conferred on dogs, though on this point the experiments are not conclusive.

Mercury in Pleurisy.

Dr. J. A. McDougall, of Edinburgh (*Practitioner*, June, 1884), believes that mercury will cut short the morbid action in pleurisy. In the case of a feeble and exhausted woman, he gave blue pill gr. ij., with squills and digitalis āā gr. j., night and morning, with the happiest results; and he concludes that if in a case such as this, the subject of which was a broken and feeble woman, in whom acute disease had already induced very pronounced asthenia, one can use with success a drug the debilitating effects of which form in the opinion of many the gravest objection to its employment, the field of its usefulness becomes, in his opinion, a great and wide one. So truly is he convinced of its value, that for many years he has treated no case of pleurisy without its aid.

Elenine for Coughs.

The *Med. Record*, May 31, 1884, tells us that Dr. Valenzuola has recently met with considerable success in the treatment of troublesome coughs

by elenine given in pill-form or in tincture (*El Siglo Medico*). He employed it in bronchitis and phthisis, in doses of one-eighth grain in pill ten times a day, or five drops of the tincture three times a day. In every case he states that the cough was moderated, the expectoration was lessened in quantity and became mucous, and the thoracic pains were greatly mitigated. The drug also increases the appetite and improves digestion. It is possessed of no narcotic properties. Elenine is not a new remedy, for it was known, though but little esteemed, by our fathers. Further trials with this drug will have to be made before the indications for its use shall be sufficiently clear and definite to establish its claims as a reliable remedy for coughs.

Reindeer Tendons in Surgical Practice.

In the *Russkaia Maditzina*, No. 5, 1884, p. 118, Dr. Putiloff, of Omsk, Siberia, recommends threads made of reindeer tendons (used by Ostiaks for sewing their boots, coats, etc.), as a substitute for catgut in surgical practice. The author tried this material (after treatment by ether, to remove fatty acids, and by a five per cent. solution of phenol in absolute alcohol) in a case of epithelioma of the lower lip. The sutures underwent complete absorption by the end of three days. As the author states, the strength of these tendon-threads is very considerable. The price of the article is extremely low.

Laparotomy for Volvulus.

The *Gazzetta degli Ospitali* of June 11 reports that Dr. Medini performed laparotomy in the Ospitale Maggiore of Bologna on the 19th of April last, for twisting of the intestine. The operation was quite successful, and the patient (a male, aged sixty-three), may be considered cured. Notwithstanding the manipulation required to disentangle the intestinal coils, and to separate the adhesions between them, the case progressed without serious symptoms.

Abnormality of the Diaphragm.

At a recent meeting of the New York Pathological Society, Dr. Ferguson presented the body of a colored infant from the Morgue, showing absence of the diaphragm on the left side. The stomach, the left lobe of the liver, the greater part of the small intestine, and the cæcum, were all in the left pleural cavity. The left lung was not developed beyond the size of a hickory-nut, and was emphysematous. The right lung was well developed.

Correspondence.

Multiple Calculi in a Man Aged Sixty-four.

Eds. Med. and Surg. Reporter :—

———, aged 64, presented himself at the "City Hospital," of this city, for treatment for "gravel." He dated the commencement of his urinary troubles back twelve years, and claimed a steady increase of suffering to date of application, when his suffering was indeed terrible. Dr. W. H. Myers, surgeon to above institution, after an examination with the sound, pronounced the case one of multiple calculi, and advised an early operation.

On June 23, 1884, the patient was anæsthetized, and the surgeon, assisted by his son, Dr. Herschel Myers, and in the presence of the leading physicians and surgeons of the city, proceeded to perform lateral lithotomy. The viscus was entered easily, and the calculi, nine in number, were extracted. As many of them were sacculated, the extraction was performed with difficulty, The calculi ranged from the size of half a filbert to twice that size, all presenting one or more articular facets. The aggregate weight of the calculi was five and one-half ounces. The patient rallied well from the operation, and never presented an untoward symptom, on the 18th day was passing his urine per urethra, and now, on the 21st day, the external wound is almost closed, which is certainly a brilliant result in a patient of his age and condition incident to his previous suffering.

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News and Miscellany.

Good Advice to Medical Students.

At the opening of the summer session of the Cork Fever Hospital, Dr. T. B. Moriarty delivered an address to the students, from which we take the following:

"I fear an opening lecture of this kind would be considered incomplete if we did not give you some advice as to how you can best avoid catching fever. We have hitherto been so far fortunate that no student contracted contagious disease during the period of his attendance; and we can for this reason say to you, as we did to them, with greater confidence: Never try to beat up against time. Get up early and come here leisurely, after a good breakfast; and do not for any reason venture into the wards with an empty stomach, or in a heated condition, or at a time when your health is lowered by severe study or over-exertion. Remain in the wards as long as your duty only will require; and be careful when you are examining a patient not to inhale his breath; and also avoid dirty smells, observe extreme cleanliness, and wash your hands frequently. You have a right to expect from us, from the accidental position we occupy as your teachers, that we should bestow such an amount of time and attention as will enable you to thoroughly understand the nature and treatment of fevers; and if you carefully study the cases

you see here for a few months you will obtain a thorough knowledge of one class of disease, and this the most appalling which can afflict the human being; for the ravings of the fever-stricken cannot fail to excite your sympathies. We will have much to say at the bedside; and when we ask questions of the patient, we do so, first of all, for the sake of judging of his capacity; and, secondly, in order that you may yourselves be able to see how our inquiry is conducted as regards certain signs and symptoms of the various stages as we find them. In after-life, when you are thrown on your own resources, you will find this method useful in helping you to unfold the histories of the cases you have to treat. For this reason you will, I trust, endeavor to follow us in such inquiry, as this will form the groundwork of more certain knowledge. We have no need to proceed in haste, and least of all to try and make you believe we know more of febrile disease than any one else. Our position here is a twofold one—viz., that of teacher and student—but with a responsibility from which you are exempt. Let us hope that our language and our demeanor will be always as respectful to the poor patients here as it would be if they were in a position to call us in to see them in their own homes; public and private liberality, for which this city is so well known, gives them a temporary home here. Never forget that kindness and gentleness not only mark the man, but also bring their own measure of consolation to those who are ill. Success in life can alone be gained by a high sense of duty, always combined with self-regard and industry. The upright physician knows no difference in his province between the rich and the poor man. Ours is a humane and charitable work, and I am confident none of those I see before me to-day will ever lower this nobility of our profession, which is the hereditary right of all of us. The honor, dignity, and independence of this position are yours as much as mine, and if your conduct and respectful bearing will only equal those who have preceded you in your walks through this hospital, we can then rest in the assurance that this dignity will not be lowered by you. Let us then endeavor to rob death of its pain, and give consolation to all those who are placed under our care."

The Relation of Physician to Patient.

From an admirable address by Dr. John H. Galton (*Brit. Med. Jour.*, July 5, 1884), we extract the following:

From the patient's point of view, the duties of the physician are well summed up by old Burton, "Only thus much I would require, honesty in every physician." Often the all-important question arises, How far are we to be open in the expression of our opinion to the patient? Certainly so far as is necessary to his safety, or to the avoidance of risk. As to the name or nature of a disease, although absolutely frank in their statement to the friends, it is often merciful to withhold the exact nature of fatal disease from the patient. Are we in this matter to be wiser than Providence, which, knowing all, often discloses none? I would mention a case of cancer of the pharynx. A short time back, a case of congested throat, of some duration, disclosed, on closer examination, a mass of cancerous infiltration behind the tonsil. The patient was a strong-minded old man of 60, sturdy, gnarled, and stiff as an old oak; one would have thought him capable of bearing any definite knowledge better than uncertainty. I took a second opinion upon his case, which confirmed my own, and, on his return, he put the question directly to me, "Is it cancer?" I replied, "Yes." He rapidly made a will, and died in three weeks; whether or not the best termination, it is not in our power to say, but certainly the disease did not kill him, for there was neither hemorrhage, nor much ulceration, nor stoppage of food. There is one point upon which, perhaps, we are not sufficiently alive, and that is in promoting euthanasia, or dying in a pleasant way. When our cases fail to yield to remedies, we have to devote our efforts to relieve pain and distress; and I do not think that these should be slackened, and that we should be unaiding spectators in the last painful struggle of death. I have frequently found a quarter of a grain of morphia, given hypodermically, convert the prolonged agony of dying, most distressing to the patient and his friends, into a quiet gliding away. Hear what Bacon says upon this: "And, further, we esteem it the office of a physician to mitigate the pains and tortures of diseases, as well as to restore health; and this not only when such a mitigation, as of a dangerous symptom, may conduce to recovery; but also, when, there being no further hopes of recovery, it can only serve to make the passage out of life more calm and easy. For that complacency in death which Augustus Cæsar so much desired, is no small felicity. This was also observed in the death of Antoninus Pius, who seemed not so much to die as to fall into a deep and pleasing sleep. But the physicians of our time make scruple of attending patients after the disease is thought past cure, though, in my judgment, if they were not wanting to their own profession and to humanity itself, they should here give their attendance to improve their skill, and make the dying person depart with greater ease and tranquility." Our duties would be greatly lightened were patients in general to take to heart the advice of old Burton:

"1. That he be not too niggardly miserable of his purse, or think it too much he bestows upon himself, and, to save charges, endangers his health.

"2. That, out of bashfulness, he do not conceal his grief.

"3. A third thing required in a patient is confidence, to be of good cheer, and have sure hope that his physician can help him.

"4. That the patient is not too bold to practice upon himself without an approved physician's consent, or to try conclusions if he read a receipt in a book; for so many grossly mistake, and do themselves more harm than good."

Popular Cures for Disease.

The *Brit. Med. Jour.* says that a study of the history of medicine, especially in its earliest days, shows how quickly superstition found its way into the practice of the healing art: and, though modern science has almost entirely dissipated the

belief in amulets, charms, and talismans, the yearly pilgrimages of modern days to certain shrines show that some people still place more confidence in supernatural agency than in the prescriptions of doctors. In a recent paper, read before the Society of Antiquaries of Scotland, the Rev. Hugh Macmillan, of Greenock, drew attention to two boulders, having rain-filled cavities, on the shores of Loch Tay, which were formerly associated with the cure of disease. The first one is a large rough boulder of clay-slate, shaped somewhat like a chair. It stands in the middle of a field, and has a deep square cavity, evidently artificial, and capable of holding about two quarts of water. The rain-water contained in this cavity was believed to be a sovereign remedy for the measles, so that the boulder was known in the district as the "Stone of the Measles," and people came to it from all parts of the district, it having ceased to be frequented only in the lifetime of the present generation. The other stone is in the woods at Killin, and is called "The Well of the Whooping-cough," being formerly famous for curing that disease.

Lightning Strokes in France.

M. Cochery, the French Minister of Posts and Telegraphs, has presented to the French Academy of Sciences a report on the lightning strokes in France during the last half of 1883. The report gives the date, hour, and locality of the stroke, together with the number of persons or animals killed, and the nature of the damage and surroundings. During the month of July there were no less than 143 strokes, resulting in 13 deaths; in August, 9 strokes, with 6 deaths; in September, 14 strokes, with 4 deaths; in October, 1 stroke; and in November and December there are no strokes recorded. A survey of the two reports for the year 1883, which have been submitted by M. Cochery, leads to the conclusion that lightning strokes are, in general, more common during the beginning of the year than the end of it, and that they preponderate enormously during the summer months, especially June and July. The accidents have mostly occurred to persons who occupied a position near a tree, a chimney, or a house on an elevated site with trees around it; but there are cases of death in an open field and on a roadway. Several of the accidents have also been associated with the use of umbrellas. Several animals were killed by lightning strokes, of whose deaths no account is taken in this note.

The Disposal of Refuse in Large Towns.

About three years ago, the town Glasgow erected special works for the speedy despatch of the refuse collected all over the city. By the arrangements then adopted, the refuse is made to undergo a process of separation, by which it is made more valuable to farmers, and also of considerable profit to the town; for, by a process of burning, chemicals are extracted, and sold for a high price. The results obtained by this system have been so satisfactory, that the authorities decided to extend it; and recently there were formally opened additional works, which cover ground about an acre in extent. They are on exactly the same principle as the former, though, of course, with certain improvements that experience has suggested. The importance of these refuse despatch works, as well as their necessity, is brought out when it is remembered that, in the case of a city like Glasgow, there are 163 miles of roads and streets to clean and water, and from these 700 tons of stuff are gathered daily. To be able to dispose rapidly and profitably of such a large amount of waste material, speaks well for the system which Glasgow has adopted, and which as yet does not seem to have been taken up by any other large towns.

Subsoil Drainage by the Eucalyptus Globulus.

From a foreign exchange we learn that a curious instance of the power of the eucalyptus globulus to drain wide areas, and of the distance to which its roots will penetrate, is afforded by a story which comes from Alameda county. The owner of Bay Island Farm recently found a curious root-formation of the eucalyptus in the bottom of his well, about sixteen feet below the surface. The trees to which the roots belonged stood fifty feet from the well. Two shoots pierced through the brick wall of the well, and sending off millions of fibres, formed a dense mat that completely covered the bottom of the well. Most of these fibres were no larger than threads, and were so woven and intertwisted as to form a mat as impenetrable and strong as though regularly woven in a loom. The mat, when first taken out of the well, was water-soaked and covered with mud, and nearly all that a man could lift; but when dry, it was nearly as soft to touch as wool, and weighed only a few ounces.

The Paucity in Number of Medical Men in Russia.

That the Russian death-rate is the highest in Europe is attributed to the paucity of medical men in that country, combined with the habits of the rural population. Excepting the two capitals, where there are many German physicians, it is stated that there is no district in the empire sufficiently supplied with doctors. According to the latest returns, the average duration of life in Russia is only twenty-six years; of infants more than 60 per cent. die before they reach their fifth year; of 8,000,000, only 3,770,000 attain the age of military service—*i. e.*, their twenty-fifth year, and of these at least 1,000,000 are found, by reason of shortness of stature and weakness of body, unfit for military duties.

The Professor was Stumped.

"Gentlemen," said the professor to his medical students assembled in clinic, "I have often pointed out to you the remarkable tendency to consumption of those who play upon wind instruments. In this case now before us we have a well-marked development of lung disease, and I was not surprised to find, on questioning the patient, that he is a member of a brass band. Now, sir," continued the professor, addressing the consumptive, "will you please tell the gentlemen what instrument you play on?" "I blays der drum," said the sick man.

Teething.

Dr. K. Dehio, of St. Petersburg, has reported in the *Jahrbuch für Kinderheilkunde* a series of observations made as to the disturbances of infantile health which occur during teething, and the physiological development during that period, as evinced by the progressive increase which takes place in weight. The arguments he founds upon these observations are to the effect that such indispositions are not direct results of teething, but arise from the action of extraneous causes, to the influence of which infants are particularly susceptible at the time of dentition.

Items.

—In the *Lancet*, June 28, Dr. T. Edgar Underhill reports a case of fracture of three ribs from muscular action.

—In the *Lancet*, July 5, 1884, Mr. Bryant reports two cases of fracture and dislocation of the cervical spine, both fatal.

—The Honorary Degree of LL. D. was conferred on Dr. N. C. Husted, of New York city, by Syracuse University at its recent annual commencement.

—The true use of a porous plaster, according to a Milwaukee druggist, is "to retain the back in its proper place and let the pain crawl out through the holes."

—"Rough on Rats" has caused the death of another person, this time by suicide, the victim being a German shoemaker living in Newark, New Jersey.

—A special laboratory has been opened in the Pathological Institute, Munich, for the investigation of bacteria. Great things are expected to result from this step.

—The *Buffalo Medical and Surgical Journal* learns that a very advantageous piece of property has been acquired for a new building for the medical department of Niagara University, near the Grosvenor Library.

—The children of Indianapolis who were given twenty-five dollars' worth of pills stolen from a drug store, and ate them in mistake for candy, were lucky in one respect. The pills were of the homœopathic variety, and did no harm.

—Ophthalmologists will be interested to read some clinical observations on the use of jequirity in trachoma, by Dr. H. Knapp. His conclusions are that it is a quick, but not a safe remedy, and that at present its use ought to be restricted to cases of old and intractable pannus.

—A drama, called "Sister Grace," written by a doctor, and played for the benefit of the East London Hospital for Children, has just been presented at the Avenue Theatre, London. The play introduces hospital life and incidents. The binaural stethoscope made its first appearance on the stage.

—The celebrated alienist, Moreau de Tours, died July 2, at the age of 80. He was principally known by his psychological remarks on the effects of haschisch, and by his great work entitled *La Psychologie Morbide*, the ground-work of which is the celebrated paradox, which gave great offence at the time, "*Le Génie est une névrose.*"

—Sir Henry Thompson recently presented to the Museum of the Royal College of Surgeons his valuable collection of calculi, the result of 812 operations, both lithotomy and lithotrity.

—In the *London Medical Times*, July 5, 1884, Dr. Sidney Coupland reports a case of compression of bronchus by a "cured" aortic aneurism; collapse of lung; bronchiectasis leading to ulceration of pleura and pectoral abscess; death.

—Advices from the City of Mexico, by way of Galveston, state that on the 15th of July the fever was raging at Guaymas, and that there had been several cases at Mazatlan. It was added that as yet the disease had not appeared on the Gulf Coast this year.

—The Medico-Surgical Society, of Bologna, has offered two prizes of 500 lires each. First prize, Sgarze, for the best essay on The Surgical Treatment of Pulmonary Cavities. Second prize, Gajani, The Surgery of Diseases of the Stomach. The essays must be written in Italian, French, or Latin.

—Professor Bèclard, Dean of the Faculty of Medicine in Paris, has issued a circular to the professors, students and officials of the faculty, announcing that a list is open for the reception of the names of those who are desirous of joining the public subscription for a statue to the memory of the great chemist, J. B. Dumas.

—"I tell you, sir," said Dr. —— one morning to the village apothecary, "I tell you, sir, the *vox populi* should not—must not be regarded." "What, doctor!" exclaimed the apothecary, rubbing his hands. "You don't say that's broken out in town, too, has it? Lord help us! what unhealthy times these are!"

—The oil of white birch-bark (oleum betulæ), which gives to Russia leather its peculiar aromatic and lasting qualities, when dissolved in alcohol is said to be excellent for preserving and waterproofing fabrics. It renders them acid and insect proof, and does not destroy the pliability of the fabric.—*Chem. and Drugg.*

—In 1871 there were 300,000 deaths from cholera in Russia; in 1873 there were 16,000 deaths in Poland; in 1872–73 there were 140,000 deaths in Hungary; in 1872–73 there were nearly 27,000 deaths in Prussia; in 1865–67 there were 143,000 deaths in Italy. In Paris the mortality from cholera has been as follows: In 1832, 18,654 deaths; in 1849, 19,184; in 1853–54, 8,096; in 1865–66, 12,082; in 1873, 885. In England, in 1849, the deaths from cholera were 70,000. In 1817 the army of the Marquis of Hastings in India lost 9,000 men in twelve days from Asiatic cholera.

—A correspondent of the *Brit. Med. Jour.* relates the case of a man aged about 60, a publican and a heavy drinker, who had rather a severe cough; and, during a violent paroxysm, he felt and heard a crack in his left side, resembling, as he himself described it, the sound of a match when struck, this being followed by acute pain. Abundant crepitus was easily produced, on manipulation, over several of the lowest ribs, these having no doubt given way under the convulsive action of the diaphragm. The side was supported with plaster in the usual way, and he made an uninterrupted recovery.

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MEDICAL EDUCATION AND STATE LICENSE.

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(*Concluded from page* 119.)

THE STANDARD OF EDUCATION.

During the last twenty-five years, the standard of medical education has been elevated in a remarkable manner, and to an altitude undreamed of by educators twenty-five years ago. I need not specify the change in methods of teaching, or the changes in the sciences taught. It is enough to say that the difference in both, during the time mentioned, is greater than the likeness.

But there is still a cry for a still higher standard. We cannot regard the demand of those people who demand that the standard of education shall be so high that no man can get over it, or if a man does succeed, he shall come down on the other side a physical and mental wreck. That this is already the standard in some places is known to all, and instances of insanity and death from overwork among medical students, and persons trying to circumvent the diabolical inventions of the modern civil service inquisitorial commissions are also known to all. The fault of these things is very likely because the examiners have no correct conception of the nature of education, or of what an examination ought to be. Methods are ignored, and general laws in science ignored; but questions relating to special facts, which have no natural or mental relation to each other, and which educated men carry in their libraries, and not in their memories, are made the burden of these inquisitorial tormentors.

It is evident that the people who are demanding a higher medical education, mean an education of this character. What the teacher lacks in actual, verified, general science to teach, must be supplied by a year or two of cram, and this cram is made up by "storing the mind" with disconnected specialties in science, which the student must be prepared, by a strain of memory, to shoot off at the will or fancy of an examiner who, very likely, has recently copied them out of a text-book, and visits the text book again to compare the answers to the special conundrums.

Education is at its highest standard in medicine when enough special facts of each scientific subject are taught to illustrate the general law under which they are classed, and the proper relations are understood, and the methods by which these facts and others of similar character are understood. There is no more need of a medical practitioner remembering all the special facts in medicine and the allied sciences, and being able to carry the answers in his memory, than there is that a lover should know the definition of every word in Webster's unabridged, and be able to repeat a whole volume of a selection of household poetry when he pays court to his mistress.

A further fact to notice in the nature of education is that the teaching should be complete as far as it goes, and the truth being taught and learned that "verification is the test of scientific truth," those propositions only which are thus verified should be taught, the methods of verification fully understood, and the hypotheses, as a rule, given the go-by, except to refer to them as samples for

which no verification is yet discovered. Now, it may be said that "medicine" proper is not yet overburdened with verifications. The causal antecedents of most diseases are unknown; those which are known are easily learned and taught, and certainly those which are not known ought never to be made the subject matter of a student's examination to determine his qualifications in the divine art of healing.

In view of these facts, and in view of the physician's relations to his art and his living, all of which must be considered, I think the question practically considered, of what should be the standard of medical education, can be answered, and I will attempt it as follows:

The standard of education in medicine, of the nature and character that I have enumerated, must be high enough to enable the physician to compete with other physicians, and if other things are equal, to make a living by "practicing his profession."

It makes no difference what may be our æsthetic ideals of education and morals, and of the physical, mental, and moral nature of a man, our practical estimate of the standards of all must be based upon the laws of life and the methods of getting a living. There are no physiological or social phenomena, but when we analyze them down to bed-rock, bring us face to face with the "final design of the Creator," as well as the complete or not complete result of evolution; and we find that we cannot understand them or express them scientifically in any other terms than those given by the laws of life, and getting a living. The young man who visits his girl may or may not have the definition of every word in Webster's dictionary on his tongue's end, just as it is in the book, and may or may not be able to quote from his heart all the love selections from the poets, but he may secure his girl all the same, and this fundamental law of life is then fulfilled. And, as I observe it, the young or old doctor who attends a case of midwifery may or may not know or remember how to describe the "fœtal circulation" and the "blood relationship" of the placenta to the uterus, and yet the labor may terminate, not only with safety to the "old man," but with a happy mother and living child, and glory and pay to the doctor.

Another feature of medical education is the impossibility of educating all people to an equal standard. This fact is a corollary of the truth that all brains are not equal, or, at least, are not all alike; there are differences, especially relating to present methods of education, but whether these differences represent so many shades in degrees of excellence, is not so clear. I think the differences are quite as likely to represent shades of failure in the methods of education, and the knowledge of how to impart knowledge on the part of educators. I do not think that our most successful generals, scientists, ministers, doctors, lawyers, business men, inventors, or any other class of men, ranked so high in college examinations as those who were less successful after they left school and began the business of living and earning a living; and I am quite ready to declare that, measured by the practical laws of life, and what is required of a man to compete with his natural rivals in order to live, the result of an "examination" of his qualifications, as these examinations are usually conducted, whether by State boards, college faculties, or civil service inquisitions, is no possible criterion of the man's ability to make a living for himself and do his duty to his competitors at the same time—partly for the reason that education is too much a cram, and an examiner always goes on the principle that it is altogether a cram, and also acts on the principle that all men are alike, in memory, will, intellect, and emotion, as well as physical hardihood. The examiner, having only one rule of conduct, and the teacher having a single method and but one idea of the subject of teaching, will fail to adapt themselves to their students, quite as often, I think, as the students will fail to adapt themselves to them. The fact is that the most difficult mental feat on earth, or in the domain of mental activity, is to determine and judge of a man's ability to practice physic or make a living in any other way by asking him questions. Better wait and see. Colleges are driven by outside pressure into the cram methods of education. Prizes are yearly offered for superior excellence in special departments, and general scholarship, the superior excellence to be determined, of course, by examinations; and very often the prizes are all carried off by one or two students. The reason of this, it must begin to dawn upon the minds of prize-givers, is that though the prize-winners may have the formation of brain and mind which corresponds nearest to the teacher's methods, yet they do not always turn out the best educated and the best adapted to the real work of living and earning it by professional activities.

The teacher who can adapt himself to the different kinds of pupils, and their different mental faculties, will be most successful; and the examiner who can so adapt himself, is least to be pitied.

By the rules of prize-giving, I think it generally happens that the prize-winner is not the man who is best adapted or educated to make his way in the world, but he is best adapted to fill the requirements of an examination which taxes no faculty but memory of words, or special facts, which stands next to words; and I believe that when cram ceases to be the method of education, prize-giving will cease to be a custom; for it can never be a reward of industry so much as it is a reward of inheritance of superior mental ability—for the reason that all men are not born intellectually equal, and no industry can fill up the gulf between them.

From the tenor of remarks of the critics who wish to throw medical education into politics, one must conclude that these people not only suppose that all people are born intellectually equal, but must be educated by the same arbitrary methods, and examined by the same standards, and must be equal in their ability after school days to make a living. We find differences among people in all callings and all grades of life. Nations differ, races differ, people in the same occupations differ, people in the same townships differ, and people in the same families differ as greatly as any people. It is difference in people that makes society, and civilization, and social laws, possible and practical. These critics also think that the student must be graduated, or let out of a college, an old and experienced doctor. Education is a matter of a life-time. The song of the pessimist is that he no sooner learns to live than he must die. People are born helpless—they are not born giants, or athletes, or savants. Gestation has simply started the process of growth, and carried through to a great extent the process of differentiation of the ovum. Education is something similar in methods and intention. Education teaches or learns methods of growth, but the man must grow in the directions given him by his education all his life. The success of self-educated men, compared with college men, doubtless depends somewhat upon the faulty methods of colleges. But the critics are also prescribing methods for the colleges, and a notable requirement is the "preliminary examination," which has lately been imposed or adopted. I have little to say on this subject, for the reason that it is such a pet of the people who are not teachers in colleges, and are no longer students, in the college sense at least; but, perhaps most of them have learned their "preliminary education" since leaving college, and believe the need of it to be a long-felt want. The critics who prescribe this measure for colleges, generally preface their remarks by the "complaint" which I have quoted as the basis of this article. They say the profession is overcrowded, and therefore a "difficult literary preliminary examination" should be imposed as a method for colleges, and expressions generally follow this suggestion which lead us to expect that the measure will lessen the number of matriculants.

Now, a "difficult literary examination" must mean an examination in Greek and Latin, a prescription which will certainly be resented by teachers and students. In these days no rule of ethics or imposition of "health boards" can compel a man to study "classics" before being allowed to enter a medical college. A preliminary examination is, however, imposed by certain alleged educational authorities, and is adopted by many colleges; but to my mind the wisdom of the measure reaches no desirable end. It cannot be made to cover the classics, but can only cover reading, writing, and spelling, a little mathematics, and possibly a little physics. No one will or can gainsay that a preliminary education in science is a benefit to a man who enters a medical college, but I believe that a classical education is, if anything, an injury to him. The question of classical education is just now a hot one, and the probability is that it will grow hot enough to consume the wretched old superstition in educational methods. A scientific education helps a student in the allied sciences of medicine, because it is fundamental, and teaches by the method of verification as the test of propositions; and this method is of inestimable value to a medical student, and if he has learned scientific experimental methods, and has learned to reason inductively from verified facts to general laws, he has already learned what he must learn as a medical student, and this sort of a preliminary education is therefore all right, because it is not so very "previous" after all, but is a medical college method, learned by the student before he enters college.

The selection or rejection of students for this reason, however, is arbitrary and unjust. The Grecians were all athletes, and decided that for state reasons, and æsthetic reasons, no Greek should live who was not an athlete. Notwithstanding this rigid law, there were differences in the heroes of the Olympian games and in wars; though they were all brought up by the same trial of the "straight edge." The Greek made a political matter of it, and imposed a "preliminary examination" upon babies before they were allowed to enter childhood, or have their swaddling clothes. If the political commission de-

cided, after their examination, that the child might grow up an athlete, and do honor to the profession and the æsthetic taste of the Spartan idea of things, then the child lived; if not, then the child failed to be an athlete very early in life; and yet, many Spartans failed to become Olympian heroes.

It is notorious that preliminary or literary degrees are scarce among physicians. There appears to be no natural connection between literary study and professional excellence. I am acquainted with a graduate of a literary college, who was even tutor in Greek in his college, and who speaks German and French fluently, and yet is not successful, professionally, in any distinguished manner; and I know another physician who is wealthy for a doctor, and made his own property, who has a large surgical practice, and who cannot solve a problem having fractions, or state a rule of grammar, and who, in making out official papers as surgeon of a railroad, spelled Kansas with two C's.

I mention these cases as samples of two kinds of doctors; and I am willing to admit that the classical education of one adds to the "dignity of the profession," but I claim that the illiteracy of the other does not appear to hurt his practice, or inhibit his capability of making a living.

THROWING PHYSIC TO THE DOGS.

By this caption I mean turning the matter of medical education over to politicians as the remedy for overcrowding.

Medical societies in some States are making strenuous efforts to divorce medical teaching and license-granting. It appears by bills introduced into legislatures that these men propose to license physicians by political methods instead of educational methods. The political machine is to appoint a board, whose duty it shall be to examine all candidates from colleges for diplomas; and if any diplomas are to be granted, the State will decide who are qualified to hold them.

Now, provided this thing could be run as these projectors imagine, let us look first at the unfair discrimination. It is supposed, of course, that old and young doctors, who are qualified by diplomas when the law goes into effect, will not be subject to an examination by this board; but the man who is later in the field must submit to this discrimination by the State. Obviously the *animus* of this proposed law is that the profession is overcrowded, and politics will not favor the young brood to the extent that the teachers will. The projectors of this law are no less foolish than wicked. They have no right to impose greater restrictions upon others than were imposed upon them; for all men in civilized countries have equal rights to make a living as pleases them best, while the political methods of obtaining diplomas are so different and so easy compared with the educational methods, that the foolishness of this proposed law must be apparent to any person who has any experience with political methods.

This law, in part, is already in effect in Illinois, and has been a working factor of the Board of Health for several years. The law gives the Board power to grant licenses to persons independently of educational methods. The Board does not teach medicine, it simply examines. The result is that many students have been taken out of colleges, who were in the first or second year of study, and granted license by the State, by virtue of a "certificate of examination." It is a pity that the teachers in colleges have not discrimination to know that one student may learn as much in six months as another in three years; but when the State says this is a fact who can dispute it?

On the other hand some 1,700 "doctors," who had not diplomas, and who were afraid of the examination, or were refused examination, left the State—so it is claimed. Again, not a few druggists who had prescribed over the counter for ten years previous to the law, were licensed as physicians by the Board: and why shouldn't they be? for the political machine this year appointed a druggist—no doubt a very able druggist and politician—to be a member of the State Board which regulates medical education and practice and preventive medicine through the State.

It is generally conceded that reform in public social institutions depends upon their being taken out of the political machine. The public schools are trying to get loose from politics. The insane asylums are making a similar effort. In this country reform in any public abuse means that politics has let go.

Why should other colleges, Greek and Latin schools, not be subject to politics? Perhaps it will be the last resort of the adherents of the classics to throw these colleges into politics. While the fashion is rampant, why should politics not control the theological and law schools? Theology would like closer relations to the State, and no doubt lawyers could engineer the politics of the State so as to make their graduating briefs even briefer than they are. It is apparent that not a few of the medical men who are, if not many who are to be, need the protection of the State, but the protection should be given by an asylum for the feeble-minded.

When this law goes into effect, the State Board of Examiners will be appointed, of course, by the political authorities, and will be a wheel in the political machine. Its methods will be political methods. Of course their qualifications will be political, for who would be competent to examine them? The Board will represent one political party, and perhaps three persuasions in medicine. To pass such a Board, by examination, will require greater flexibility in the minds of the candidates than the text of Holy Writ; and it must be admitted that there can be found no evidence that when a medical student goes before this Board for examination, the Board is more qualified to examine the student than the student is to examine the Board.

Separation of the teaching power, and licensing power, will soon do away with teaching power, nearly or quite, because the methods of obtaining diplomas will be political methods—and can any of the gentlemen who are striving to bring this law about imagine that such measures will lessen the overcrowding of doctors? The educational methods of getting medical diplomas are well known, but let us compare these methods with what will be the method in politics. Judging by the record in Illinois, if the applicant for license has political influence, and has attended one term in a medical college, he will be made happy by the receipt of his political license to practice medicine.

THE TRUE RELATION OF GOVERNMENT TO INDIVIDUALS.

All people will do what they can to qualify themselves to make a living; but very often the duty of all these people to others must be under the controlling power to shape their conduct so that each can have an equal chance. Manifestly there is a sharp line of demarcation, which separates personal liberty from the control of government. The judiciary and civil officers interfere to prevent or punish crimes of people against each other; but if a man wants to open a grocery store in a town which is already overcrowded with grocery stores, he is not obliged to get permission from the judge, nor can other grocery-keepers get out an injunction to restrain him, nor would these grocery dealers even think of carrying the thing into politics.

Now, the case is like this in theology, law, medicine, or any other trade, occupation, or calling, by which a man tries to make an honest living. "Boards of Health" are necessary to take care of unlawful conduct among colleges and doctors—those who buy or sell diplomas, or practice without diplomas; but a Board has no more business with a doctor who has a diploma, or with a college which is up to a required standard, than the sheriff has to do with a man who buys a horse, and pays the contract price.

Ministers do not ask for political control in education or faith. Lawyers would certainly never submit to an examination as to their qualifications by a board of politicians. Civil engineers consider themselves rather above political squabbles. Inventors never think of going into politics to prove their liberty or qualifications as inventors; and the fact is that the people of no profession or calling have ever stooped so low to conquer, or be conquered, as the medical profession, which is now trying to throw physic and physicians to the dogs.

RECURRENT IRITIS AND ITS RELATION TO CHOROIDAL DISEASE.

BY S. D. RISLEY, A. M., M. D.,
Of Philadelphia.

(*Concluded from page* 116.)

Notwithstanding these difficulties, Schnabel (*loc. cit.*) asserts that "the ophthalmoscopic examination of individuals suffering with acute iritis revealed, no matter what the cause might have been, most frequently diffuse retinitis." He appends a history of twenty-three cases of acute iritis thus examined. Five of the cases were diagnosticated as having both retinitis and hyalitis. With reference to this group of cases he states that: "The most remarkable fact demonstrated by the foregoing table is the *almost constant existence of retinitis with acute iritis*"—although he acknowledges that in the vascular system of the retina (in iritis), we do not see any remarkable changes. Among sixteen eyes having specific iritis, he found only one normal retina; and among ten having non-specific iritis, only three.

However strongly we may feel inclined to call in question the perfect accuracy of a diagnosis of diffuse retinitis, made through a muddy vitreous humor, particularly when there are no "remarkable vascular changes" to verify the retinal complication, still it must be acknowledged that it is comparatively rare to find an eye affected with acute iritis that has normal sharpness of sight, or in which the media are found transparent. The existence of opacities in the vitreous are, I think, by most men, accepted as evidence of the presence of choroiditis. Schnabel (*loc. cit.*), however, does not accept this dictum, but insists upon ophthalmoscopic verification of the choroidal disease for a diagnosis of its presence, and insists upon pri-

mary inflammation of the vitreous itself. In his study of twenty-three cases of acute iritis, therefore, he found "most frequently retinitis, comparatively seldom the presence of changes in the vitreous, and most rarely anomalies in the choroid."

The anatomical relations of the iris to the uveal tract, of which it is in fact an extension, would lead us *à priori* to anticipate a frequent connection between the diseases of the one and the other. Indeed it was hardly to be expected that an acute inflammation of the iris could be rigidly confined to that important structure, lying as it does in such close proximity to the ciliary body and muscle, enjoying the same bloody-supply. But it is equally probable that diseases affecting the choroid proper or ciliary region, might also, by the simple fact of continuity of tissue and blood-supply, attack the iris secondarily, or simply by a gradual process of extension forward. That such extensions of inflammation can and do occur has, I think, been demonstrated by the foregoing cases. It receives further confirmation in the following case, which will serve also to demonstrate the serious importance of this disease and the necessity for prompt and well-directed treatment.

There can be no question of the great importance of preventing the adhesion of the iris to the capsule, for however little influence the attachments themselves may have over the production of subsequent attacks of iritis, there can be no doubt as to their baneful influence when they by frequent repetition finally lead to exclusion of the pupil; this will be painfully illustrated in the history of Case 3. I have already presented to the Society the early history of this case, as one of a group illustrating the history of secondary glaucoma. I now repeat it more in detail with the subsequent development:

Case 3. Mrs. D., æt. 46 years, consulted me August 17, 1881, her vision being so seriously at fault that she was led into the consulting-room by her husband. She gave the following history: Her first eye trouble was experienced in March, 1880, when she quite accidentally discovered that vision in O. D. was impaired. The impairment steadily progressed without pain or other symptoms until the following July, when she was attacked with violent pain in the right eye, which spread over the entire right side of the head. The eye was red, tender to the touch, photophobia so intense, and pain so severe, that for eight days she was forced to remain in bed in a dark room. Her attendant was a homœopathist.

The impairment of vision increased rapidly after this attack; there were frequent subacute exacerbations which simply added to her constant discomfort, and were characterized by an increased dimness of vision, exaggerated tenderness, and injection of the ball. The left eye had given no signs of trouble until April, 1881, about one year from commencement of impaired vision in the right. She then noticed diminished acuteness of vision, which steadily progressed up to the present time, but with no evident onset of inflammation. It had had, however, frequent attacks of redness, attended with periorbital pain, dread of light, soreness of the ball, etc. Mrs. D. to all appearances was in perfect health; she had married late in life, and had enjoyed uninterrupted health; had never been pregnant: the menstrual function had been regularly and painlessly performed until the present month, which she had missed for the first time, and was now annoyed by alternating flashes of heat and perspiration.

In O. D.: T+2, cornea steamy, and sensibility markedly diminished, some ciliary injection, anterior chamber shallow. The iris was atrophic and fixed; pupil 2 mm. in diameter, and occupied by a grayish-white web, and papillary margin of iris attached in annular synechia: only grayish-red light from fundus; there was no pouching of the iris; counts fingers only with difficulty and as shadows, the hand being held between the eye and source of light. Field taken with candles shows perception in temporal field only.

O. S.: Cornea also steamy, sensibility somewhat diminished, some ciliary injection, anterior chamber shallow, iris discolored, nearly annular synechiæ, no pouching, T + ? F. perfect, V=$\frac{2}{CC.}$ Solution of eserine sulphate, 1 gr. f℥j., relieved somewhat the periorbital neuralgia, and the steaminess of the cornea diminished, but there was no improvement in the vision.

On August 31, I did a broad iridectomy upward on the left side, and a large sclerotomy on the right, in the hope of diminishing the tension and relieving the pain, as I had no hope of restoring useful sight in the right eye. The iridectomized eye recovered slowly and with considerable reaction, while the right recovered from the sclerotomy without any reaction, and with entire relief of pain. Three weeks after the operation, O. D. white. T. *n;* free from pain; cornea transparent; pupil as before; anterior chamber normal; but much to my surprise V had risen to $\frac{20}{CXXVI}$ and the field now taken on perimeter had extended in all directions. O. S. showed typical coloboma: anterior chamber normal; T.—; V, quantitative

perception; cornea transparent; V steadily improved in both, so that three months after operation, during which she had steadily used the weak eserine sólution, O. D. $V=\frac{20}{L\,X\,IV}$. O. S. $\frac{2}{C}$, and she visited the office without a guide.

The improvement continued until, notwithstanding occasional attacks of redness, the following September, 1882, one year from the date of operation, when there began an insidious onset of serous iritis in the sclerotomized eye, with punctate deposits on Descemet's membrane and pouching of the iris without increase of tension, and V sunk to $\frac{15}{CC}$.

O. S. as before. On September 26 I did a broad iridectomy in O. D. upward, leaving a faultless coloboma, and liberating a quantity of yellowish glutinous fluid from the posterior chamber. The eye recovered with but little reaction, and all went well until the night following the fourth day of the operation, when she was awakened by an acute pain in the eye. The following day the anterior chamber was filled with blood. The clot slowly absorbed, the eye softened, and she gradually lost all perception of light. In a few months deposits appeared in Descemet's membrane in O. S. and without pain, V steadily failed until only merest quantitative perception remained.

During these months she suffered much from the troubles associated with the menopause, which doubtless had to do with the unfortunate termination to a most interesting pathological history.

The case furnishes wide scope for speculation regarding its pathogeny. Her failing vision at the outset was surely not iritis, but some disease of the deeper tunics, most probably retine choroiditis. The following violent attack of iritis, resulting in adhesion of the iris to the capsule, the subsequent subacute exacerbations, with the formation of additional bands of lymph, until exclusion of the pupil was reached; then the appearance of secondary glaucoma, with the increased tension of the ball, the cupping optic nerve, the contracted field of sight and almost total blindness; the rapid relief of all the symptoms, by simply incising the angle of the anterior chamber, to be followed by widening of the field and a large restoration of sight, notwithstanding the fact that the gray film still covered the pupil and the iritic adhesions remained: furnishes a picture of disease that cannot fail to interest, although in many respects it baffles a satisfactory explanation. Had the early treatment been so conducted as to prevent the formation of the synechia, until such time as the primary inflammation of the deeper tissues should subside, there is no question but that the ultimate result would have been very different. For in that case the secondary glaucoma would doubtless have been omitted from the picture of disease.

In O. S. the synechia was not annular, so that there was still some small communication between the posterior and anterior chambers. The result of the iridectomy in this eye was disappointing, as compared to the brilliant, though unexpected, but unfortunately temporary, result in the right eye.

The rapid improvement in O. D. can probably be explained by the relief of the glaucomatous tension afforded by the sclerotomy. Notwithstanding this, the choroidal disease slowly progressed toward a fatal issue. It is to be regretted that iridectomy had not been done instead of sclerotomy. The only excuse was that the eye was regarded as hopelessly blind, and the operation was designed to relieve the suffering of the patient.

In the light of comparatively recent investigations, the progress of the disease from the right to the left in the first instance, and the onset of serous iritis about three months after the loss of O. D., furnishes a very interesting history in the light of recent investigation into the pathology of sympathetic irritation.

If in these remarks I have succeeded in making clear that iritis is more than an inflammation of that delicate membrane, I shall feel that I have accomplished my purpose. I do not wish to assert that all cases of iritis begin in the choroid and ciliary organs, but do assert that many exist only in common with inflammation involving the deeper structures, and that their treatment, therefore, should be conducted with this fact in view.

There are many cases in which no evidence of inflammation of the retina or choroid can be gained as having preceded the attack of iritis, where, nevertheless, after the subsidence of the iritis, the deeper trouble was revealed. That both may have been due to a common cause, or that the trouble simply extended backward by virtue of anatomical relations, cannot be denied. But that even in simple idopathic iritis, attacking the iris primarily, there is also profound congestion of the entire choroidal tract, is unquestionably true, and it would be folly to deny that this congestion might, under favoring conditions, *e. g.*, existing dyscrasia, pass over into a pathological state, involving both choroid and retina.

Hospital Reports.

A CLINICAL LECTURE DELIVERED AT THE HOSPITAL COLLEGE OF MEDICINE, LOUISVILLE, KY.

BY DUDLEY S. REYNOLDS, M. D.,

Professor of General Pathology and Diseases of the Eye and Ear.

(Reported by Allen Kelch, M. D.)

Impaired Sight as a Ground for Pension.

Gentlemen: As I have frequently had occasion to examine claimants for pension on account of injuries or diseases alleged to have occurred in the course of military or naval service, I have requested two recent applicants to come to the clinic to-day, inasmuch as both of them illustrate important points to be considered both in the determination of the liability of the government and the precise nature and extent of the disability. Grave responsibilities devolve upon those who are called upon to examine applicants for pension, and I believe the two cases I shall present to your consideration to-day are especially worthy of your careful study.

The first case I shall present is Mr. F——. He is an Irishman, simple in manner, and apparently honest in purpose. The first time I ever saw him he was suffering from ulceration of the cornea, and from an aggravated form of the disease which you now see affecting the margins of his eyelids, a parasitic affection of the hair-follicles, denominated *tinea tarsi*. Like Leah, the daughter of Isaac, he has lost all the lashes from the left upper lid, and the greater portion of those from the right. He is blear-eyed, in that he has lost the lashes, and that the margins of the lids are swollen, red, and ugly. When Jacob had labored seven years for Rachel, he was given Leah because she was blear-eyed and ugly. Ophthalmic medicine in that day was evidently not so well understood as it is at present, and it may not be inappropriate to add that it was not as well understood in 1867, when I first saw this man, as it is to-day. You observe that he squints; that the left eye appears smaller than the right; that the left eye is now of no particular use, because the extensive opacities of the cornea existing in former years obscured the vision by preventing the entrance of light; and the eye being of no use, has accordingly become convergent. In the right, corneal ulceration has at times appeared, but fortunately it has never extended so deeply as to involve the proper substance of the cornea. Consequently, vision equals $\frac{20}{40}$ in this eye, and he is able to read the lines in his prayer-book, though he says he cannot read the newspapers. Although I have known this man since October, 1867, I never knew until a few days ago that he is a claimant for a pension. I have certified to my knowledge of his afflictions from the date of my first service to him to the present. He says he was a soldier in the late war, and that in 1863 his regiment was marched into Louisville to take charge of the provisions which were stored in the warehouses along the river front, and piled up in great heaps upon the levee covered with tarpaulins. He says he was accustomed to go home regularly when off duty, and that when he heard that General Bragg was coming into Louisville, he rushed home and told his family to seek a place of safety; and returning to his post of duty, remained there day and night without food, guarding the government's provisions. He says he looked so long and anxiously for General Buell to come and give him relief that he strained his eyes, and they have been sore more or less ever since. He now concludes the government ought to pay him a pension for the sacrifice of his vision.

The question arises, ought the military service, with its exposures and vicissitudes, be held fairly accountable for the damage to Mr. F.'s vision? Surely the *tinea tarsi* was not contracted through the fault of the government, although it is true the long-continued exposure in doing guard duty, with insufficient rations, may have debilitated his system and crippled his nutritive functions so as to have laid the foundation for this mischief. It is, therefore, a matter of responsibility and extraordinary difficulty to determine how far the government is liable. Leaving that, however, to the authorities in the Department of the Interior at Washington, I have been obliged to say to what extent this man is incapacitated from performing manual labor. He tells me his occupation is that of a stone-cutter; that he can no longer see the lines upon the stone, and that he has never been able to do so since the war; that he could never dress the stone such as is used for curbing the sidewalks in our streets, and that he is obliged to depend upon common labor, the reward for which is not more than one-fourth that allowed to a stone-cutter.

It would therefore appear that this man should be allowed three-fourths the government rating in the pension allowances, as he is by his affliction deprived of the power of earning more than one-fourth at manual labor what he formerly earned at cutting stone.

The next case I have to present is that of J. M., 44 years of age, tall, well-built, and of good address. He claims relationship with some of the most distinguished families in the country. He says he was a non-commissioned officer in the United States army in the volunteer service, and that in the forced marches the great fatigue to which he was subjected during the military campaigns in the South, his sight failed him. He is, in consequence, now an applicant for a pension. By reference to my notes, I find that my first acquaintance with this man began in 1872, when he called to be examined as to the state of his vision, and for me to note the extent of its impairment. I then made affidavit as to his condition, and took notes of his case. Whether this ever went to Washington to the Pension Bureau I am not able to say. He comes now, however, for the third time—this time in obedience to an order from the Commissioner of Pensions, who has sent him to me for examination as an expert. This time I am requested to make a particular kind of examination, with the view of determining not only the nature and extent of the impairment of vision, but the probable cause of the disease which gave rise to it.

He is a man well-nourished; he has white scars in the arches of the soft palate, particularly upon

the right side near the base of the uvula; he is deaf in one ear; the iris in the left eye has been inflamed, and the pupil is now adherent at two points, viz., below, and at the temporal margin. These attachments of the iris to the capsule of the lens have no other significance than that the iris has been at some previous time inflamed. With this eye he is able to count fingers only at ten inches. Ophthalmoscopic examination shows floating bodies in the vitreous chamber. It shows a creamy-white colored disc, with very small arteries and very small veins, the arteries being so small as to require very careful examination to find them. The marginal outlines of the optic disc in this eye are somewhat irregular, and are imperceptibly shaded off into the surrounding structures.

The right eye is differently affected; the pupil, as you see, is quite widely and uniformly dilated; particles of dark pigment adhere to the anterior capsule of the lens, which shows that there has, at some time previously, been attachments of the uveal substance of the posterior surface of the iris; in fact, he has had inflammation of the iris in this eye, though less severely than in the other. In this eye, as in its fellow, floating bodies appear in the vitreous which appear to be shreds of lymph, with here and there the remains of contracted blood-clot. The marginal outlines of the the optic disc in this eye are difficult to trace. The extent of cicatricial tissue is greater here than in the other eye. A singular condition, however, is observed. One branch of the arteria centralis retinæ passing upward and toward the temporal side sends out a pair of twigs which surrounds the region of the macula lutea, and a single vein just below the horizontal line appears in the disc.

It would seem that the plastic effusion surrounding all the other branches of the arteria centralis and all the corresponding veins had been sufficient to produce closure in the vessels whilst this one twig alone remains to carry the blood-current. His vision in this eye equals $\frac{2}{70}$, with an extremely limited field of vision, covering an area of but fifteen degrees from the forea centralis toward the temporal side and ten degrees toward the nasal side, with a fraction less than ten degrees above and below. The register of his field of vision which I have drawn diagramatically upon the blackboard was obtained by the use of Risley's perimeter, and is, therefore, exact.

Yesterday I was called upon by an agent of the Pension Department, who sought my deposition in this man's case. After I had completed this description which I have just given you, except that it was more in detail, I was asked for an opinion as to the cause. Without hesitation, I answered, "syphilis." He had had evidently what is described as gumma developed in the connective tissue investments of the optic nerve. This had existed in both eyes, extending over the whole surface of the disc in the left eye and covering all except the temporal side, corresponding to about $\frac{1}{3}$ of the whole disc; the invaded part representing in form a triangle, the base of which corresponded to the temporal margin of the optic disc, whilst the apex seemed to lie directly in front of the porous opticus. This fortunate limitation of the disease enabled me to determine at once the nature and character of the pre-existing inflammation. No other disease which yields to the action of drugs ever shows that distinctly circumscribed character, and at the same time destructive inflammatory action. Syphilis alone appears as a distinctly circumscribed plastic inflammation in non-vascular structures and in connective tissue investments of nerves.

I had occasion at the meeting of the Kentucky State Medical Society at Lexington in 1880 to point out some interesting observations upon circumscribed cortical inflammation of the optic nerve. I had for some years prior to that date been collecting notes of cases of this singular manifestation of syphilis. The publication of that paper brought, through the influence of many professional friends, a large number of other cases of this form of disease. Yet I am impressed with the idea that the profession in general has not given due consideration to this subject. If it can be made to appear that the United States Government is responsible for the ravages of syphilis contracted by its soldiers, this man surely deserves a pension. If it should appear, however, that the Government does not assume responsibility for the effects of syphilis contracted in the military service, then this unfortunate man is doomed to disappointment.

Claimants for pensions are an interesting class of people, and a great many curious cases appear in the course of the duties of an expert, whose services are occasionally sought by the department in the cases of those who base their claims upon damage done to the eyes or to the ears. A few days ago a man receiving a pension upon the rating of one-fourth disability came from a distant mountain region by direction of the authorities at Washington to have me determine the nature and extent of impairment of sight, with special instructions to observe with great care the precise condition of each of the tunics of the eye and particularly the condition of the optic nerve and the retinæ with reference to probable atrophy of the nerve as a consequence of typhoid fever, the man having perception of light only.

The lids were adherent to the eyeballs nearly to the cornea-scleral junction, whilst the corneæ were rough, vascular, and so densely opaque as to make it impossible under the most favorable illumination to see any part of the iris. It was not difficult from the history given by the man to determine that he had had acute conjunctivitis during the military service, and that the regimental surgeon by making applications of caustic daily had destroyed the conjunctiva as well as the surface of the cornea.

In that part of my certificate which required the extent of his disability to be rated according to his incapacity to earn a livelihood by manual labor, I took occasion to say that the disability was such as to entitle the applicant to all the government allows a soldier who has lost both eyes.

Another very interesting case referred to me with a letter of instruction to examine particularly the tunics of the eye, and to determine the question of any impairment of vision I might find, and the probable cause of it, with special directions to be careful in rating the extent of his disability, was the subject of a recent examination. He had been a pilot in the naval service; he is

about 62 years of age; for twenty years he had suffered impairment of sight, which was equal to $\frac{20}{70}$ with the aid of the glasses he wore; without these he saw $\frac{20}{200}$.

Ophthalmoscopic examination revealed nothing abnormal, except opaque striæ in the left lens; oblique illumination showed slight haziness in the central portion of the right lens. Suspending his accommodation, which would appear unnecessary in a man of his age were it not for the suspicion he might have astigmatism, and subjecting him to the test, I was able to bring his vision to $\frac{20}{30}$ in the right eye, and to $\frac{20}{40}$ in the left. It became at once apparent that abnormal refraction of the eye, due to a malformation of the cornea, was the cause of his trouble, and, as is usual in such cases, about the age of forty he began to experience difficulty in reading at night, and was not able to see the finest type either by day or by night. At the age of forty-five he experienced difficulty in following his profession as a pilot, and this difficulty increased as years rolled on; and the man honestly no doubt believed himself entitled to a pension, and not entirely without apparent reason, charged the long vigils to which he was subjected in the naval service of the United States with the impairment of his sight, which, of course, became more manifest with physical fatigue and advancing years.

The want of perfect perception under correction of the error of refraction is evidently due to the incipient cataract, which it is unreasonable to suppose has been present for twenty years, or even twenty months. It is believed, from the presence of central and slight opacity of the lens, that senile cataract is beginning to develop. The opaque striæ in the capsule alone may have existed for a long time, but their polar position makes this improbable.

I hope these few citations from my experience may serve to put you on your guard in your examinations of applicants for pensions, and make you think more deeply than it appears pension examiners are in the habit of doing before certifying to the extent and probable cause of disability from impairment of sight.

Opacities of the cornea are sometimes so slight as to escape detection unless artificial illumination is resorted to, and yet so great a hindrance to the passage of light into the eye as seriously to impair the sight. You may sometimes be able to decide from the form and position of the opaque spot in the cornea as to its probable cause. For example, a man referred to me once for examination with the view of determining the amount of impairment of sight from an attack of small pox contracted in the army, had near the central portion of the cornea distinctly circumscribed circular opaque spots. I consequently gave it as my opinion that this could have resulted from an attack of variola. Had the opacity been of the nature observed in F.'s case, of irregular outline, and In the form of spear-like points projecting from the margin of the cornea toward its centre, with an irregular and dense opacity in the central part, I should have said that some other cause than that of variola alone had been operating here.

The eruptions of variola are symmetrical and always round. They are always distinctly circumscribed; consequently the remaining opacity, especially in the cornea, will exhibit this symmetrical circular form. Suppurative inflammation of the cornea might follow an attack of variola, and give rise to dense opacities like those in F.'s eyes. In that case we should say that some other cause than that of variola had been present and operating. In the case of Mr. M., the circumscribed portion of sound nerve structure in the right eye remained too distinct to admit of mistake; and the circumscribed character of the destructive inflammatory action which had been present in all the remaining portions of the end of the nerve, with the fluid state of the vitreous humor in both eyes and the floating bodies, and this peculiar state of the end of the nerve in the right eye, fixed it in my mind as being absolutely certain that he had syphilis. The character of the cicatrices at the base of the uvula and the right side of the soft palate, the impaired hearing in the right ear, all pointed to the syphilitic character of the iritis, which too was evidently of circumscribed character and limited extent in the left eye, as near the temporal and inferior margins of the pupil it became adherent to the capsule of the lens.

I did not inquire for the history of this man's affections, because I saw the characteristic signs of this specific form of disease with which he suffered, and because, further, I have long since learned to attach but little importance to the history of the case furnished by the patient or by the friends; and more especially in such cases as this, where the personal interests would naturally tend to bias the judgment, and lead the patient and friends to attempt the concealment of the real nature of the disease.

Medical Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

Discussion on Recurrent Iritis. (*See pages* 116–145.)

Dr. Shakespeare, in opening the discussion said: "I agree with Dr. Risley as to the importance of a knowledge of the pathology of these troubles, but I am not entirely in accord with him when he suggests that recurrent iritis is most frequently the direct consequent of extension of inflammation from the choroid.

"My own observation, and even some of the cases related by Dr. Risley, create in my mind the very strong impression that recurrent iritis, when not directly caused by irritation due to suddenly and constantly checked movements of the iris, where a partial synechia exists, is frequently brought about by constitutional conditions which affect the iris quite as directly as they do the choroid. I refer, for instance, to the agency of the syphilitic or the rheumatismal poison in the production of inflammations, and express my belief that when recurrent iritis is not the direct result of the combined irritation of posterior synechia and of a disturbance so slight or transient as in itself to be usually incapable of exciting deep inflammation, it is very often induced by the action upon the iris of a specific irritant, such as the virus, whatever that may be, of syphilis or rheumatism. I can see no valid reason for assuming that recurrent iritis and choroiditis, when as-

sociated or single, and occurring in a rheumatic, gouty, or syphilitic patient, are not each caused by the same constitutional irritant.

"I by no means deny that there are cases of recurrent iritis, where the inflammation of the iris appears to be an extension of an acute, or of an exacerbation of a chronic inflammation of the deeper portions of the uveal tract.

"But Dr. Risley seems to be of the opinion that such is the customary origin of recurrent iritis. It is on this point, then, that I differ from him. Moreover, the author, reasoning from his view of the usual course of recurrent iritis, arrives at the conclusion that adhesions of the pupillary margin of the iris and the adjoining capsule of the lens, so long as the whole pupillary border of the iris is not bound down, and the communication of the anterior and posterior chambers of the eye thus closed, are comparatively insignificant matters, and should ordinarily occasion little or no apprehension. Here again I must differ from him, and still more positively than before.

"I regard it as all-important in the treatment of primary iritis to guard most carefully against the formation of posterior synechia. Furthermore, I consider it important, after the second attack has established the recurrent nature of the malady, and at a favorable moment, to carefully separate the synechiæ if they are not too extensive, or, in the latter case, to remove a portion of the iris by iridectomy.

"Recurrent iritis after synechia is sure in time to bring about complete occlusion of the pupil—a condition which, unless remedied by operation, is certain to prove most disastrous. In order to remove the constant irritation of the iris, caused by one or more bonds of adhesion to the lens, and, still more important, to remove as far as possible the risk of subsequent complete occlusion of the pupil, I do not hesitate to advise the separation, at a proper moment, of slight adhesions, or the performance of an iridectomy if they are very extensive.

"I am very well aware that occasionally (rarely indeed) the capsule of the crystalline lens, at the point of attachment, may be torn in the effort to detach the synechiæ, and a traumatic cataract be established. But the danger is, I think, so small in comparison to the danger that the eye may be ultimately destroyed if the synechiæ be left to themselves, that it is, as a rule, safer to follow the practice of removing synechiæ when recurrent iritis is once confirmed. Of course, the presence of a constitutional irritant greatly complicates this problem. In the cases, which I believe are comparatively rare, of recurrent iritis by extension of inflammation from the choroid or ciliary body, it is possible that the best procedure would be to let posterior synechiæ alone so long as they are not complete, and do not occlude the pupil."

Dr. Little: "Dr. Risley's paper is very important and suggestive, for the early recognition of iritis and its proper treatment prevent or mitigate the serious results that follow in eyes thus affected.

"The vascular tissues of the eye, composed of choroid, ciliary body, and iris, are to be considered as one, and to say that inflammation is limited to only one part of it is difficult.

"The treatment is largely mechanical, that is, the whole tissue when inflamed should be made free from muscular action; the iris dilated so no adhesions occur; the ciliary muscle and choroid likewise passive, so as not to damage the retina or vitreous; after subsidence of the inflammatory processes, if optical defects exist they should be corrected, so as to prevent recurrent attacks from irritation and congestion that exist in the tissue when optical defects exist, for the effort at seeing produces trouble in these cases, and gives a foothold in a congested tissue for the constitutional taint, specific, rheumatic, or otherwise; mere exposure will produce the same result. The constitutional treatment is more effective in eyes free from strain and normally vascularized.

"As to the use of eserine in iritis, while a few years ago it was considered courageous to use it, in certain cases it acts well, care being taken to guard against adhesion by using atropia at stated times to prevent its adhesion; in cases where the adhesion already exists, it works well in relieving pain; but in the average case of iritis, atropia must be looked upon as the only treatment locally.

"Dr. Risley's suggestion and good effect he had with eserine in a case of sympathetic iritis, while suggestive and contributory to advance in therapeutics of this disease, cannot yet be looked upon as a preventive of sympathetic inflammation of the eye, any more than eserine can be claimed as a permanent method of cure for glaucoma by its use.

"The presence of hyalitis in these severe cases of iritis, presenting a view of the fundus of the eye, can be helped or cleared up to some extent by the use of electricity, so that changes in the retina or choroid can be recognized.

"Opinions as to operative procedure differ in these severe types of iritis; it is better to wait till severe symptoms subside or disappear, and yet some cases do well by immediate operation; not enough such cases have been reported in comparison with those that have had no operation, for any judgment or statistics to be grounded; personal experience gives different opinions to observers."

Dr. L. Webster Fox: "I rise to give the clinical history of a case of recurrent iritis, ending in sympathetic ophthalmia. Eighteen months ago I was asked, in consultation, to see a patient who had had several attacks of iritis in the right eye.

"Mrs. E., aged thirty-three, married, well developed, with an irrelevant family history, always enjoyed good health and normal vision. The family physician three months previously was called to see the patient, who was suffering with pain in the eye-ball, accompanied by supra- and infra-orbital pain, a marked ciliary zone of congested blood-vessels, a discolored iris which was sluggish, and vision blurred. Atropia solution, grs. iv. to ℥j., one drop every two hours, and internal medication of calomel was given. The disease responded rapidly to the treatment; the eye regained its normal color with full acuity of vision; three weeks subsequently a second attack came on, which was again promptly treated with good results. Nine weeks after the second attack, a third was ushered in with very severe pain over the brow, down the track of the infra-

orbital nerve, congestion of the sclerotic vessels, with a deeper pink zone of ciliary blood-vessels, musty brown iris and hazy vitreous, with vision reduced to $\frac{20}{200}$; other than the hazy vitreous, no lesion in the fundus could be seen. The following treatment was instituted: Atropia sulph., grs. iv. to $\overline{3}$j., one drop in eye every three hours, internally; hydrarg. chlor. mit., grs. ij., guarded by pulv. opii, gr. $\frac{1}{2}$ twice daily, and four leeches to temple. The patient improved, and untoward symptoms passed off. The left eye was examined with the ophthalmoscope, and found normal, excepting slight degree of hypermetropic astigmatism. The eye (right) remained quiet for about two months, when another attack came on more virulent and aggravated in its symptoms. Upon instituting the atropia solution, it was found that posterior synechiæ had taken place, the pupil only responding to the mydriatic in the upper and outer quadrant, possibly to one-sixth its diameter. The media, which had regained its transparency, was hazy (vitreous), obscuring the details of fundus. The vision had fallen to counting fingers at eight feet. In addition to the calomel and opium, a mixture of hydrarg. bichlor., gr. $\frac{1}{48}$, pot. iod., gr. xx in water three times daily, was given; this treatment was continued till permanent salivation had taken place, which was in six to eight days; the hydrarg. was discontinued, but pot. iod. given as usual.

"In two weeks the inflammatory condition commenced to pass off, but vision was reduced to qualitative perception only, after the inflammatory conditions of the eye had disappeared (four weeks after the beginning of the last attack); the patient was suddenly taken with great pains in back of head and at times nausea; these pains became so intolerable that the patient had to be kept under the influence of a hypnotic for several days at a time, this condition lasting off and on for four weeks, at the end of which time paresis of rectus externus of right eye manifested itself; there was convergent strabismus with diplopia, but no hemiopia could be elicited; the patient at this time answered questions intelligently; a careful examination of the right eye revealed no change either in the irregular shape of the pupil or in the haziness of the vitreous. In the left eye, however, a marked change had taken place; owing to the condition of the patient, it was impossible to make an ophthalmoscopic examination of this eye for four weeks. Well-marked keratitis, possetates on Descemet's membrane, iris musty brown, vitreous slightly hazy (?), swelling of the optic nerve, arteries lessened in calibre, veins full but not tortuous, their reflex gone, several small spots of choroiditis scattered about the equator of the eye, the eye presenting a perfect picture of inflammation of the uveal tract. The urine was examined; no sugar nor albumen found. Medication was pushed till pronounced salivation and iodism made their appearance; notwithstanding this treatment, the eye (sympathizing) continued to grow worse until qualitative perception of light only remained (the paresis of the rectus muscle impressed). The vitreous became so filled with inflammatory products that it was impossible to make observations of the change that was going on in and about the optic nerve and choroid.

"The last attack of iritis in the left eye was four months ago, when the eye suddenly became painful and exceedingly sensitive to light, this attack lasting three days, the patient having been under constant medication (pot. iod.). Leeches to the temple seemed to relieve the extraordinary condition at once. The patient is still under observation, and at last examination the vision in right eye (primarily affected) was found to be $\frac{5}{200}$, at one time qualitative perception only; in left eye (sympathizing eye) qualitative perception only. I may state that this is the first case of sympathetic ophthalmia, due to recurrent iritis, that I have ever seen, although I had the opportunity of seeing many cases of recurrent iritis while clinical assistant and house surgeon at Moorfields Eye Hospital, London.

"Operative interference was the method adopted at the above-named institution, to protect the patient from recurrent attacks. This was done by excising part of the iris—Mr. Streatfield, at rare intervals performing this operation of separation of the synechiæ from the anterior capsule of the lens. The iridectomy was performed at such time when it was supposed that the iris was free from inflammation. An operation may be done with safety in from four to five months after the last attack of iritis."

Dr. Risley, closing the discussion, said: "I quite agree with Dr. Shakespeare in his estimate of the importance of systemic conditions in this disease. Not only are syphilitic disease, the rheumatic or gouty diatheses, frequent causes of idiopathic iritis, but they doubtless exert a marked influence in sustaining the pathological conditions involving the entire choroidal tract, as a sequel of the acute iritis. But for these diatheses, many acute cases which are followed by chronic iritis, would have returned to a state of health. It was not my desire to underestimate the importance of the iritic attachment, but to point out that as a factor in the production of recurrent iritis, it had been overestimated.

"If the views I have expressed are true, it renders less justifiable the operations for their detachment, *e. g.*, that devised by Streatfield, gently tearing them away by means of a blunt hook, which he inserted between the iris and lens capsule, or the Passavant operation, which consisted in grasping the iris at the point of attachment with forceps, and by traction detaching the adhesion. If the attachments are not so deleterious as was supposed, the risk following these operations is not to be justified.

"I have no doubt but that an eye constantly in a state of retino-choroidal irritation, in low grades of inflammation, as the result of strain in overcoming a hypermetropia or astigmatism, is more ready to take on all forms of disease, and may, therefore, as Dr. Little very fitly suggested, be more liable to iritis. Certainly, once attacked by iritis, such an eye would be more prone to disease of the choroidal tract and chronic or recurring iritis.

"It was not my wish to present eserine as a panacea, or even as a usual remedy to be employed in the treatment of sympathetic disease; but I reported the case in my paper as a clinical fact, the design being to set forth the value of this drug in improving the nutrition of chronically influenced eye-balls prone to set up sympathetic

irritation, especially where there is increased tension of the offending ball.

"I have had no experience in the use of electricity as an agent for hastening the absorption of vitreous facilities. Ophthalmologists, I am sure, would hail with pleasure any safe method which would accomplish a result so desirable. I should, however, use with great caution an agent, the powers of which are so imperfectly understood, in any eye with an inflamed retina and choroid.

"Dr. Fox has presented a very interesting history in his case of serous iritis, followed by sympathetic irritation. Such cases seem to shed light upon the vexed problem of the pathology of sympathetic irritation. One of the most interesting and important contributions to our knowledge of the subject, is that of Max. Kneis (*Vid. Archiv. Ophthal.*, vol. ix, page 125, N. Y.) In the case, the pathological histology of which he has so carefully presented, the disease had been apparently transmitted by the way of the optic nerves. The reported cases of sympathetic neuro-retinitis are getting more numerous, and it would seem that ere long we shall have to relinquish the term *sympathetic*—certainly for very many cases of disease communicated to the fellow eye—for some name which shall indicate its true pathology.

"Regarding the time after the iritic disease, when it is proper to perform iridectomy, I would remark that the symptoms in the individual case are probably the true guide for operative interference."

Editorial Department.

Periscope.

Note on Cholecystotomy.

Mr. Lawson Tait thus writes in the *Brit. Med. Jour.*, May 3, 1884:

The patient upon whom I first did this operation, the first successful one of its kind, and the second ever attempted, has remained in perfect health from the date of her operation, August, 1879, till now. I have performed the operation thirteen times, and all of the patients have recovered. One old woman died from suffocative catarrh some weeks after the wound was healed, and another case died of cancer of the liver, that being, in all probability, the cause of the distended gall-bladder, for I found no gall-stone which I could remove. Beyond the reach of my finger there was a nodule which, at the time, I believed to be an impacted calculus, but this was not confirmed by any *post mortem* examination, and the subsequent history was that of cancer.

The remaining eleven cases are in perfect health, and the results are perfect with one exception, and that exception has taught me a great deal.

It has, in the first place, satisfied me that my much-lamented friend, Dr. Marion Sims, laid down principles from which we are not likely to depart with any advantage, and that he practically perfected this operation, though he did not meet with a successful result in his own case.

Two modifications of the proceedings as advised by him have been suggested and have been put in practice; but they are not based on good reasoning, and have not been successful in practice. The first is a proposal made, I believe, by Sir Spencer Wells, to open the gall-bladder, remove the calculi, and to close it by a continuous suture without attaching it to the abdominal wound. So far as I know, this has been put in practice only once, and the result was fatal. A large quantity of bile was found in the peritoneum; and though this may not have been the cause of death, it is clearly a condition which is unlikely to contribute to success.

But the arguments against this proceeding are much stronger than the mere want of success in a single case. The gall-bladder is an organ subject to periodic filling and emptying, the latter process being accomplished by the contraction of its muscular walls, and this contraction is far more powerful than seems to be believed by any author I have consulted on this point. It also secretes an abundant quantity of clear albuminous fluid from its mucous surface, and this fluid contains—if I may make a conclusion from the few rough experiments I have made on the subject—some kind of ferment. Even if no bile enter the gall-bladder, it speedily fills with this secretion and expels it; so that, if its duct were occupied by a calculus, and a wound in its base were closed by a continuous suture, and not fastened to the abdominal wall, as recommended by Sir Spencer Wells, it is difficult to believe that such wound would remain closed.

It is a matter of extreme difficulty—in fact, I may say, it is impossible during the operation of cholecystotomy—to be quite certain that all the stones are removed from the duct. This canal is distended by the passage of a calculus, urged forwards by the pressure of the secretion of mucus by the gall-bladder itself. So long as the stone is in the cystic duct, the contents of the distended gall-bladder consist entirely of this clear mucus. After the stone has passed the mouth of the liver-duct, the bile flows into the gall-bladder, its passage into the duodenum is prevented, it is reabsorbed into the system, and jaundice is produced. The cystic duct, in its normal state, is of much smaller diameter than the common duct, and the agonizing pain of the passage of a gall-stone seems to be limited, in great measure, to this part of its journey, for it is rare, after these severe attacks, that jaundice occurs. After mild attacks jaundice occurs sometimes, and this indicates that the stone is passing, or has passed, through the common duct.

This leads me to say that, should cholecystotomy be performed whilst a stone is in the common duct, and the gall-bladder treated as recommended by Sir Spencer Wells, it is clear that the pressure

required to force the stone into the duodenum would be much greater than that required to tear open the stitched wound in the gall-bladder; extravasation of bile into the peritoneum ever afterwards would be inevitable.

Exactly the same argument is to be urged with still greater force against Langenbuch's proposal to remove the gall-bladder. The proposal is intrinsically absurd, for there can be no reason for removing any bladder merely because it has some stones in it. In many (five) of my cases the bladder was suppurating and greatly thickened, but the removal of the stones and the drainage of the bladder for a few weeks completely cured this condition. If the gall-bladder were removed at the time that a stone was lodged in the common duct, the bile must all flow, just as in the other case, into the peritoneum. I understand that Langenbuch's proceeding has been fatal in three out of six cases, where it is known to have been tried. It would have been fatal in three of my own cases if I had employed it, for in three of them stones were thus situated. In two I got the stones out, and in the third the stone is still there. Every drop of bile comes through the fistula, and not any appears to go through the intestines. The The fistula is a mere pin-hole, and I have tried to close it three times, always with the result of bringing on an agonizing colic which lasts till the bile forces its way out through the fistula. This takes about fifty hours. It is clear I shall not succeed in this way, and I propose to open the abdomen again, about an inch to the inner side of the gall-bladder, and crush the stone *in situ* by means of padded forceps applied outside the duct. If a better plan should occur to any of my readers I should be glad to have it, and if it should be practicable and successful, its originator shall have full credit for the suggestion.

Whilst watching these interesting cases of biliary fistula, I have read much of the literature of investigations concerning the function of the bile, and I have been greatly amused to see how utterly futile experiments on animals have been in settling even the most elementary facts of the influence and the uses of the human bile. Thus I have not seen the slightest evidence to believe that either quantity or quality of food, or any drugs which were used for the legitimate treatment of these cases, as morphia, calomel, podophyllin, and rhubarb, have the slightest effect on the quantity or character of the secretion. None of the patients have suffered in any way when even the whole secretion has come through the fistula, in one case for months, save from the inconvenience of the dribbling. Indeed, in a case still under observation, the patient has positively gained in weight, and has greatly improved in health. The stools are almost milk-white, and there is not the slightest evidence of the flatulence and decomposition which is said in the text-books to be the result of biliary fistula.

The conclusion of the surgical experience in these cases is, that the entire possibilities of the treatment of gall-stone and distended gall-bladder are exhausted in Dr. Marion Sims' original paper published in this journal, that no further extension of it seems possible, and that no further experimentation, such as that of Wells and Langenbuch, seems desirable.

Spontaneous Rupture of Hydrocephalus.

Dr. Allyn Reeve Manby thus writes in the *London Med. Times*, April 26, 1884:

On May 20, 1873, I was summoned to a primipara, who had been in labor twenty-four hours, and was suffering from too much inertia to deliver the head, which I accordingly did for her, with the forceps. The child was an unusually fine male, but had a large spina bifida of all the lumbar, and one or two of the lower dorsal vertebræ, the integuments of which were so thin and transparent, that the vertebral canal was distinctly visible with its contents, some of the fibres of the cauda equina ramifying just beneath the skin. There was also a peculiar deformity of the right foot, which was flat, like a negro's, with the heel projecting nearly as far back as the toes did forward. The child was dressed with the usual abdominal bandage, the pressure of which caused suppurative inflammation, and thickening of the surface of the tumor, so that by August of the same year nothing remained but a fleshy mass, pressure on which caused no discomfort to the child. About this time, however, the mother noticed that the head was "getting bigger," and that the child "stretched itself out and turned blue, as if convulsed, when she dressed it." When I saw it on October first, the child being then eighteen weeks old, it was decidedly hydrocephalous, but otherwise so well that no treatment was suggested or permitted. By Christmas, the head was so large and cumbrous that, when at home in London, the mother showed it to Mr. Jonathan Hutchinson, at the London Hospital, and I lost sight of the case till the evening of January 24, 1874, when the father came to tell me that the "head had burst, and that pints of water were squirting away," as indeed they were, for seven and three-quarter pints of slightly bloody serous fluid were collected in a pail, besides a great quantity which must have been lost on the floor, and in the mother's clothing, which were sodden, as she nursed it. The child seemed relieved by the discharge, and slept better than usual, taking and crying for the breast naturally; but it died in its mother's arms at 10:30 next morning, or seventeen hours after the oozing was detected.

The only measurement that had been taken during life was width from ear to ear, across the crown, and which was 27 inches.

Mr. Amyot published a very similar case (*Med. Times and Gaz.*, 1869), which lived twenty-four hours; and a case, aged ten and a half months (reported briefly in the *Med. Times and Gaz.*, April 14, 1869, p. 421), soon after this, by Dr. Frederick Brown, of Rochester, died ninety-six and a half hours after bursting, and the discharge of two quarts of coffee-colored fluid, on which the head "fell in, looking like broken pottery."

I was only allowed to make a very incomplete inspection, and by no persuasion or bribery could I induce the parent to part with the body for a museum. The aspect of the child was typical, according to Prescott Hewitt (*London Med. Gaz.*, 1844, or Watson's "Practice of Physic," fourth edition, vol. 1., p. 473), of intra-ventricular fluid, the facial skin being drawn upwards and outwards, arching the eyebrows, and rendering the supra orbital ridges prominent, the pupils of the eyes turned down, leaving the upper part of the

conjunctiva exposed. The skull presented the appearance of a large bowl, with jagged edges, the scalp having collapsed completelv, an appearance Trousseau somewhat poetically describes (Trousseau, "Clinical Medicine," New Syd. Soc., vol. i., p. 474), as "like the petals of an opening flower," but which Dr. Brown, with more truth, calls "a horrible and sickening sight." It measured, without allowing for the in-squeezing of the bones, as it was held, twenty-three inches round the edges, and half an inch more a little lower down, in circumference; probably, for the age of the child, it is one of, if not, the largest on record ; for a child of three years old, which Dr. Gardner, of New York (*Med. and Gaz.*, 1861, p. 259), exhibited in 1861, as having the largest head but one, "in or out of any museum," measured but twenty-three inches from the tip of one ear to the other, and thirty-seven and a half inches from the junction of the nasal bones to the os frontis, to the base of the occipital bone: he also gives the horizontal diameter as thirty-two inches, but as that would imply a circumference of more than eight feet, and as, moreover, he speaks of circumference further on, we must conclude that he means horizontal circumference. The scalp was thick and elastic, covered with large veins, and seemed to be structurally natural, with the exception of a rough reddened patch, the size of a shilling, about the middle of the left half, in the centre of which was a small pin-point hole, through which the water had passed ; on enlarging this, and raising the scalp, air rushed in with a whistling noise, and a little more water passed out. The brain was unrolled, and spread in a thin, coarsely reticulated layer over the inside. Ulceration and thinning of the membranes was evident beneath the red spot which had given way in the centre, as before described.

Cases of spontaneous evacuation of the hydrocephalic fluid may be found here and there in medical literature, but, excepting Dr. Brown's and Mr. Amyot's cases, none resemble mine. Mr. Greenhow, of Newcastle, published a case in 1852 (Newcastle Pathological Society, November, 1852), in which the fluid exuded through the scalp, without any definite opening, during the child's straining efforts, and cases of fatal and non-fatal rupture through the ethmoid bone and nares are mentioned by Trousseau (New Syd. Soc., vol. i, p. 477); Leonard Sedgwick (*Medical Times and Gazette*, March 15, 1856, p. 259), and others.

A curious case, the converse of mine, was shown at the Pathological Society in 1857, by Mr. Hutchinson (Pathological Society, *Medical Times and Gazette*, March 17, 1857), in which the head decreased, while a spina bifida in the sacral region oozed. The child ultimately died, and at the autopsy, the central canal of the spinal cord was found dilated to the size of a crow-quill.

On Acne in Fibre-Dressers.

Dr. Charles Atkin thus writes in the *Lancet*, May 31, 1884:

A dermatitis taking an acneform character, arising from an external irritant, is certainly uncommon. "Eczema," so called, in its various stages, is met with in many trades and occupations in all its varieties, from the "weeping vesicle" to the "leathery scaling skin;" but rashes of a tubercnlar form arising from external irritation of the hair-follicles have hitherto, as far as I know, been limited to those who work with tar, paraffin, benzoin, etc., or those cases where tar has been energetically used to cure some other form of skin disease, as psoriasis or chronic eczema. During last summer my attention was directed to a form of rash on the forearms and thighs of a certain class of workmen, different from anything else I had ever seen in those situations. The first case met with was in a healthy-looking, intelligent man, aged twenty-four, who described himself as a fibre-dresser, at which special department of brush-making he had been employed for the last two years. His work consisted in dipping a fibre called "kitool" and cocoa-nut fibre into some special preparation of various oils, soaking it, and then tearing and pulling it out. Since he has been employed at this work he has suffered continually from a rash, which itches and is sometimes painful. His forearms were more or less covered with raised tubercles, discrete, and presenting all the stages from the "black point" of the closed sebaceous gland to the suppurating, tense, and painful nodule. There were no pustules on the backs of the hands, but the "black points" were universal, and could be extruded by pressure or picked out by a needle-point. Wherever pustules had been were well-marked scars. The hairs on the back of the forearm were scanty, and could easily be pulled out with forceps, without any pain whatever. The same condition existed on the front of the thighs and shins, but more especially on the knees. There was no appearance of acne on the face, and only very scantily on the shoulders. Under the microscope the hairs treated with solution of potash were seen to be very swollen at their roots, with much adherent epithelium, evidently from proliferation of the lining of the hair-follicle. The man being otherwise healthy, with no appearance of struma, syphilis congenital or acquired, or scorbutus, the rash was evidently connected with his work. On being questioned, he informed me that he continually got his trousers soaked in front in dipping the kitool, and that he worked with his coat off and his sleeves rolled up. The next question was, What was the cause of the rash—the fibre or the oil? The former, which is a kind of coarse dried grass, produces no local ill effects on those who simply sort and pick it, causing only some throat irritation from the quantity of dust arising from it; therefore, the cause evidently lay in the liquid used. On procuring a sample of this, I detected a smell of paraffin in it, and learned on inquiry that it was not unusual to have this special oil mixture adulterated with this material. On visiting the place where the man worked, I found that all the men engaged in a similar occupation had acne more or less on their forearms, and that those who had been employed for some length of time were nearly absolutely hairless on those parts. Hebra says that when a rash is due to paraffin, etc., it does not usually come from direct contact of the irritant with the skin, but by the person living in an atmosphere impregnated with its vapors; such, however, can hardly be

the case here, for the rash is strictly localized to those parts which come in contact with, or are saturated by, the fluid, and also by the fact that it does not occur in those who only sort the fibre, though they are often at work in the same room. Again, it differs from acne caused by tar in that, Hebra says, the rash disappears on discontinuance of the irritation, leaving neither maculæ nor scars. Here the rash, though he was told it very much improved during a week's stay in the country, left most indelible marks of its former existence. Why should substances like mercury and antimony, acids, croton oil, cantharides, turpentine, and mustard, applied locally produce an eczematous dermatitis, whilst paraffin has apparently a very irritating effect on the hair-follicles and their adjacent sebaceous follicles, as they seem to be primarily affected; but why should not turpentine be equally so? The mildness and chronicity of the application may account for it; for it is well known that vegetable irritants cause a more acute form of dermatitis than the mineral ones; but that does not explain why the local application of mercury should not cause an acne as well as a papular eczema. In confirmation of the irritating properties of paraffin, Dr. Longmuir pointed out that epithelioma not uncommonly occurs in those who have to handle and work with it, but he does not mention whether he has noticed acne also. The fact of both acne and cancer having been attributed to the same irritant, suggests the question, Does traumatic acne ever go on to traumatic carcinoma?

Reviews and Book Notices.

BOOK NOTICES.

Second Annual Report of the State Board of Health of Indiana for the year 1883.

It is gratifying to see that the Indiana Board of Health is grappling with the problems of sanitation in earnest. Besides the general report, this volume contains various special articles, several of a notable character, as one on the health of the early settlers, br Dr. M. W. Latta; one on the hygiene of farmers' homes, by Dr. J. F. Hibberd; on restraint in the treatment of the insane, by Dr. W. F. Fletcher; on hog cholera, by Dr. J. M. Partridge, and others. The vital statistics of the State are set forth with fullness and accuracy by Dr. E. S. Elder.

The Alpine Winter Cure. By A. T. Tucker Wise. Baillière, Tindall & Cox, London.

The effect of cold, dry climates on chronic pulmonary disease is more and more recognized as beneficial. Probably nowhere can this be obtained with less sacrifice of the comforts of civilization than in Switzerland. This is true in winter as in summer, and the winter resorts in Switzerland are constantly increasing. In the volume before us, Dr. Wise speaks of Davos Platz, Wiesen, St. Moritz, and the Maloja. His information is full and from personal knowledge, and it will prove satisfactory to invalids and health-seekers. He also gives many general suggestions to travelers in Alpine climates, and they are well worth perusal by all.

Student's Manual of Electro-Therapeutics. By Dr. R. W. Amidon. G. P. Putnam & Sons, 1884.

The need of a brief manual of the essentials of electrical treatment has induced the author to present them in the least technical manner in the volume before us. Our only criticism upon it is that it is so very brief that it offers but an inadequate idea of this branch of therapeutics. The illustrations are reasonably numerous and well printed.

Hooper's Physicians' Vade Mecum, Vol. II, Wm. Wood & Co., New York city.

We have previously referred to this work on the appearance of the first volume. The present issue briefly sets forth the various special diseases, and completes the work. It is a member of Wood's Library of Standard Medical Authors, and will be appreciated by the subscribers to that valuable series.

An Introduction to Pathology and Morbid Anatomy, by T. Henry Green, M. D. Fifth American edition. Henry C. Lea's Son & Co.

This convenient brief treatise now appears with a careful revisal of the author, and is presented on excellent paper and with admirably printed cuts by the publisher. A number of new points have been added to previous editions, and the rapid increase in this branch of medical science has been closely followed up. We can recommend this work as of as great practical utility as any with which we are acquainted on morbid changes.

Scarlet Fever in Huntingdon.

Advices from Huntingdon (this State) say that scarlet fever and scarlet rash have prevailed so long in that city that they have ceased to excite special comment, and people have become as familiar with their presence as with anything else with which they have daily contact. It is almost a year since these diseases became epidemic, and in that time they have visited fully one-third of the families in the city. In April last the public schools were closed for several weeks, and when they were reopened it was thought the danger was past; but it soon became as great as ever, and there has since been no abatement, nor does there seem to be any probability of a change until the diseases have gone through the families that have thus far escaped. There have been some deaths, but not a great many in proportion to the total number of cases. The schools closed about two months ago for the summer vacation, but the spread of the diseases has since been as great as it was before.

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D. G. BRINTON, M. D.,
JOSEPH F. EDWARDS, M. D., } EDITORS.

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HYDROPHOBIA.

In the *Medical Times and Gazette*, London, England, December 1, 1877, Edw. Wolfenden Collins, M. D., F. R. C. S. Ire., Surg. to Jervis St. Hospital, writes:

"For the treatment of hydrophobia it would appear that in curara we have a valuable therapeutic agent; and I desire to strengthen the hands of the editors of the *Lancet* and *Medical Times and Gazette* in their recent able editorial comments on this subject. In these articles it has, I think, been too hastily assumed that no proof exists that any case of genuine hydrophobia has ever been cured, unless it be that recorded by Dr. Offenburg, of Wickrath, in 1874, to which allusion is made (*Medical Times and Gazette*, October 6, 1877). It is my object to show that this statement, which has so far escaped criticism, does not represent the sum of our therapeutic knowledge regarding the successful treatment of this disease. The other two recent cases, which I shall bring under notice, are besides of much value, as they point exactly in the same direction as that of Dr. Offenburg, and taken together with it, warrant the hope that in similar cases, curara, when pushed rapidly to the manifestation of its peculiar physiological effects, may be found equally efficacious.

"In the *Amer. Journal of Medical Sciences*, July, 1876, page 81, Dr. B. A. Watson, of Jersey City, minutely discusses and gives the fullest particulars of a case which he and Prof. Austin Flint regarded as an instance of true rabies canina. The symptoms of rabies developed themselves forty-seven days after the individual—a strong, healthy man, forty-five years of age—had been bitten in the finger by his own rabid dog. His servant-girl, who had been bitten at the same time and by the same animal, died five days before the commencement of her master's illness, of unmistakable hydrophobia. In this man's case there was a gradual increase in the severity of the symptoms till after the subcutaneous administration of curara in full and rapidly-augmenting doses ($\frac{1}{16}$ gr., $\frac{1}{9}$ gr., $\frac{1}{6}$ gr.) every third hour. The unfavorable symptoms forthwith subsided, and disappeared completely after the third injection.

"The second case was treated by Dr. Polli, and an abstract of it appeared in *Le Paris Med.*, May 17, 1877. A child, twelve years old, had been bitten by a rabid dog eighty days before the manifestations of the hydrophobic symptoms. Subcutaneous injections of morphia and chloroform inhalation having been tried without success, curara

was injected subcutaneously on seven different occasions within the short space of five hours and a half. During this period twenty centigrammes (three grains) of curara were injected. The hydrophobic symptoms quickly subsided, being replaced by paralytic phenomena of a very pronounced character. Two days subsequently some renewed hydrophobic symptoms were completely banished by a fresh injection of three centigrammes (nearly half a grain) of curara. The child slowly recovered.

"In Dr. Offenberg's case (*Medical Times and Gazette*, October 6), where characteristic symptoms of rabies manifested themselves in a woman aged twenty-four, eighty days after she had been bitten by a rabid dog, the subcutaneous injection of one-third of a grain of curara at intervals of fifteen minutes at first, and subsequently at intervals of an hour, resulted in the cessation of the hydrophobic symptoms, and the supervention of general paralysis, rendering artificial respiration necessary. In this case, within the space of four hours and a half, seven injections were used, representing altogether nineteen centigrammes (nearly three grains) of curara. On the evening of the third day renewed hydrophobic symptoms, which had assumed a serious aspect, were promptly controlled by one other injection of curara.

"If it be conceded that these well-authenticated cases were instances of genuine hydrophobia (as their narrators with good reason maintain, from a careful consideration of their history and all the symptoms), they are uniformly and highly suggestive as regards a method of treatment of this malady which hitherto has not received the attention it thus demands. More than ten years ago, Trousseau, when suggesting the possible advantage of the subcutaneous administration of curara in hydrophobia, was not deterred by the want of success which had attended its use in tetanus. 'Perhaps the want of success,' he remarks, 'may be largely due to the mode of administration of the drug' (*Clinique Medicale*, vol. ii, p. 380). This, it appears to me, is the point on which these three cases are so instructive. They demonstrate that, to be of service, curara must be employed in full and (probably best of all) in rapidly augmenting subcutaneous doses, varying from one-tenth to half a grain, at short intervals, until the paralytic symptoms, which experimental physiology has taught us to recognize as the manifestation of the full influence of the drug, begin to develop themselves. At this stage artificial respiration may even become necessary, as in Dr. Offenberg's case. The variation in strength of specimens of curara renders it important that the injection fluid should be procured from those who are likely to have exercised special care in the selection of the drug. A solution so concentrated (half a grain in five minims) as that prepared by Messrs. Gale, of Bouverie street (*Lancet*, Nov. 10), if reliable, seems to supply such a desideratum."

Notes and Comments.

Borate of Quinine.

The amorphous borate of quinine is an amber-yellow, almost crystalline-looking powder. It has a mild, bitter, by no means disagreeable taste, and is soluble in equal parts of water. As the drug can be sold much cheaper than sulphate or muriate of quinine, and as its taste would specially adapt it to the diseases of children, Drs. D. Finkler and D. Prior in Bonn, instituted a series of observations for the purpose of determining its effect. (*Deutsch. Med. Wochensch.*, 6, 1884.) The results were as follows:

The remedy was administered in doses varying from 8 to 16 grains. These doses were given every half or every hour, so that within from two to four hours *in maximo* 48 grains were used.

For the purpose of discovering how the drug is borne by the stomach, it was tried in many cases of tuberculosis, and in those of acute and chronic gastric catarrh. Some of those patients were in the habit of vomiting when they committed the least error of diet. *In none of the very numerous cases did the borate of quinine ever cause vomiting.* Even in phthisical patients suffering from chronic catarrh of the stomach, and being very sensitive to any nauseous drug, the remedy never induced any augmentation of their gastric troubles.

The drug had not only the same anti-febrile effect as quiniæ sulphas, but it had also besides a peculiar disinfecting action upon the intestinal canal, and in patients, who had used the remedy for a number of weeks, not the least deleterious influence on stomach or intestines was noticed. In patients suffering from high fever, and having previously vomited after calomel and muriate of quinine, the borate not only caused the same reduction of temperature, but it was also well borne by the stomach. It seems to be specially well borne, if a larger quantity of water or a small dosis of brandy is taken after it. It never produced tinnitus aurium. One of the experimenters, suffering from a severe nasal catarrh, took two doses of eight grains each without any bad

after-effect, while the same doses of muriate of quinine usually caused a sleepless night, in consequence of the violent buzzing in the ears.

The administration of borate of quinine in the evening induced a reduction of temperature in the morning; if it was taken in the morning, a fall of temperature was notice at about 2 p. m., while if then a dosis was given the temperature declined in the evening, so that in this respect the borate also resembles the effect of the muriate or sulphate of quinine.

Considering, therefore, the cheapness of the remedy, and the fact that it has the same effect as the quinine salts usually employed, and considering its greatly better taste, and the fact of its being well borne even in large doses by the most delicate stomach, its general introduction probably will be but a question of time. Its antipyretic, as well as its disinfecting action is probably due to the boracic acid. It is manufactured in Germany and there sold for but half the price as sulphate of quinine.

The Castration of Women.

The *Med. Times and Gaz.*, April 12, 1884, says:

A recent number of the *Zeitschrift für Geburtshülfe und Gynäkologie* contains an article by Dr. Wilhelm Tauffer, of Buda-Pesth, on the above subject. He relates twelve cases of this operation performed by himself, and then presents the conclusions which follow. We cannot say that this author is as cautious in drawing inferences as we should like, but we give his propositions, which must be taken for what they are worth:

1. Castration is an operation which with proper care is not attended with any great risk: the unavoidable mortality being now less than ten per cent.

2. The operation should be performed with antiseptic precautions and under carbolic spray; the abdominal cavity should be closed; drainage is only exceptionally required.

3. The limitation, that castration is not called for when the climacteric is near, can only be conditionally accepted, because the age at which the climacteric occurs is very different in different individuals, and cannot be foretold.

4. The condition laid down by Hegar, that the ovaries should be distinctly felt before their extirpation is attempted, is an impracticable one.

5. Both ovaries should be removed, even if the disease be limited to one; excepting in cases where special circumstances make it desirable to leave behind the apparently healthy ovary. The reason for removing both ovaries is, that the remaining gland has a tendency to become diseased in the same way as its fellow.

6. It is generally desirable to remove the tubes as well as the ovaries; and it is unconditionally necessary if there be the slightest appearance of disease in them.

7. Hystero-epilepsy is curable by castration.

8. The symptoms grouped together under the name of hysteria, when rightly analyzed, can often be traced back to ovarian disease.

9. The question as to the influence upon uterine fibroids of the ligature of large nutrient vessels going to them, without castration, is worth consideration.

10. With regard to prognosis it is important to remember that the menopause only follows immediately upon the operation in those cases in which the neighboring organs are not diseased; but all inflammatory conditions of them delay the climacteric.

11. The final result of castration can only be determined after the lapse of months.

12. It must be regarded as an open question how far diseases of the female sexual organs influence the development of certain psychoses.

13. So must the question whether such psychoses are curable by castration.

14. In the interest of unity and comparison of observations, it is desirable that the classification of cases (suitable for this operation) adopted by Hegar should be generally accepted.

Hysterical or Nervous Breathing.

The characteristic features of most of these cases are cough, with or without blood-spitting, usually of a venous character, with very rapid and very shallow breathing, and absence, as a rule, of physical signs of disease. Such is the general description which Dr. W. Martin Coates gives in the *Brit. Med. Jour.*, July 5, 1884, of a manifestation of hysteria, which, while not common, has yet presented itself to him several times during the past twenty years. The following case is selected from those which he records:

Case 1. This lady, aged 30, is one of a very sensitive family. Her history was a sad one. She had been married to one to whom she was devotedly attached. Three weeks after marriage, he died of hæmoptysis. A year after this, she called to consult me, with the preface that she knew it was of no use, as one of her lungs was diseased. She told me that she had a constant cough, and that she frequently spat blood. She had consulted an eminent practitioner at a wintering sea-side place. She said that he had told her

that the upper part of the left lung was diseased, and that he felt great anxiety about her. I examined her chest, and found nothing abnormal, except very quick and almost imperceptible vesicular breathing on the left side. I could not induce her, for a long time, to draw a long breath. This is a marked peculiarity of these cases. At last, I told her to count twenty without drawing breath. She did so, and then she expanded her lung perfectly, the air entering freely into every part. I expressed to her a conviction that her lungs were healthy. She was much offended, and gave me to understand that I was mistaken. This taking of offence at being told that at which a healthy mind would rejoice, gave me the first hint that I had to deal with a mind morbidly craving for sympathy. Some months after this, she called again, and told me that she had consulted Dr. C. J. B. Williams, who confirmed my diagnosis. She is still alive, but ever an invalid, with simulated disease. Sometimes it is neuralgia, sometimes constant vomiting, at others asserted amenorrhœa. At present, she has what she has been told is "angina pectoris;" but, as it attacks her only at night, and not when ascending a hill or when walking against the wind, it is, of course, nothing of the sort. She has long since lost her cough and blood-spitting.

The treatment must, of course, be the same as that pursued for any other hysterical manifestation.

The Efficacy of Iodoform in Preventing Uterine Colic and Pelvic Inflammation Following the Intra-uterine Application of Nitrate of Silver.

At the recent meeting of the Medical and Chirurgical Faculty of Maryland, Dr. Sellman read a paper with this title, which was a practical one, and gave in detail Dr. Sellman's experience with these agents. He began by saying that, in the majority of cases of endometritis, applications of nitrate of silver (gr. lxxx ad f. ℥ j) had been the most useful agent he had used. Perfect cure or great relief followed its repeated use, and he had never seen stricture or closure of the uterine canal follow. But a serious objection to it is that not unfrequently his patients would suffer severe attacks of uterine colic either immediately after the application or within an hour, and he had seen pelvic peritonitis and ovaritis brought on by it. He then recounted a case of this kind. To relieve the colic, which was of common occurrence, he tried belladonna, opium, and hyoscyamus, without effect. Knowing the anæsthetic power of iodoform, he tried that, and has never since had any after-trouble from the application of nitrate of silver. As to the cause of the uterine colic, he said that in congestive and inflammatory conditions of the uterus there exists, as a rule, a state of hyperæsthesia, and a nervous condition of the whole organism. The application causes the cervical canal to contract, and prevents the excess of fluid from discharging into the vagina. He never had a case of uterine colic with dilated canal. Pelvic inflammation following the applications he thought due to the excess of fluid being forced into a patent Fallopian tube. He never had a fatal case, but they caused much solicitude. His method is to make the application of the nitrate of silver solution on a cotton-wrapped applicator, immediately following it with powdered iodoform applied in the same manner. Sometimes the cervical canal contracts so suddenly and violently as to prevent the applicator being passed the second time. Under such circumstances he inserts a suppository or uterine bougie medicated or charged with iodoform. He covers the cervix thoroughly with iodoform, and sometimes saturates a pledget of cotton with iodoform and vaseline, leaving a string attached for the patient to remove it the next morning. These procedures have prevented all unpleasant after-effects.

Anthrax.

An ox having died from malignant pustule, was cut open. The intestines were removed by a butcher, æt. 64. Twenty days later a pustule developed itself on the forearm of the butcher, and caused an extensive inflammation and infiltration of the surrounding skin. The parts affected were then removed by an operation. The microscopical examination of a piece of the diseased skin showed besides the well-known morbid histological elements the bacilli of anthrax in great numbers, in the exudation between the papillary bodies and the rete Malpighii. Some were found also in the papillæ. The greatest quantity of bacilli was discovered in the middle of the pustule. None of the bacilli had penetrated into the blood-vessels, sebaceous glands or roots of the hairs, which fact may explain the eventual recovery of the butcher.

The patient was in charge of Dr. Bleuler (*Corr. Bl. f. Schweiz. Aerz.*, 7 and 8), who proposes to practice a similar protective inoculation in persons, whose occupation frequently brings them in contact with cattle or sheep suffering from anthrax, as has been employed by Pasteur and others in animals. As well known, a drop of the blood

containing the bacilli of malignant pustule is added to a small quantity of chicken—bouillon—which while being kept sterile, is exposed for about two weeks to the atmosphere. Then a drop of this fluid is added again to a similar quantity of chicken-tea, and this exposed to the air. In this manner at last a fluid is obtained which, when injected into the circulation, for instance, of a sheep, will effectually protect the animal against the infection by anthrax, while scarcely causing a local irritation. Thus far the experiment has not yet been tried on the human being. It may, perhaps, be finally proven that we can make thus "disease-proof" every individual exposed to the influence of infectious maladies. Who will make the first trial with the poison of cholera?

Idiopathic Ascites.

The Jour. de Med. et de Chirurg., May, 1884, says that Dr. Toulze defines this affection as an ascites occurring suddenly in a previously healthy individual, continuing for a variable time with perhaps one or more relapses, but terminating finally in recovery. Its cause is found in a sudden chill, either from external influences or from the ingestion of very cold fluids, or it may come on after the sudden suppression of the catamenial flow or the recession of an exanthematous eruption. It may exist as an acute, a subacute, or a chronic condition. The acute form is accompanied, as a rule, by a rather intense pyrexia. The abdomen is more or less distended with fluid, which gives rise to the usual functional troubles. The subacute form is of longer duration and presents the same symptoms, though in a less pronounced degree. The chronic variety is characterized especially by the frequent relapses. The course and duration of essential ascites are naturally very variable; but that which characterizes all the different forms is the favorable termination. A spontaneous cure almost always obtains by crisis at the end of a month or two, sometimes more, sometimes less. The fluid is carried off by way of the kidneys, the skin, the intestines, or even, in some cases, by the mammary glands. Instances have been noted in which an increased secretion took place from accidental wounds or from ulcerated surfaces, the ascitic fluid finding vent in this way. The treatment consists in favoring by derivatives the removal of the fluid. Diuretics and drastic purgatives are especially indicated. Paracentesis should be reserved for those rebellious cases which seem to resist the action of internal remedies.

Meconium in Its Forensic Aspects.

Dr. J. Ch. Huber (*Friedreich's Blätter für Gerichtl. Med.*, 1884, pp. 24, 142) treats this subject elaborately, and gives a bibliography extending from the time of Aristotle downwards. According to his own observations, the most important substance found in meconium is that greenish-yellow body which more especially determines the color of the dark greenish-black masses. These bodies, which Tardieu admirably depicts in his *Study of Infanticide*, are mostly of oblong, elliptical, oval, or roundish contour, and are not unfrequently flaky with rounded angles. In size, they range from that of a microcyte (and less) to that of a squamous epithelial cell from the tongue. As these bodies, which appear to be altogether homogeneous in structure, are enveloped in mucus, it is very difficult to ascertain how they behave towards chemical reagents, which penetrate them slowly. They are unaltered by acetic acid and by ether, but dissolve in solution of potash. The bile-pigment reaction has been obtained from them by good observers. It is more difficult to decide what is their basis (albumin or keratin?), whence they arise. When we take into consideration the abundant shedding of epithelium in the small intestine of the fœtus, Huber cannot avoid the conclusion that we have here to do with intestinal epithelial cells, which have become swollen, confluent, and disintegrated. On account of their frequently characteristic form, and the ready possibility of their detection in dried meconium stains, he holds these bodies to be of great importance, and, at any rate, as much more characteristic than those amniotic elements which have been swallowed.

Myositis Ossificans Progressiva.

A man æt. 23, had been ailing from his earliest childhood. When nine years old, he had made the first attempt at walking. His family evinced no neuropathic history. Exposure to cold and rheumatic affections could not be elicited as pathogenic causes. Besides atrophy of the muscles and at some places their total disappearance, some were truly ossified, and peculiar ankyloses had formed. The latter were especially noticeable in the spinal columns and in the joints of the jaws. Notwithstanding the long suffering of the patient, his general health was not greatly disturbed, and he complained only when, as would happen every few months, a local swelling developed itself in some of the affected muscles. Dr. O. Kohts, who reports this rare case in the *Jahrb. f. Kinderheilk.*

xxi. 3, says that he saw but once ossification happen at the place of the local swellings. The urine evinced nothing abnormal. Faradic muscular contractility was preserved in the affected muscles. It was not so strong, as in healthy muscular fibres, but considering the diminished quantity of muscular tissue, electric excitability was not leslened, or in other words, those muscular fibres, which were still preserved, showed a normal electric reaction. Intelligence, taking into consideration the general condition of the patient, was not affected. The malady is probably purely a disease of the muscles.

Ephemeral High Fevers in Children.

How often are we called to a sick child with a high temperature and a bounding pulse, the family anxious, and we, ourselves, half inclined to expect a most serious disease, when, lo and behold, in a few hours the child is laughing and playing as though sickness had never been even thought of. It has proved to be merely an ephemeral fever. Dr. Henry N. Read publishes a paper on this subject in the *N. Y. Med. Jour.*, July 19, 1884, in which he gives the following points which may be taken into consideration in endeavoring to make a diagnosis between these ephemeral fevers and others of a specific or symptomatic nature:

1. The absence of any local inflammation, or of the history of any recent injury.

2. The abrupt beginning, without prodromes; the rapid rise in temperature; the early severity of the febrile symptoms, commonly greater at the commencement than in either enteric or typhus fever.

3. The duration is very short, usually not more than twenty-four hours—oftener less than more.

4. Absence of eruption.

5. Absence of the abdominal symptoms of enteric fever and the circulatory symptoms of meningitis.

6. Absence of jaundice, or of the enlargement of the spleen and liver which marks malarial and relapsing fevers.

7. Absence of epidemics of all kinds.

Treatment of Stomachic Dyspepsia.

In the *St. Louis Med. and Surg. Jour.*, April, 1884, Dr. John H. Duncan says:

I regard the quietude of mind and body, however, of as much, if not more, importance than the drugs. Among the best stomachic tonics are pepsin, the simple bitters, for they contain neither astringent nor aromatic properties, they increase the flow of the juice simply by their bitterness. One of the best preparations of hydrastis is the fluid hydrastis, for it contains neither alcohol nor a resin, and is therefore non-irritating. In such conditions, I always advise the use of some sour wine, either just before or during the meal. It is of the greatest importance that the patient does not overload the stomach and consequently it would be far better that he, if it is convenient, does not confine himself to the regular three meals a day, but eat oftener and a smaller quantity, thus giving the stomach the time and opportunity to digest its contents. If the dyspepsia is due to an over-abundance of gastric juice which can be ascertained by the acid eructations after digestion is completed, I would give the dilute phosphoric acid directly after meals. I give it upon the principle that acid applied directly to the mouth of a secreting gland diminishes its secretion. The pyrosis, cardialgia, and acid eructations of any form of dyspepsia, are relieved by alkalies. If the dyspepsia is due to the depraved condition of the blood, thus affecting the quality of the gastric juice, I would give blood tonics; and in fact, in any form tonics are advisable. The only treatment for dyspepsia due to alcoholism is the withdrawal of the alcohol and the use of such remedies as are used when there is simply indigestion due to a deficient quantity of blood to the peptic glands.

Cause of Epilepsy in the Brain.

In *Du Bois-Reymond's Archiv.*, 1884, p. 79, the following interesting experiment by Dr. S. Danillo, is reported:

While under the influence of ether a dog, which had first received a subcutaneous injection of morphia, was operated upon. The cortical surface of a whole half of the cerebrum was carefully dissected off. About half an hour later the parts were electrically irritated in the manner, first recommended by Du Bois-Reymond. When the anterior parts were excited (the motor-sphere) spasmodic contractions were plainly observed, while the whole posterior layer was almost insensitive to all electrical impressions. But if the current was very strong and applied for a longer time, the same phenomena happened, and the irritation seemed to spread to the deeper lying parts.

Dr. D. draws the conclusion from these experiments, that the cortical gray matter of the posterior part of the brain is the original starting point of an epileptical seizure. Besides our knowledge of the local function, not much benefit will be de-

rived from these investigations, as they make surgical interference but still more problematical than it is at present, and medical treatment appear as useless.

Sclerotinic Acid in Epilepsy.

From *Le Progrès Mèd.* we learn that in December, 1882, four epileptic children were treated with the following solution:

℞. Sclerotinic acid. grs. vijss to xss.
Distilled water, f. ℥ ijss.
Carbolic acid, grs. xss.
M. S. Each injection should contain from gr. $\frac{1}{25}$ to $\frac{1}{12}$.

For hypodermic use, the dose has not been greater than gr. $\frac{1}{12}$. The duration of the treatment was six weeks for one child, which died; six and a half months for two others, and seven months for the fourth.

For internal administration, the acid is given in an aromatic adjuvant (*julep*), morning and evening. Eight epileptics have been treated in this manner, the dose of sclerotinic acid progressively increasing by about gr. $\frac{1}{6}$ every week. The average duration of treatment for these eight patients was three hundred and fourteen days. Of the twelve patients treated by both methods, only five have been improved. These results are not very encouraging, but, under the circumstances, it may be worth while to experiment still further with this drug.

Pilocarpia in Exudations.

For several years Dr. De Dominicis in Italy has employed pilocarpia in pleuritic and peritoneal exudations, and his success has been so uniform as to induce him to consider the non-absorption in any such a case to be due to some existing complication. He uses pilocarpia only subcutaneously. In his opinion it causes an increase in the heart's action, save during the period of active diaphoresis when the pulse becomes slower. He has also discovered that the addition of quinine or caffein diminishes the therapeutical effect of the drug. About a year ago some German observer reported, that if jaborandi is given in a cup of strong coffee, its weakening influence on the heart is not noted, and in D.'s observations we now find an explanation of the doubtless correct statement.

Some Formulæ for Irritative Diarrhœa.

At this time of the year when irritative diarrhœa is so very common and so apt to prove serious among children, we are pleased to note some formulæ that have been found very useful by Dr. E. H. Bartley (*New York Med. Jour.*, July 19, 1884):

℞. Ol. ricini, f. ℥ iv.
Bismuth. subnitratis, ℥ ij.
Magnes. carbonatis, ℥ j.
Sacchari, ℥ ij.
Ol. anisi vel ol. menth. pip., ♏ vj.
M. Sig.—℥ j. for a child of six months to one year.

Or we may use:

℞. Vin. pepsini, f. ℥ jss.
Bismuth. subnit., ℥ ij.
Glycerini, ℥ iv.
M. Sig.—℥ j. at a dose.

Dr. Mecray, of Cape May, New Jersey, highly recommends the following:

℞. Ol. ricini, ℥ iv.
Tr. opii, gtt. iv.
Pulv. acacea,
Sac. alb., q. s.
Aq. menth. pid., ad. ℥ ij.
M. Sig.—Dessertspoonful every three hours.

Treatment of Cholera.

From the *Med. Record* we read that Horner's anti-cholera mixture, recommended by Hartshorn and Bartholow, may be used before or at the beginning of the stage of collapse:

℞. Chloroform.
Tinct. opii.
Spts. camph.
Spts. ammon. aromat., āā f. ℥ jss.
Creasote, gtt. iij.
Olei cinnamomi, gtt. vij.
Spts. vini gall, f. ℥ ij.
M. Sig.—Gtt. x. to xx. in ice-water every five minutes.

A hypodermic injection of morphine is a most effective remedy for the diarrhœa and cramps.

Cholera specifics do not exist. Oxygen, saline venous injections, chloride of sodium drinks, warm baths, calomel, camphor, venesection, have all failed.

Deafness in Syphilitic Tabes.

From *L'Union Med.*, June 14, 1884, we learn that Dr. P. Hermet, in an article on this subject, draws the following conclusions:

1. Deafness in syphilitic tabes is due to a deep lesion.

2. Its evolution is very rapid, and it may be considered as a symptom of the preataxic period.

3. It is an element in making a diagnosis, and when one observes sudden deafness in a syphilitic, without apparent lesion, other symptoms of locomotor ataxia should be carefully looked for.

Scarlet Fever in Pregnancy.

Dr. Charles A. Leale thus concludes a paper in the *Med. News*, May 31, 1884:

Scarlet fever may attack the fœtus in utero.

The large proportion of children born with scarlet fever recover.

Scarlet fever of the newly-born child has like manifestations as when it occurs later in life.

Scarlet fever may attack the woman during pregnancy, and also immediately after childbirth.

Scarlet fever is exceeding fatal to the woman during pregnancy and during parturition.

Scarlet fever rarely, if ever, affects the parturient woman if she has had a previous attack.

Scarlet fever causes death in the parturient woman by coma, exhaustion, or by convulsions.

Scarlet fever being a self-limited disease, is best treated by relieving dangerous symptoms, and in accordance with the rules of hygiene.

Scarlet fever only exceptionally occurs during the ages that women bear children; therefore, the proportion of those liable to contract the disease during pregnancy and childbirth, must necessarily be small.

Scarlet fever and septicæmia are distinct diseases, being unlike in many respects.

Sialorrhœa of Nervous Origin.

The Paris correspondent of the *Brit. Med. Jour.*, May 10, 1884, says that M. Gilles de la Tourrette furnishes an interesting observation of a case of sialorrhœa of nervous origin. The patient presented neuropathic antecedents. He was suddenly attacked by violent neuralgic pain in the cheek and maxillary region, which was quickly followed by an abundant flow of saliva, presenting all the characteristics of the parotid secretion; it was thready and viscous. The quantity excreted amounted to 1,200 grammes, exceeding the quantity excreted after administering a sialogogue. The seat of the pain was swollen, and presented a marked hyperæmic coloration, which increased or diminished according to the degree of pain. The saliva which escaped was almost exclusively of the parotid, which is never obtained in an isolated form by means of sialogogues.

Hæmaturia Caused by Retention of Urine.

Guyon, in the *Jour. de Med. et de Chir. Prac.*, states that long-continued retention of urine is always accompanied by a considerable venous congestion of the bladder, prostate, kidneys, and tissues around the bladder. When the bladder is emptied rapidly and completely with a large catheter, the sudden dimunition of pressure may cause ecchymoses in the mucous membrane, and sometimes abundant hæmorrhage, syncope, and death. In these cases, one-half only of the urine should be drawn off very slowly. It is a good plan also to inject into the bladder 150 grammes of a 4 per cent. solution of boracic acid, so as to prevent decomposition.

Permanent Pills of Permanganate of Potassium.

According to a correspondent of the *Deutsche Medizinal-Zeitung*, a Russian Pharmacist has hit upon an expedient for preventing the change which the permanganate is prone to undergo when made into pills. The formula is as follows:

℞.	Vaseline,	2 parts.
	Paraffin,	
	White wax, each,	1 part.
	White bole,	3 parts.

The vaseline, the paraffin, and the wax are to be melted together, and when the mixture is cold, the bole is to be added. The permanganate of potassium is to be reduced to a fine powder in another mortar, and then added to the mass. The pill-machine used should be of horn or of wood.

Correspondence.

Larvæ of Œstrus Bovis in Human Skin.

Eds. Med. and Surgical Reporter:

From the great rarity of the ova of the œstrus bovis (gad-fly) being deposited into the human skin, and larvæ being developed, I consider the following case of interest to report:

The patient, an infant two weeks old, prematurely born at seven and a half months, being in a delicate condition, bottle fed, but thriving fairly well up to the time the nurse first noticed a swelling about half the size of an acorn on the anterior part of the neck; the same day, later, numerous similar swellings appeared in the same locality, posterior part of neck, chest, and between the fingers of both hands; the morning of the second day the centre of each swelling changed to a dark red; a few burst that evening, giving vent to a dark, bloody discharge, when the white grub could be seen making his way out; by the third day most of the swellings had opened, and out of each the nurse pressed out a worm, saying about forty in all were extracted.

I first saw the infant on the third day, when it presented a hideous sight: emaciated, jaundiced, and its neck, chest and hands perforated, each opening exuding a very foul-smelling discharge. I was able to press out of several openings the larvæ, and found them to be those of the gad-fly, measuring from $\frac{3}{16}$ to $\frac{5}{8}$ of an inch in length, and about $\frac{1}{8}$ of an inch in thickness.

The infant from the time of the first swelling

had considerable difficulty in swallowing, which increased; whether or not it was due to the same cause I am unable to say, as port-mortem was not allowed. It died the third day of the complaint.

The fly must have deposited its eggs directly through the skin, as there was no wound or abrasion of it, and from the fact that the larvæ were developed at distant points, it does not seem that the ova were introduced at all of the different points, but that either they moved, or the grub in the incipiency of its development found its way to distant localities. A similar peculiarly is claimed to be possessed by the filiaria medinensis (guinea worm).

F. Shimoner, M. D.

St. Paul, Minnesota.

News and Miscellany.

The Elk County (Pa.) Medical Society.

(Reported by Spencer M. Free, M. D., Secretary.)

The first meeting under our new officers was held at St. Mary's on Thursday, July 10. We were glad to welcome to our number three new members—gentlemen who have recently located in the county. There being no society in Cameron county, the jurisdiction of our Society was extended over that county.

Nearly all of our number not already members of the American Medical Association accepted the provision of the amendment to Regulation II., adopted at Washington in May last.

I mention this simply to let other societies of the State know how we stand on that question.

A matter of more importance to us individually and as a State, is the subject of a State Board of Health. Our Society unanimously adopted a resolution approving the "Pennsylvania Association for securing a State Board of Health." This subject has been discussed for some time by us, and we finally organized ourselves into a voluntary board of health for our two counties, to act, so far as we could, at the disadvantage of having no authority or means to enforce discipline.

We have a series of printed blanks similar to those of cities for the reporting of births, deaths, and contagious diseases. These reports are handed to the Secretary of the Society at each regular meeting. By this means we hope to collect valuable statistics, and to hasten the establishment of a State Board of Health. It occurs to me that if all of the societies of our State took similar action, it would do much good to themselves, their patrons, and for State sanitary legislation.

The announcement being made that Dr. B. F. Baer, of the University of Pennsylvania, expected to visit the county, a committee was appointed to extend him greeting and welcome, and to request an opportunity to show our hospitality.

An excellent essay, which elicited much discussion, was read by Dr. Hoffman. Subject: Exophthalmic Goitre.

The following cases were reported; some of them were present and were examined:

By Dr. Hartman—A case of obstinate granular ophthalmia. The treatment advised by the Society had also been advised by the doctor, namely "send him to a good specialist."

By Dr. Straight—A case of "wrist-drop," which was interesting because of its history and difficulty of finding the cause.

Dr. Free presented a man with double Colles' fracture. It is interesting only because of treatment. The left arm was put up in a splint, and the right one in adhesive plaster and muslin bandage, according to Moore. The result was better in the left arm. There is less deformity and more motion.

Two cases of disunited fracture of lower bones of the leg were presented. Dr. Hartman's case was of four months' standing. It had fallen into his hands only recently; having had very poor treatment before. A permanent dressing was advised and thought to be sufficient.

Dr. De Long's case had existed twenty weeks when he was called. The case then bore a history of necrosis, and removal of a few small pieces of bone. He put in a Pancoast screw. The man got well and walked on the leg for three months. He now has disunion at point of fracture, with further indications of necrosis.

Dr. Wilson reported a case of tetanus. Cause: Traumatism. It has been of five weeks' duration. At present, the patient is improved, and recovery is expected. During the early course of the disease, spasms were frequent and violent. Quinia and morphia were given freely—the morphia in large doses (from one-half to one grain each hour until spasms ceased). A pill containing strychnia and physostigma was used later in the disease, but with no apparent benefit. Now he is giving one-sixtieth of a grain of atropia every four hours during the day.

The subject of tamponing the vagina in cases of uterine hemorrhage was introduced, and occupied the rest of the time. Nearly all the members participated in the discussion. Cases were related of abortion and miscarriage, of placenta prævia, and of post-partum hemorrhage, in which it had been used.

Sponges, lint, cotton, ice, the colpeurter, and, in one case a Barnes' dilator, had been used. The general opinion was favorable to the tampon, especially in cases of abortion and of miscarriage. One of the members preferred sponges; the others the colpeurter. I was advised to not use it in post-partum hemorrhage, because we have better and more certain means of stopping it.

Some cases of interest to all were presented in this connection, but I shall not relate them, as I have occupied so much valuable space already.

The Plague in London, from De Foe.

In sending us this selection from De Foe, Dr. C. C. Vanderbeck considers that it may be of interest to the readers of the Reporter, by reason of coming from the pen of the famed author of Robinson Crusoe, as well as the evidence plainly read in the lines and between the lines of our advance in these days in hygiene.

"It was now the beginning of August, and the plague grew very violent and terrible in the place where I lived; and Dr. Heath coming to visit me, and finding that I ventured so often out in the streets, earnestly persuaded me to lock myself up and my family, and not to suffer any of us to go out of doors; to keep all our windows fast, shutters

and curtains close, and never to open them; but first to make a very strong smoke in the room, when the window or door was to be opened, with rosin and pitch, brimstone and gunpowder, and the like, and we did this for some time; but as I had not laid in a store of provisions for such a retreat, it was impossible that we could keep within doors entirely. And here I must observe again, that this necessity of going out of our houses to buy provisions was, in a great measure, the ruin of the whole city; for the people catched the distemper, on these occasions, one of another, and even the provisions themselves were often tainted, at least I had great reason to believe so. However, the poor people could not lay up provisions, and there was a necessity that they must go to market to buy, and others to send servants or their children; and, as this was a necessity which renewed itself daily, it brought abundance of unsound people to the markets, and a great many that went thither sound brought death home with them.

"It is true people used all possible precaution; when any one bought a joint of meat in the market, they would not take it out of the butcher's hand, but took it off the hooks themselves. On the other hand, the butcher would not touch the money, but have it put into a pot full of vinegar, which he kept for that purpose.

"The buyers carried always small money to make up any odd sum, that they might take no change; they carried bottles for scent and perfume in their hands, and all the means that could be used were employed; but, then, the poor could not do even these things, and they went at all hazards. Innumerable dismal stories we heard every day on this very account.

"Sometimes a man or woman dropped down dead in the very market, for many people that had the plague upon them knew nothing of it till the inward gangrene had affected their vitals, and they died in a few moments; this caused that many died frequently in that manner in the street, suddenly, without any warning. Others, perhaps, had time to go to the next bulk or stall, or to any door or porch, and just sit down and die, as I have said before. These objects were so frequent in the streets, that when the plague grew to be very raging on one side, there was scarce any passing by the streets, but that several dead bodies would be lying here and there upon the ground; and in those cases, the corpse was always left till the officers had notice to come and take them away, or till night, when the bearers attending the dead-cart would take them up and carry them away. Nor did these undaunted creatures, who performed these offices, fail to search their pockets, and sometimes strip off their clothes, if they were well dressed, as sometimes they were, and carry off what they could get." * *

A Sanitary Patrol.

A most excellent idea is that provided for in the following order, issued by the Secretary of the Treasury, under date of July 19:

"In view of the presence of an epidemic of cholera, the existence of yellow-fever, and the Oriental plague, abroad, the safety of the public health in this country demands the enforcement of rigid quarantine against the introduction of these diseases through vessels arriving at our ports. Therefore, in order to assist local authorities in the maintenance of quarantine as provided in Section 4792, Revised Statutes, the unrepealed portion of the act of April 29, 1878, and recent appropriation acts authorizing the President to maintain quarantine at points of danger, the President has determined to establish, by means of the vessels of the Revenue Marine, a national patrol of the coast of the United States, so far as it may be practicable under existing law, and consistent with the performance of the other duties confided to that service.

"You are accordingly directed to cruise actively with the revenue steamer ——— ——— under your command upon the outer lines of your cruising grounds, and to exercise especial vigilance in speaking all vessels arriving from foreign ports, directing your inquiries, first, as to the port from which the vessel hails, and, secondly, as to the health of those on board at the time of departure, during passage, and at the time of hailing; and should the information gained indicate a condition of contagion and infection in the vessel or crew, or that the vessel has left a port at which contagious or infectious diseases were prevailing, her master will be directed to proceed for examination to the outer quarantine station provided for her port of destination.

"The following regulations will be observed relative to the inspection of vessels:

"If a vessel be found with sickness on board, or in a foul condition, she will be directed to proceed to the quarantine station hereinbefore indicated, and the revenue-marine officer will immediately notify the proper quarantine officer. In such case no person will be permitted to board the vessel until the medical officers in charge of the quarantine shall have given the usual permit.

"Should the pilot or master of a vessel when hailed report cases of recent or present sickness on board, the revenue officer will not board, but will send her immediately to quarantine.

"Quarantine officers will be recognized as follows, viz.:

"Medical officers or acting assistant surgeons of the Marine Hospital Service, in charge of Gulf, South Atlantic, or Cape Charles quarantines, or any officer of said Service, on duty at any port on the interior rivers or the Great Lakes; and all quarantine officers acting under proper State or local authority.

"Herewith is transmitted a list of the ports and places where contagious diseases exist at the date of this circular. This list will be amended from time to time and furnished by the Marine-Hospital Service for your information.

"Special regulations to aid local quarantine authorities will be promulgated hereafter, should occasion require."

The Transmission of Cholera by Rail.

The National Society of Medicine of Lyons has recommended the enforcement of the following rules for preventing the transmission of cholera by railway travel in France:

1. The Mediterranean system shall at once be

divided into two sections: that of contaminated districts, and that of non-contaminated districts. The point of division between them shall be that express station which, being situated in the non-infected district, is nearest the boundary.

2. Each of these systems shall have special cars, which shall not pass the point of division under any circumstances. The point of division shall be the place of transfer of all passengers leaving or entering the infected zone.

3. Passengers coming from the infected district shall be conveyed in cars reserved exclusively for them. These cars shall be placed at the rear of the train. The cars at the head of the train shall be reserved exclusively for way-passengers. Passengers of the two classes shall be strictly prevented from entering the cars which are not intended for them.

4. When the terminus is reached, the cars that have transported passengers from the infected district shall immediately be disinfected.

5. Baggage from the infected district shall be disinfected *en route*, by fumigation with sulphur burned in stationary pans in the baggage-cars.

6. Baggage-cars which are not transferred shall, in addition to the continuous sulphur fumigation on the way, be disinfected outside, at the point of division, with a solution of sublimed chloride of zinc, or some other powerful disinfectant.

7. Hand-baggage shall likewise be disinfected, at the point of division, by exposure to the fumes of sulphur for at least twenty minutes.

8. The baggage of a passenger attacked with cholera, or who has died of the disease *in transitu*, shall, on the arrival of the train, be subjected to a special and more thorough disinfection.

Disinfecting Toulon.

"Every means of disinfection at Toulon," says the *British Medical Journal*, "has been adopted. The city is watered with a solution of carbolic acid and chloride of lime. Those who have died from cholera are buried at a great depth underground. Railway travelers are sprinkled with carbolic acid solution. The soldiery are encamped outside the town. The sick sailors are put on board the Entreprenaule to be examined; the cholera patients are removed to the St. Maudrier Hospital, which is reserved for them. The crews have been placed on vessels at anchor outside the port. The Ministers of War and the Marine have given orders to the authorities of arsenals to deliver to the civil authorities all the material for camping out that they may require. MM. Brouardel and Proust arrived on Tuesday, June 24, at Toulon, with a Ministerial decree to effect whatever measures they judge necessary for the public safety; to ordain the evacuation of entire districts, and of the city itself, if requisite. Dr. Rochaud left Paris for Toulon on Tuesday evening, also MM. Strauss and Rout, in order to continue their scientific researches. They are also commissioned to make a strict inquiry into the origin of the outbreak."

Lepers to be Put on Exhibition.

A unique variety of the moral show has been devised by a Californian, calling himself Dr. C. C. O'Donnell. He has secured two Chinese lepers, with a large portfolio of photographs of other cases, and he proposes to travel East and exhibit them. The show is in the interest of anti-Chinese immigration. Dr. O'Donnell claims that there are between two hundred and two hundred and fifty lepers in San Francisco already, and that the disease is increasing. The police authorities of the various cities in which he proposes to exhibit his lepers, at the instigation of the health authorties, have wisely decided to prohibit the exhibition.

Dr. J. M. Ambler.

It will be remembered that Dr. Ambler was the surgeon of the Jeannette Arctic Expedition, who lost his life in the pursuit of science, and whose remains were brought to this country by Engineer Melville. A brass tablet has been prepared, to be placed in the village church at Culpeper, Va., bearing the following inscription:

"JAMES MARKHAM AMBLER,

"Passed Assistant Surgeon, U. S. Navy,

"Died on the banks of the Lena River during the memorable retreat of the ship's company of the U. S. Arctic steamer Jeannette, in the year

———1881.———

"His sense of duty was stronger than his love of life.

"In memory of his noble example and heroic death, this tablet is erected by the medical officers of the United States Navy."

Items.

—There have been five importations of Asiatic cholera into this country, viz., in 1832, 1848–49, 1854, 1865–66, 1873.

—Yellow fever is reported to be prevailing on the Isthmus of Panama to such an extent that, together with an epidemic of dysentery, it has filled the hospitals both of the city of Panama and of Aspinwall.

—A grand fair in aid of the London hospitals is, it is said, to be undertaken under the auspices of the Health Exhibition. The hospitals in question are, many of them, in great need of pecuniary help.

—We learn from the "Progrès Mèdical" that a public subscription has been started in France for the purpose of erecting a monument to the memory of M. Dumas, and the Paris Faculty of Medicine will take part in the movement.

—Curci, experimenting upon dogs by trepanning and attaching a uranometer, finds that chloral, chloroform, ether, paraldehyde, and quinine, produce cerebral anæmia; morphine and nitrite of amyl, hyperæmia. Atropine in small doses has little effect; in larger doses it is rather an anemiant.

—It is announced that the San Francisco *Western Lancet* is to be consolidated with the *Pacific Medical and Surgical Journal*, and that the joint issue will be edited by the senior editor of the *Journal* and the editor of the *Lancet*. An addition to the amount of reading matter is promised, together with other new features.

—F. Hebra's prescription for baldness is as follows:

℞.	Tinct. macis,	5 grammes.
	Olei dulcis,	50 grammes.
M.		

—Professor Virchow has begun a series of popular articles on cholera in *Die Nation*, a weekly political journal of Berlin. He condemns the French for carelessness, and takes a conservative view as to the real significance of the cholera bacillus.

—The Italian Ophthalmological Association, according to the "Gazzetta degli Ospitali," will hold its meeting this year at Turin instead of at Palermo, in order that advantage may be taken of the large attendance expected at the National Exposition.

—A congress of Polish doctors and natural philosophers took place at Posen, ending on June 4. There were three hundred present, some having come from Egypt, India, and other distant parts for the purpose. The next congress will be held at Warsaw or Lemberg.

—The editor of the *Peoria Medical Monthly* states that two patients who were recently operated upon by the Heatonian method died a few days afterward from tetanus. A third patient suffered severely from an extensive phlegmonous inflammation of the whole lower limb.

—Dr. William A. Hammond announces that he has four novels written, and intends hereafter to publish two a year. He states that he would rather be a novelist than a doctor, and thinks that it is time medical men, in a literary way, give some results of their rich and peculiar experience with human nature.

—Professor von Pettenkofer, of Munich, has written an article in the *Neuesten Nachrichten*, in which he shows that a bacillus or germ is not alone sufficient to explain the causation and transmission of cholera. There must be certain conditions of season and soil which favor development. These he calls the "local and time factors."

—The Summer Surgical Course at Kiel, as we learn from the *Medical Times and Gazette*, was opened with an address by Professor Esmarch, who concluded by calling for three cheers for the Nestor of German surgery, Von Langenbeck. On the same occasion he unveiled a bust of that surgeon and one of Stromeyer.

—Dr. William Fruitnight, one of the medical staff of Bellevue Hospital, died suddenly, July 21st, at the residence of his brother, Dr. J. Henry Fruitnight, from thrombosis of the brain. The deceased was but twenty-five years of age. He was graduated from the Bellevue Hospital Medical College in 1880, and since that time has been attached to the medical staff at the hospital.

OBITUARY NOTICES.

DR. CÆSAR HENRY HAWKINS.

Dr. Cæsar Henry Hawkins, the famous English surgeon, who had been Sergeant-Surgeon to her Majesty Queen Victoria for a number of years, died in London, July 21, 1884, at an advanced age. Hawkins was born near the close of the last century. After having served for a few years as lecturer on anatomy at the school in Great Windmill street, London, he was appointed surgeon to St. George's Hospital, where he lectured on surgery, and rapidly became known as one of the most learned practitioners of Great Britain. He held this position for thirty-two years, in the meantime becoming a trustee of the hospital, until 1861, when he resigned and was appointed consulting surgeon, a post which he filled until his death. He was also for several years an Examiner in Surgery at the University of London, and a member of the Court of Examiners of the Royal College of Surgeons, of which he was twice elected President. In 1849 Dr. Hawkins was chosen to deliver the Hunterian oration before the College of Surgeons on an occasion when the late Prince Consort honored the college by his attendance. He also served at different times as President of the Royal Medical Society of England, the Royal Chirurgical, and the Royal Pathological Societies. On the death of Sir Benjamin Collins Brodie, Sergeant-Surgeon to her Majesty, Dr. Hawkins was recognized as the foremost surgeon of Great Britain, and as such was appointed to fill the vacancy in the Queen's household. He was the author of a series of lectures on tumors, published in the *Medical Times and Gazette*, and furnished a great number of other valuable contributions to that publication, as well as to the *Lancet*, and other medical journals.

QUERIES AND REPLIES.

EDS. MED. AND SURG. REP.—

Will you please answer through the REPORTER the following: What is the best treatment constitutionally and locally for a continued series of small furuncles or boils in a well-nourished non-anæmic patient? M. S.

Vesta, Neb.

MARRIAGES.

ATKINSON—SNOW.—In Conway, N. H., by the Rev. F. A. Bragdon, Leonard W. Atkinson, M. D., son of the Rev. K. Atkinson, of the New England Conference, and Miss Isabel Snow, daughter of E. Snow, Esq., of Eaton, N. H.

McCLELLAN—PEARS.—In East Liberty Presbyterian Church, June 26, 1884, by Rev. Edward P. Cowan, D. D., Dr. James H. McClellan and Rachel May Pears, all of Pittsburgh, Pa.

NEWLANDS—BURDICK—At the residence of the bride's parents, 581 Westminster street, St. Paul, Minn., July 8, 1884. Dr. George Newlands, of Litchfield, Minn., and Miss Lizzie Burdick.

SNIDER—BACON.—In Louisville, Ky., July 10, 1884, Dr. T. A. Snider, of Sacramento, Cal., and Mrs. Chas. Bacon, of Louisville.

DEATHS.

ADAMS.—At Liverpool, England, June 19, 1884, John G. Adams, M. D.

CHILDS.—At the residence of his sister, Mrs. Lucy A. Kneeland, 578 East 145th street, New York city, July 21, 1884, Samuel Russel Childs, M. D., aged eighty-four years.

FRUITNIGHT.—In New York city, Sunday, July 20, 1884, suddenly, Dr. William Fruitnight.

MORGAN.—In Bennington, Vt., July 20, 1884, of apoplexy, Dr. E. N. S. Morgan, aged fifty-eight years, six months, twelve days.

RUGGLES.—In New York, July 18, 1884, very suddenly, Dr. Dwight Ruggles.

STANLEY.—At Wentham, Mass., July 11, 1884, William S. Stanley, M. D., formerly of Mamaroneck, N. Y., aged eighty-one years.

TAYLOR.—At Newark, N. J., on Friday, July 25, 1884, Dr. Samuel W. Taylor.

THE

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Communications.

OUR ARMAMENTARIUM.*

BY C. B. NEWTON, M. D.,
Of Stofford Springs, Connecticut.

One of our greatest American surgeons said, twenty-five years ago, that "the best workman employs the fewest tools, and the best operator employs the fewest instruments, and to the man of science and taste nothing is more disgusting than an ostentatious display of such materials. The really important instruments are few in number. They are the scalpel, saw, needle, probe, forceps, and director." This is partly true, but the list of diverse surgical instruments would now, in 1883, make a legion, and have no more resemblance to each other than the plant has to the fish, or a fish has to land animals.

I think there is no country physician, isolated as we are from each other, who ever thought he had too many instruments. We have occasion to use instruments in cases which have not the remotest relation to each other. We have our own judgment in urgent cases only to help us many times. If we are supplied with the needed instruments, it gives us greater confidence to meet the indications single-handed. If we lived within a stone's throw of Tieman, or Codman & Shurtleff, a messenger might hand us the required instrument in time; but we live two days from them. There is the greatest objection to using a pair of pincers borrowed from a blacksmith shop to extract a tooth for an office patient: it may do the work, but how humiliating!—or to go there for tools to perform craniotomy, as I know was once done.

Prof. Gross may have been so skillful that with deficient instruments he may have performed the most difficult operations. So may the farmer have cut his grass with his sickle: but he would not do it the second time when given a scythe.

In our profession there is occasion for the practical application of the various mechanisms. Whether in the best adaptation of a splint to fracture, in the application of the obstetrical forceps, the skill in the introduction and use of the hand in version, in the use of the vectis or the blunt hook in the replacing of a prolapsed umbilical cord, and to the weighing of the body even, we are applying some law of mechanism relating to instruments.

I have thought there is as much need of the student being taught the practical uses of instruments of surgery—how to use them without error in their manipulation—in a series of lectures devoted to this subject, as there is in teaching them the art of preparing food for the sick. And it may be said, of course, that a student cannot know too much, of whatever sort.

Our field of labor requires knowledge far more than that of giving doses. In no profession so much as ours can general knowledge be made such extensive use of. If familiar with Latin and Greek, as well as his native tongue, with what ease, and pleasure even, he begins his anatomy, where he finds Greek and Latin descriptive names as thick as plums in an English pudding. All knowledge is auxiliary to us. The physician in his moments of perplexity, which we all have such vivid remembrances of, finds coming to his

*Read at the Eastern Hampden (Massachusetts) Medical Association.

aid like an unexpected friend a recollection; it whispers to us what our teacher said, or what we have read in our text-books. It gives us the key to the situation, and perhaps a life is saved, and added reputation for skill.

The uses of tools are largely learned in boyhood. The spoon, knife, and fork, are the first instruments we learn to handle. The boy at play is becoming skillful and dexterous with his hands. The knife is his scalpel and bistoury. His plays in mechanics are the little mimicries of his elders. The use of any tool is to be encouraged among children, which is safe for them to handle. Our dexterity in the use of instruments comes of this early practice, though it is slower of acquisition than the mother tongue. The flourish of an instrument in the hands of the operator is not pleasing. Some of you may have seen a certain operator throw an instrument over his shoulder, when used, regardless of the students behind him, and might have received their applause if not hit. This is not the best way to win laurels, but rather by its cunning and correct movement when in hand.

In the use of an instrument we find it of importance that the hand and arm be in a normal state; there should be no tremor and no haste. Bathing the arm and hand in cold water will give the hand great steadiness, remembering that especially in all minor operations time need not be considered. The students of to-day do not take out their watches as of old, and note the rapid movements of the operator's knife and saw, in order to save the poor sufferer as much as possible the torture of the operation while in his full consciousness. A sense of relief was felt when the operation was over. In this haste, how much greater was the risk of getting the flaps too long or too short; also of not securing the arteries properly, for a good knot well applied would not so certainly be made in haste. I remember well when a student the extreme suffering of a patient while undergoing an operation for the removal of a large tumor upon the cheek without an anæsthetic. I think there was valvular disease of the heart, and the surgeon refused him ether. At that time cases for its administration were more carefully selected than now. He was held by three or four stout assistants, and by being tied to the operating-table; his screams and struggles were anything but pleasant to witness, and which would now be considered a barbarism. I remember saying to a student: "How fortunate it was for the fellow that the surgeon did not cut his head off in his efforts to escape the knife, instead of the tumor." An unskillful operator would certainly have failed at least. But these scenes are over, and we may well congratulate ourselves that we have anæsthetics; that we can truly say to our sufferer, "We shall give you no pain, and when you awake we will have pleasant news to tell you." I never give ether without a heartfelt blessing to its inventor: his monument should be of granite, as high as the statue of Liberty which is to be erected in the harbor of New York, and the inscription—"The discoverer of ether, the greatest benefactor of the age."

Now with what deliberation (all that the case may demand), we proceed with our instrumental work, so that we may the more surely do it well! If a tumor, we may search at leisure for a bleeding arterial branch, halt at different stages in the operation, that every step may be well taken.

The surgeon's armamentarium of to-day is much more perfect than that of twenty-five years ago. Then the aspirator was not known: in its place was the trocar, which made an opening like a bullet-wound, with the added danger of admission of air to the cavity, which is the great source of toxæmia as a result. By this instrument we avoid this danger; one of its beautiful qualities is the ease and safety with which it can be used, either as an explorer or to drain a cavity of its fluid. It is one of the most satisfactory instruments I ever used. I used this instrument a while ago upon a five-year-old boy—it was a case of hydrothorax, resulting from pleurisy, the right cavity of chest, quantity, 1½ pints—without the slightest disturbance to the little fellow. How different this from the plunge of the trocar, with danger of permanent opening, the admission of air, and blood poisoning, and collapse of the lungs. His father placed him upon his back, in his lap, with some playthings in his hand; when I introduced the needle, all the ado he made was to tell his father that I pricked him. The needle was instantly through the sensory nerve of the skin without wounding in the slightest degree, and he took no more notice of me; of course, the track of the needle closed air-tight. I mention the case only to show its perfection over the obsolete trocar. Another instrument highly valued, and probably in the pocket of the most of the physicians in the civilized world, is the hypodermic syringe; what should we do without this little helper? We could spare a finger almost as well. What would we do in case of acute colic pain with vomiting? We say to the patient, "you will be better in about ten minutes." We don't have to stay with him all night and hear his outcries, like those of a nervous woman in her first labor.

The best mode of introducing the needle is to lift up a fold of the skin with thumb and forefinger, making thus the skin tense, the needle passed under and between the thumb and finger horizontally. I find the needle enters the skin still more easily by anointing it slightly with tallow, as the cobbler does his awl, and with Magendie's solution of morphia in the case, as its constant companion, we have all that we wish to produce a quick anodyne effect. The tolerance of the various concentrated remedies, when used subcutaneously, without inflammation of the skin or superficial tissues, opens a more extensive use of this instrument than has yet been attained. The number of remedies thus used is steadily increasing. When irritants, such as alcoholic stimulants, ether, etc., are used, they should be widely spread, little in a place; in this way, three ounces of stimulant can be injected rapidly in twenty places without inflammation. I am accustomed to press over the injected places with my fingers, moved flatwise upon the skin's surface, so that it will at once be widely diffused through the superficial fascia. This lessens very much the danger of cellulitis, which may occur from even ten drops of Magendie's solution of morphia. And I have noticed that the outer side of the arm, just below the elbow, is particularly liable to this infusion, more so than any other part that I have injected. Perhaps this is owing to greater density of structures, rather than to wounding of nerves, as is generally supposed. The best needle is the smallest which is practicable. The instrument should be well cleaned with pure water, after using, by sections, and kept pervious with its stylet. I think much of chamois leather for drying and keeping bright my needles of different kinds. It is called chamois because it is simply split sheep-skin, using the flesh side; the other side is called kid for the same reason, of which children's and misses' shoes are made. I have in use a full-sized chamois skin for rolling up a few instruments for immediate use, the ends doubled over and held by a rubber band, thus making instruments not having cases very portable, and preventing their rusting; for a rusty instrument is noticed as quickly by our little audience and as quickly criticised as we should a rusty knife and fork before us at a hotel. Nickel-plate gives an instrument a very pleasing appearance; but better than this, it keeps them from rusting. We are continually surprised to find new and polished instruments, which we had supposed well dried and cared for, covered with rust. Many of our instruments, which have been neglected and are unsightly, even if fit for use, are best restored by sending them to the nickel-plater's, and with less cost than to attempt to polish them, which is so transient, while good plating is permanent—those, of course, without cutting edges. If we act upon the prevailing theory of to-day, the cleaner the instruments the cleaner the incision, and the less danger there will be of the introduction of infectious germs which may be lurking upon the unpolished blade.

In speaking of instruments, the time is too limited to mention more than the most important ones. The obstetrical forceps should have been mentioned perhaps first in order. Of the various curvatures and lengths, the short forceps are best adapted to nineteen cases in twenty, those of best curvature to fit the concavity of the sacrum, and should be strong enough that they will not slip off during the necessary traction ; and I think it well when the presenting head has well entered the superior strait, that the forceps may be allowed to find their best position. The best evidence of this will be on the introduction of the second blade, it will easily lock with its fellow. I say allowed, because some authors teach us that they are to be applied according to the conformation of the pelvis rather than to unfavorable positions of the head; but both are to be considered. The forceps belong to a class of instruments which can hardly be improved upon. I suspect that the majority of our cases of lacerated os uteri come of the introduction of the forceps before there is sufficient dilatation of that part to allow of the passage of the head without its rupture, though sufficient to admit the forceps. Of course, another fruitful cause of this accident is rigidity of the os uteri—a state of œdema, so it seems to the touch ; some such condition as we sometimes find of the perineum. The os feels dry, smooth, and firm, like a rubber ring for teething babies. In this state of rigidity and insufficient dilatation, if one blade be introduced, then the other, and traction be made, a splitting up of the os will be apt to follow, and delivery also, but with great harm to the mother. So at the perineum we find a similar condition sometimes, rigid, smooth, dry, thickened, and unyielding.

In this condition on the descent of the head under traction, I always slip off the forceps at a moment when the perineum is at its fullest distension, in order to diminish the risk of rupture. I will say here that the perineum has torn under my hands, while trying to prevent this accident, like wet paper. It takes place in women of very delicate muscular fibre with rapid advance of the

head, as well as in robust women. Also in the matter of responsibility for this accident, I have said that it is impossible for a four-inch head to pass through an unyielding three-inch ring without rupture. The same may be said of the obstetrical forceps as of the introduction of many other very important instruments: it is surprising that they did not come into use before. Before their introduction, the only extracting force was the blunt hook, such as is now used in craniotomy. The proverb, "Omnes natura est conservativa," well expresses a truth. The world was well populated before forceps or any instrumental aid was efficiently brought into use. Nature is so wonderful a preserver of herself that a child can be born in very many malpositions; yet the obstetrical forceps have been a great blessing to woman; with these and ether an intelligent woman looks forward to her accouchment, having good faith in her physician, without fear. She knows that she can travail through its valley and shadow with less danger than could our ancient mothers, who were not so well assisted by instrumental art.

Another instrument which will never go out of use is the atomizer. Before its invention, we had nothing similar to it. It fills an important place in the treatment of diseases of the nasal cavity, throat and lungs. There was a time before the advent of this instrument, when many patients were swindled by a class of quacks calling themselves lung-doctors, who claimed to pass a probang or swab down to the bifurcation of the trachea, dipped in nitrate of silver or other solution, and some of the more ignorant ones may have thought so; but without question it went down the œsophagus. In fact, I do not think that a sponge tied to the end of a stick, saturated with strong solution of silver, could be introduced but once in the manner they pretended in the same patient, unless he was an imbecile mistaking suffocation for cure.

Of the various kinds of atomizers, Codman & Shurtleff's are the best—the one which bears their name. The rubber bellows is attached to the atomizing part by a rubber tube with an air-bulb in centre of tube, which gives a continuous jet of vapor. Also one with a long nozzle; this obviates the mouth-shield. I don't think the steam atomizer so much superior to the one worked by hand. The flame of the lamp is in proximity to the ether vapor during an operation, which is not safe. It is not so controllable, and its numerous parts make it more liable to failure when it is needed the most. Also, the hand instrument is so much more portable. A child can be persuaded to have the atomizer used, with a little coaxing, when by no amount of persuasion will they permit the use of the swab to the throat; and here in throat and laryngeal diseases is its greatest triumph. In the deeper ulcerations of the trachea and bronchi also, with what ease and satisfaction can we make local applications of the remedies! In speaking of the struggling of a little child resisting the swab, I must say that, taking into account the prostration which follows its frequent use, we lose more than we gain. To see the child's terror on the approach of the swab, the spoon, and the doctor, is not so much to me as the doubt I have that it will do the amount of good claimed for this method. In adults we have no such obstacles, of course; there the camel's-hair pencil, or in its absence a very nice brush, can be made of a strip an inch wide and four inches long, of coarse table linen, pulling out the lengthwise threads three-quarters of its width, begin to wind near the tip of the holder, then winding back a little fasten with thread, and a very handsome little broom is made, which will not scratch the inflamed surface, as will a sponge. In using the atomizer, I direct the patient to compress the bulb at every third inspiration, and if there is much debility, let an assistant operate the instrument; we thus avoid fatigue.

There is another instrument that may be considered to advantage, and one that, in my opinion, never did much good. I don't know as they have been in use ever since the advent of woman upon earth (they are mentioned by ancient medical writers), but for what we know it may be prehistoric. I allude to the pessary. I can count more failures with this instrument than any other which I have used. And when I have placed one in position, I feel a sense of guilt if the patient asks me if I think it will cure her, though we can honestly answer, "Madame, this is the usual treatment for uterine malpositions." And my experience is that the majority of these cases become chronic, and are the most intractable cases we meet of the non-fatal class. In cases where the pessary does no harm, there is an absence of inflammation, and at your next visit she may be able to say that she can wear it without inconvenience. She feels about the same satisfaction that the Irish woman did when she brought her sick child again to the dispensary: says she: "Well, doctor, I have given little Patsy all of your medicine, and he is no worse thin." I believe it to be true that the uterus, which is movable, takes positions not strictly normal, and remains so during the non-pregnant state, without harm or discomfort.

In cases of inflammation with malposition, I think the pessary always does harm from its undue pressure. Treatment for inflammation is better, and when this is removed the uterus will take its normal position unless bound down by adhesions, in which case the pessary would be of no avail. In case of prolapsus uteri, the cup pessary held in position by a stem attached to a hard rubber abdominal plate with elastic band around the body is a very useful instrument, but contra-indicated if there is inflammation or adhesions. If the uterus be not greatly prolapsed, the instrument will have to be very carefully adjusted, or it will give her greater discomfort than the disease. Of the various and diverse abuses of the uterus and the narrow way which leads to it, its welfare second only to that of her soul, I know of none greater than the wearing of an ill-fitting pessary for diseases they cannot cure or even palliate.

A CURIOUS DIET IN TEXAS.

BY C. C. VANDERBECK, M. D., PH. D.,
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In this little article no attempt is made at an exhaustive study of the subject of dietaries; the object of the writer has been accomplished when he draws attention to some curious and unhealthful modes of eating within the borders of our Republic.

The United States of America and Territories are so extensive that we find in their limits numerous different habits and even races. In the extreme northwest, the Esquimaux; the "Wild West," the aborigines; the Pacific slope, the Chinese; the southern limits, the mixed Mexican blood. Then we are commingled with all the peoples of the earth. German is heard on every hand. Music is wafted to our ears in parks and resorts from Teutonic bands. Irish keep us lively with rumors of dynamite. The Bastile is recaptured in the New World. Havana cigars are made and imported from the alleys of our great cities. Is it any wonder then that we need no history to teach us the manners and habits of all the world. Here we can see China indulging in his smoke of opium; here we can see the fun-loving, beer-loving, sour-krout-eating German, etc. We are learning to drink beer and to love the diet of the Germans. We copy from all our foreign friends, and it is a question in sanitary science, whether foreign habits are just the thing for native-born.

But more to the point. *Among foods sometimes, but not ordinarily, eaten*, Pavy, in his work on Food and Dietetics, places the following: Human flesh, monkeys, kalong (a species of bat), lion, lynx, wolves, skunk, otter, cats as well as rats by the Chinese, porcupine, squirrel, bison, buffalo, camel, musk-ox, reindeer, horse. elephant, rhinoceros, tapir, hippopotamus, earth-hog, armadillo, sloths. Entrails of animals are eaten by the aborigines of Australia, and the Hottentots consider them to be the most exquisite eating. Zulus are fond of carrion, especially if it is well wormy. Cuckoo, parrots, ostrich, crane, buzzards, gull, pelican, swans, birds' nests, lizards, snakes, tortoises, crocodiles, frogs, toads, sharks, spiders, grasshoppers, locusts, white ants, bees, moths, caterpillars, and grubs.

Humboldt, on his return from the Rio Negro, saw a tribe eating a fat, unctious clay. This is also eaten by the Japanese, made into thin cakes. It has been found that this earth is made up for the most part of the remains of microscopic animals and plants. In the Torrid zone much of the clay eaten is mere dirt, and is of no alimentary value. Pavy says that so widely spread is the depraved appetite for earth-eating, that it is one of the chief endemic disorders of all tropical America. The victims of the practice find it almost impossible to free themselves from the habit. Children acquire it at the breast, and women will pull out pieces of mud from the adjoining walls, to appease their own appetite or to soothe a squalling brat. Servants are sometimes required in these regions to wear wire masks to keep them from putting clay in their mouths. A negro addicted to this habit is considered to be beyond all useful purposes, and seldom lives long. Children decline and die in a year or two, and dropsy appears to be the prominent cause of death. When life is prolonged to mid-life, dysentery carries them off. Cases have been seen sinking from dysentery, with a lump of clay stuffed in their sunken cheeks half an hour before death.

But I write more especially to call attention to a custom in the far south of our country, particularly in Texas. There it is a common practice for the mothers to chew the food for their children, regurgitate and spit it out, and then feed it to them. These people are firmly set in their ways, and any remonstrance is likely to be indignantly opposed. The bitch will often throw up her food, and then feed the vomit to her young; but doubtless many of my readers imagine in our own land our citizens could not practice a similar custom. Snakes and snails, rats and cats, toads and spi-

ders, are a luxury in comparison with such a diet. We scorn the diet of Australians, Zulus and barbarians; but behold, within the jurisdiction of the Stars and Stripes, a people feed on vomit and chewed food.

It may be questioned whether, outside of mere disgust, there is really any harm to health. I cannot answer just yet whether those living in those regions can see any increase of death-rate or of sickness among the children or not, but it is reasonable to suppose on theory that they do not thrive the same as if they were not thus fed, and for these reasons:

1. Food to be well received by the stomach must be *palatable*, and this is a principle even in infantile life. Some might argue that digestion, beginning in the mouth, the starchy material would be partially digested and prepared for the little one—and therefore what harm? Children as well as adults can be nauseated by impressions produced upon the tactile sense of the fingers, by an odor, a taste, or even an idea. It is not an uncommon thing to see a little infant sick with diarrhœa, sitting languidly upon the floor, made to gag and retch by chancing to pick from the floor a piece of softened bread, the wet and musty substance causing sickness at once. Certainly, for sick and delicate infants regurgitated food cannot be palatable; in fact, can it be for any?

2. It has been conclusively proven that syphilitic mucous patches in the mouth can communicate the disease. Cases are reported of such transmission from a lover's kiss, from a cigar made by a factory girl affected with these patches. Now, in this manner of feeding, there can be an element of danger in this respect.

3. Nature fully intended each individual to do his or her own sucking and eating. This is the period of concentrated foods. Is there not a possibility of too much of this? No work, no strength. One's own efforts in mastication, insalivation, and digestion are as important to strength of the digestive organs, as exercise is to the muscular system. Bulk is something in diet. Hay for horses as well as oats for thriving. Diet being right in selection, the infant has all the required organs and material for its digestion. One of the earliest instinctive acts is to seek and find food from the teeming mother's breasts. Do not underestimate the powers of the child.

The writer is well aware that in some lower animals regurgitation is a mode of feeding, as in pigeons; but anatomy teaches plainly in what animals this is a natural physiological function. It is not such in man.

Finally, the mother has enough to do to look after her own digestion, without preparing also the child's.

I trust your REPORTER will excuse the length of this article on such a subject, the apology being the knowledge of the tenacity with which this habit is held in some parts of this country, and the desire to raise a voice against it, urging those who practice there to do their utmost to educate the people to better ways.

TREATMENT OF PILES BY INJECTIONS.

BY ISRAEL B. WASHBURN, M. D.,
Of Rensselaer, Indiana.

There are few diseases that afflict humanity more painful or more common than piles. They are easily diagnosed, and may be treated with little pain, great success, and the smallest possible per cent. of danger.

Notwithstanding this fact, the disease is illy understood and has been harshly and empirically treated to a degree that has so digusted those afflicted that it is almost impossible to make them believe that we now have a treatment that is almost painless and yet a certain cure, perhaps not at the first operation, but in time.

I am aware that a majority of writers contend that piles are enlargements of the hemorrhoidal veins. Can they not be mistaken? Are they not rather an inflammation of the connective tissue? I suggest this on the authority of one who studied the disease thoroughly.

I started out to give the treatment. The physician will need an anal speculum. The one I use is a bivalve-hinge, sold by John Reynders & Co., and is marked "Collin & Co." It is simple, readily introduced, exposes about one-fourth of the rectal circumference at a single expansion, and is not very uncomfortable to the patient.

There are other instruments that may be used, but I like the one above mentioned.

In using the speculum, the patient, if a lady, may be placed on either side; if a man, on either side or back, the thighs closed, flexed upon the abdomen. If the tumors are very large or tender, it is necessary to inject two or three drachms of olive oil into the rectum to aid the introduction of the instrument. For that purpose, a No. 1 hard rubber female syringe is the best instrument.

The instrument should then be oiled with olive oil, or what I consider better is petrolatum or lard. The speculum should be introduced very gently, and as far as possible before dilating it. In dilating the rectum with the hinged instrument, it is

generally necessary after dilating the bowel one-half, to allow the instrument to partly close in order that the tumor, if there be one, may drop into the field, and show well. If the hemorrhoidal tumors are protruding, they should always be returned, if possible, within the bowel before introducing the speculum, and especially before treatment, even if the patient has to take an anæsthetic before they can be put back. Return them first.

If necessary to examine all quarters of the rectum, the speculum must be re-introduced each time the operator desires to examine the anterior, posterior, or lateral walls. In withdrawing the instrument it should only be partly closed, or it may catch and pull down a tumor, much to the discomfort of a patient.

Allingham, in his work on Diseases of the Rectum, p. 90, quotes Dr. Matthews, of Louisville, Ky., to prove the operation by the injection of carbolic acid into a pile, painful, inefficient, and that death is to be feared from peritonitis, embolism, and pyæmia.

I have used, seen used, and known of the use of the acid, in scores of cases, with no serious results following.

The principal cause of accidents alluded to by writers is the use of too strong a preparation of the acid.

If I wish to slough out a tumor, I use but one part of the acid to two of sperm oil. If to remove it by absorption, I use one to four.

The operator must not inject a syringeful, but must be governed by whether his patient is easily given pain or not. If he is of nervous temperament, five, ten, or fifteen drops will be as much as he can bear, and the operation may have to be repeated two or three times before complete removal of the tumor. In order to prepare the remedy so that the acid and oil will not separate I dissolve the acid by heat, measure the acid and oil in a minim glass, mixing both in a vial, then place the vial in a vessel containing water, and bring the water to about the boiling point; after which they will not separate.

I use a hypodermic syringe with a two-drachm barrel, with a needle about three inches long. In order that the needle be strong, the first two inches should be large with an ordinary hypodermic needle point soldered upon it. The piston should be graduated so the tap on the piston may be fixed at a point when the operator will know just how many drops of the preparation would be used in an operation.

If the patient is very nervous, weak, or easily given pain, six to ten drops of the strongest preparation will be a large dose, while the same amount of the weakest would be all that it would be necessary to use.

When everything is ready for an operation, the syringe loaded, patient in position with tumor exposed, the needle should be inserted so that the fluid would be deposited as near the centre of the tumor as possible.

The prick of the needle will pain some more than others. While one man will say he scarcely feels it, another will cry out; but that should not disconcert the operator—the remedy must be inserted in the right place, or it will fail in accomplishing the desired result.

The acid will cause some inflammation and discomfort in some cases, but generally the patient can get up and go about his business.

It is best that the bowels be thoroughly moved, and washed out with water, so that they will not move for about twenty-four hours. If the patient is nervous, and the operation gives pain, a dose of morphia might be given in order to allay pain and keep the bowels quiet the desired length of time.

But one tumor, especially if large, should be treated at once. If there are several tumors, one treatment every two weeks will soon cure them.

The above is called the "painless method" by traveling doctors, who are making large fees out of it in this and adjoining states.

Hospital Reports.

A CLINICAL LECTURE DELIVERED AT THE KENTUCKY SCHOOL OF MEDICINE.

BY W. H. WATHEN, M. D.,

Professor of Obstetrics and Diseases of Women.

Reported for The Medical and Surgical Reporter by Allen Kelch, M. D.

Chronic Inversion of the Uterus.

Gentlemen: This woman was sent to me some weeks ago by my friend, Dr. Greenlief, of Jefferson county. He had been called in consultation with a neighboring physician and diagnosed chronic inversion of the uterus of over two years' duration, and recommended that she come to the city for the purpose of having the uterus reposited if possible. You will observe that she is greatly prostrated, exceedingly anæmic and unable to rise from the bed. The history of the case is as follows: She is thirty years of age, had always enjoyed excellent health until the birth of her last child over two years ago. She was attended at that time by a physician who assured her upon leaving that everything was in a proper condition. She suffered considerable

pain for a number of hours, and had more hemorrhage than is usual. Upon the second day she observed an increase in the hemorrhage, and detected a large mass in the vagina. The physician was sent for, and upon making an examination, assured the woman that he had corrected the condition and that she would have no further trouble. She afterwards had no very alarming hemorrhage, suffered comparatively little, though making a slow convalescence, remaining in bed for quite a number of weeks. The hemorrhage continued from time to time for probably twelve months, increasing in quantity upon any exertion in walking or performing domestic duties. Finally it ceased for a considerable time, and she enjoyed relatively good health; it again returned, however, profusely on making exertions, and was accompanied by pain in the back and down the legs, with soreness in the lower part of the abdomen, and a sense of weight and pressure in the pelvis. She gradually grew anæmic and more prostrated until finally she was unable to walk, and has been now for several months confined to her bed with a constant elevation of temperature, and an irregular pulse ranging from 100 to 120 per minute. She is nervous, and has poor appetite, with very little power of digestion and assimilation. You observe how very much she is emaciated, and how anæmic she is.

With this history before us, we must now attempt to make a diagnosis of the condition present in this woman, but we are not able to make it absolutely certain. Nearly the same symptoms may be caused by several abnormal or diseased conditions in or about the uterus; particularly is this true in chronic inversion of the uterus, polypoid tumor in the vagina attached to the uterus, and sessile submucous fibroid and cancer of the uterus. We must, in this instance, as in most cases where there is no marked pathognomonic symptom of any particular disease in or about the uterus, regard the subjective symptoms as only indicating the necessity for a physical examination in order to perfect the diagnosis by means of the objective symptoms.

In a digital examination, we find in the vagina a pear-shaped mass about the size of the normal uterus, with the larger portion lowest. It is hard, and has a smooth surface. By pressing the finger high up along the borders of this tumor, we can feel what is apparently the non-inverted rim of the cervix uteri. This would indicate chronic inversion of the uterus, but a condition similar to this is found in rare instances where a polypoid growth lies in the vagina attached to the body or neck of the uterus with adhesions uniting the intra-cervical tissue to the pedicle of the tumor. The differentiation between these two conditions is to be made by pressing the finger far behind the tumor in the vagina, up against Douglas' cul-de-sac, while the other hand presses down deep into the abdomen, just above the symphisis pubis. If this tumor be chronic inversion of the uterus, then we will find there is no uterus in the normal position, and all that can be felt with the hand above is the rim of the inverted uterus. But if it be a polypoid growth attached by adhesions to all parts of the cervical canal, then we will find the body of the uterus in its normal position. Were we to fail in making a diagnosis by this means we might introduce a finger into the rectum, press down upon the abdomen above the symphisis pubis with the other hand, and by this means discern the presence or absence of the uterus in its normal position. Failing in this, or still being uncertain, we might go further; dilate the anus, introduce the hand gently into the rectum, and carrying it up, bring it directly in contact with all the structures of the pelvis, having only the thin rectal wall intervening.

In chronic inversion of the uterus acupuncture gives pain, while in a polypoid growth it does not give pain.

In this case we can determine without resorting to all these means that this tumor is constituted by chronic inversion of the uterus, and this condition, no doubt, has existed since the birth of her last child.

It is possible for the uterus to become inverted at other times than after labor, but by no means is that common. The uterus cannot become inverted unless there is a relaxation of the muscular fibres with drawing down on the walls from below or a pressure from above.

After labor it may result from drawing down upon the placenta in an effort to remove it, or it may result from the general relaxation of the uterus after the placenta has been removed. In the unimpregnated condition it may result from the attachment of a fibroid polypus or a submucous fibroid to the walls of the uterus. There are a few instances of spontaneous inversion.

Having now made the diagnosis of this case, we will consider for a moment what would be the result were we not to interfere with it by remedial medicines and surgical means. First, however, let us consider what the principal danger is, that produces serious results in inversion of the uterus. Hemorrhage is the symptom above all others that is harmful. A woman may have chronic inversion of the uterus for a considerable time, occasionally for many years, without any alarming hemorrhages; but this is so exceptional that we can seldom expect such happy results, and usually the hemorrhage is so profuse that the patient becomes rapidly prostrated and anæmic, and will finally succumb by exhaustion, her digestion and assimilation becoming seriously impaired, just as they have in this patient.

Sometimes, however, women suffer from profuse hemorrhage, severe pains in the back and abdomen, heavy pressure in the pelvis, producing great exhaustion; yet the hemorrhage gradually ceases, the anæmia disappears, and they begin to improve, and finally get comparatively well. In rare instances they live a long life without further trouble, the uterus undergoing atrophy, and growing smaller and smaller; yet in most cases there is eventually a recurrence of the symptoms.

We now come to the important part of this subject, viz: what are we to do with this patient; she is now in such a weakened prostrate and anæmic condition, and so extremely nervous, with several degrees of fever, that no operation for the purpose of repositing the uterus could for the time being be resorted to. So that in this case our first duty is to temporize, and to control the hemorrhage, while at the same time an effort be made to improve her nutrition by giving good

nourishing and easily digested diet, by allowing the rays of the sun to shine upon her, and by giving rich tonics. The hemorrhage may be controlled by keeping her quiet in the horizontal position and by the injection of some concentrated astringent, such as alum, tannic acid or acetate of lead; and if this does not succeed, by exposing the uterus by means of Sims's speculum and then applying some caustic to all its surface—mineral acids, nitrate of silver, carbolic acid, etc.—after which use some solution that would neutralize any superabundance of the application, then wipe the parts dry, and place around the uterus pledgets of absorbent cotton to protect the vaginal walls.

By some of these means hemorrhage can be controlled, and finally the patient regains sufficient blood and strength to place her system in a condition that will enable her to tolerate an operation. Then what are we to do? Why of course reposit the uterus, if possible. And how are we to do this?

There was but little known in regard to the exact pathology and proper treatment of chronic inversion of the uterus until the present century, and but few successful cases of reposition until after the middle of the century. But little was written on the subject until the time of Ambroise Paré, about the middle of the seventeenth century. The old method of treating these cases was by the amputation of the uterus. It was not believed that it could be restored to its proper condition by any possible means; but we now know that there are but few instances where it is impossible to succeed in this operation. It may be reposited by gradual or by rapid reduction—in the first instance, by elastic pressure, with vaginal stem and cup; or by elastic pressure, with vaginal water-bags with taxis, or by vaginal water-bags alone.

Gradual reduction should, in nearly every case, be attempted before resorting to rapid reduction, for the reason that it is often successful, and is always less dangerous. This plan of treatment may be persisted in for days, and sometimes for weeks even, with impunity, the patient's condition being the index of the continuation of the treatment.

If, however, failure result from this method, we then resort to rapid reduction. Having brought the patient's system into a proper condition, we relieve the bowels and the bladder, then placing her under the influence of an anæsthetic the operation is begun with three or four good assistants.

A great many methods, differing one from another in minor points, have been practiced by different authors, each, however, generally similar in principle. We will not have time to-day to go into the details of the operations by the various methods, and I intend to call your attention to a means that has recently suggested itself to my mind, and which I shall avail myself of in this case when she is in a condition to be operated upon. As I have just hinted, in all the methods suggested and practiced for the reduction of chronic inversion of the uterus, it is necessary to use pressure and counter-pressure; in fact, we could hardly imagine how the operation could be otherwise successful. Various means of applying pressure and counter-pressure have been devised, and in the effectiveness with which these are applied consists chiefly the superiority of one operation over another. The pressure is usually applied directly by the hand or indirectly by means of cup-shaped instruments that fit over the fundus of the inverted organ. The counter-pressure is applied through the abdominal wall just above the symphisis pubis or against the uterus, or one or two fingers are introduced into the rectum and hooked over the uterus into the ring of the cervix.

Thomas operates for inversion by abdominal section, and after dilating the cervix, applies the counter-pressure directly to the neck.

The operation to which I will call your attention to-day differs only from other operations in the application of counter-pressure; this is applied from the vagina upon the non-inverted cervix while the pressure is being used. This can be done by introducing several large silver or silk sutures deep into the non-inverted cervical tissue, or by seizing the lips with properly-constructed seizing-forceps. By pulling upon the sutures or the forceps while the pressure is being applied, we have a counter-pressure entirely within our control. Besides, the force is so applied as to assist in dilating by pulling the cervix outward and downward over the body of the fundus. The principle of this procedure is apparently correct, though I have had as yet no opportunity to test it in practice.

If this means of reduction has been suggested or practiced by any one, I would be pleased if the profession would correct me and point me to literature on the subject. The operation would certainly be an improvement over any previously practiced, unless the sutures or the seizing forceps fail to hold in cervical tissue till the reposition is accomplished.

Medical Societies.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

Stated meeting, Thursday, February 7, 1884.

The President, R. A. Cleemann, M. D., in the chair.

A Year's Work in Ovariotomy.

Dr. Wm. Goodell read a report of his cases of ovariotomy during the past year. Of these he had twenty-five, with seven deaths. Eleven of them were performed in the private rooms of the Hospital of the University of Pennsylvania, with one death; ten were operated on at their homes, with five deaths; and four at his private hospital, with one death. He attributed the majority of these deaths to three causes:

First. That he made it a rule never to doom a woman to certain death by refusing to operate on her, however forlorn the hope of her recovery might be, and three of these fatal cases were very ill indeed at the time of the operation, from septicæmia and purulent cysts.

Secondly. That the women of this country being unwilling to go to a hospital, either insist on being tapped, which increases the risks of the radical operation; or else postpone the operation until the tumor has become very large, adhesions

have formed and the health has become greatly undermined. Out of his twenty-five cases he had but eight without adhesions, and one of these, a case of double ovariotomy, died at home, he not having seen her or treated her after the operation.

Thirdly. That five of his fatal cases had been operated on at their own homes, which were so distant that he was able to see but one of them after the operation, and she did not rally, but died in eight hours, from the shock of the removal of an intra-ligamentous cyst universally adherent. The fatal case at his private hospital was one of pelvic abscess bursting into the bladder. The operation was not a difficult one, although the lower portion of the cyst had to be separated from the two layers of the broad ligament by which it was enveloped. The sole fatal case out of eleven performed at the Hospital of the University was due to hospitalism. This he deemed a good record, for the building is used as a general hospital, with many railroad accident cases and suppurating wounds. In this hospital he always operated in one of the private rooms, where the patient was kept until all danger was over.

Out of the twenty-five cases of ovariotomy, there were twelve in which both ovaries were removed. In all these cases the second ovary was positively diseased. Yet with a larger experience, he (Dr. Goodell) was becoming more and more inclined to remove both ovaries in all cases of malignant degeneration of one ovary, in all women who have passed the climacteric or who are approaching it, and in all cases complicated with fibroid tumor of the womb.

Finally, he referred to the fact that some ovarian cysts, although they may appear to the eye benign, show from their subsequent history that they are malignant, the woman dying a few months later from carcinoma of the pelvic organs, or at the site of former adhesions. Very unfortunately there are no diagnostic criteria to indicate the character of such a cyst.

Dr. B. F. Dawson, of New York, upon invitation by the President, spoke of the English ovariotomists, and alluded to what he had himself seen while on visits to England, as to very desperate cases being operated upon. His own late experience had been so good that he was inclined to attribute it, as well as the good results of the English operators, to absolute painstaking in the most trifling details, with absolute cleanliness; not simply antisepsis, but the utmost care throughout every step of the operation. Among other things, a very large number of hemostatic forceps are used to secure each bleeding point the moment that bleeding commences. His own last six cases of laparotomy, performed this winter, two of which were very desperate in their character, have been successful, and the results he felt were largely due to the avoidance of any preventible hemorrhage, and great care through all stages of the operation to prevent blood or fluid from the cyst escaping into the peritoneal cavity. This care is exercised throughout the "toilet of the peritoneum," and he always uses a flat sponge, as does Mr. Wells, inside of the abdominal walls, upon the intestines while introducing the closing suture, which is removed only when it becomes necessary to do so to twist the last wires.

He always uses napkins to fold over the edges of the abdominal incision, to prevent the oozing from the edges escaping into the peritoneal cavity or soiling the operator's fingers. He also enfolds the cyst in towels as it is withdrawn from the cavity, to guard against even a trace of fluid soiling the intestines or wound. He clamps the pedicle temporarily when possible, and places a napkin under the clamp before dividing and cauterizing it. Every adhesion that shows any risk of bleeding is cauterized as soon as it is separated, even when ligated. Douglas's pouch, especially, is sponged out until the sponges come away absolutely clean. In a recent very desperate case, one in which Dr. Emmett expressed his sympathy with him as to its almost certain fatality, the operation occupied two hours and forty minutes, owing to painstaking observance of the above details, and although half of the uterus was removed and adhesions were numerous, calling for many ligatures and frequent use of the cautery, yet convalescence was uncomplicated and speedy.

Dr. Goodell had operated successfully in patients aged respectively sixty, sixty-one, sixty-two, sixty-four, sixty-five, and sixty-seven years, and some one in this city had a successful case in a patient over eighty-three. Dr. G. had once operated upon a patient seventy-six years of age, of a long-lived family. This was before the days of antisepsis, and the patient died. He believes that minute attention to details is the chief element of success. One important point is to make the abdominal incision sufficiently large to see every adhesion as it is separated, and to ligate or secure immediately every bleeding point. This requires a courage which it took him years to attain. He always observes Spencer Wells's method of placing a flat sponge beneath the abdominal walls when introducing the closing sutures. He does not like wires, but always uses carbolated silk sutures, each eighteen inches long. After all have been placed, the ends are twisted together into one strand on either side, and caught in the bite of a pressure forceps. The lips of the incision are then widely separated and a final search is made for any oozing, leakage, or accumulation of serum. This final toilet of the peritoneum cannot be made when wires are used. He now believes in the use of a drainage-tube, but he had hard work to bring himself to the point of accepting it, as he still looks upon the tube as a foreign body, a necessary evil. He had once seen death caused in a healthy man by the simple perforation of the peritoneum, without wound of the intestine, by a small stiletto, and this had made him fearful of the effect of the presence of a drainage-tube. But he now considered that the peritoneum in the case of an ovarian cyst has, by thickening and attrition, lost much of its vulnerability, and does not resent slight causes of irritation. He occasionally resorts to the actual cautery at a black heat to stop bleeding from torn adhesions, but he prefers the pressure forceps, the ligature, or the application of Monsel's solution. He thinks there may be some truth in Dr. Smith's idea concerning the effect of the low temperature of the operating and of the convalescent room. He was struck with the absence of ill results in one operation in London by

Dr. Bantock, of which he had been a spectator. The day was cold, damp, and foggy, and the operating room was chilly, the windows being open; but the patient promptly recovered. One case of his own in which the extreme emaciation and prostration of the patient forbade postponement was operated upon in severe winter weather; the steam pipes at the hospital had been frozen over night, and although they had been thawed out, the temperature of the operating room was only 54°. In this case the cyst had contained colloid matter and had burst spontaneously; all that could possibly be removed was scooped, sponged, and washed out. Much remained behind, yet the patient recovered, and afterward became quite fat. This operation was performed three years ago; both ovaries were removed, but another tumor can now be discerned in the abdomen. The patient being fat and also very sensitive, it is not possible to determine accurately its character, but he hopes it is a pedunculated fibroid of the uterus, and not a malignant tumor.

Dr. Dawson requested Dr. Goodell to give his opinion respecting the management of the drainage-tube, and of the importance of the spray.

Dr. Goodell when operating in private houses has begun to dispense with the spray. Carbolic acid spray poisons some patients, and he, being afraid of it, only uses it when he does not consider it safe to omit it, as, for instance, in a general hospital or when there are many spectators present. Year before last he lost one patient from its use; she had contracted kidneys. Only last week, in a case operated on in the Hospital of the University, the patient was profoundly affected by it, and was with difficulty restored by means of digitalis, stimulants, etc. When he omits the spray, he uses the drainage-tube more frequently. If he finds in Douglas's pouch, after the sutures have been placed, and the sponges removed, two or three drachms of bloody serum, and the source of this oozing cannot be found, he inserts a drainage-tube; and he also uses it in all cases in which there has been peritonitis, or where septic symptoms are present from a purulent cyst. Over the mouth of the tube he springs a piece of rubber sheeting, which is folded over a sponge squeezed out of a five per cent. solution of carbolic acid. The sponge is examined and squeezed out every few hours, and the tube moved slightly, to clear the openings and allow any accumulation of serum to escape. As soon as a moderate amount of serum escapes without any tinge of blood, the tube is removed. This generally happens within forty-eight hours, but in one case it was necessary to allow it to remain five days. He never irrigates the abdominal cavity, but he sometimes introduces the long nozzle of a hard rubber syringe into the tube, and draws out any serum that may have accumulated. When he operates in the country, and leaves the patient in the hands of the family physician, he tries to avoid the use of the drainage-tube as much as possible.

Dr. Dawson had given some attention to the question of the drainage-tube. In New York two deaths had lately happened after ovariotomies, and in each case the surgeon had ascribed the fatal termination to the too early removal of the tube. Soon after these unfortunate cases he had operated and had been obliged to use the drainage-tube; on the second and third days after the operation the serum exuding from the tube was bloody. On the fourth day it was pure serum. The patient was doing well, and Dr. Dawson concluded to let well enough alone, and, with the result in the other two cases before him, allowed the tube to remain. He used a wire with a pledget of cotton attached to the extremity, to soak out the accumulated serum, and continued to use fresh pieces until they came away clean. The tube was evidently being walled in by a deposit of lymph around it. On the sixth day, after finding very little serum, the last pledget of cotton brought away a little yellow spot that might have been either lymph or pus. That night he discovered another trace of the same appearance, and the microscope showed it to be pus. The next day the discharge was fetid. A saltspoonful of iodoform was put into the tube every time it was cleaned, and on the tenth day it was removed and a roll of absorbent cotton saturated with iodoform was put into its place. This was replaced in a few hours with another, until all signs of pus ceased. The opening closed in forty-eight hours. The patient recovered. He would like to ask if Dr. Goodell had ever regretted removing a drainage-tube too early. Is a drainage-tube more of a foreign body on the third or fourth day than it is on the first?

Dr. W. H. Parrish had recently performed abdominal section for the removal of a fibroma of the uterus. In this case he used a drainage-tube, although he was not able to pass it down into Douglas's pouch. On the third day he noticed that the serum escaping from the tube was cloudy and had a slight odor. On the fourth day the odor was quite objectionable, and as the tube had evidently become separated from the abdominal cavity by the formation of a canal of lymph around it, resembling in appearance diphtheritic membrane, he decided to withdraw the tube. He washed out the canal with a two per cent. solution of carbolic acid. The canal soon closed, and there was no return of the offensive odor.

Dr. Goodell could not recall the loss of a case after the removal of a drainage-tube. He has had, however, a number of deaths while the tube was still in position, but that meant simply that the cases were complicated and difficult ones. Was not the tube itself the cause of the pus in Dr. Dawson's case? Air containing germs was, of course, admitted into the tube in the cleaning-out process, and the germs would cause decomposition of the lymph. Might not also the tube, acting as an irritating foreign body, cause pus? He introduces a stitch in such a manner, beyond the drainage tube, as to make tension of the skin around the tube, and this closes the opening as soon as the tube is withdrawn. He has occasionally followed the removal of the glass tube, by the introduction of a rubber one of smaller calibre; but he has discontinued this practice, believing the glass tube to be the least irritating.

Dr. W. H. Baker reported for Dr. Walter F. Atlee, a case of

Abdominal Section.

Mrs. E. C., of Erie, Pa., was brought to this city by Dr. Edward Cranch. She was forty-five years of age, married, but had had no children.

Her menses were regular and very abundant. She was a stout woman in excellent health. Four years ago she first noticed the tumor in the centre of the abdomen. Dr. C. reports that the probe enters the womb the normal distance only.

Diagnosis. — A multilocular cyst with thick walls and very glutinous liquid, or a fibroid tumor of the uterus. The sense of fluctuation was not distinct.

Operation.—February 4. After the usual preparation, cut down, found a solid tumor, opened it, took out as much as possible of the contents, and got out the envelopes. The incision was about five inches in length. The tumor grew from the fundus of the uterus. It was transfixed, tied, and dropped. The patient never rallied after the operation, and died on the 6th of shock. There was no hemorrhage. The operation was all over in twenty-five minutes.

Dr. R. P. Harris saw the patient prior to, and assisted in the operation. The lady had an appearance of health, was quite robust. and there was nothing in the contour or expression of her face indicative of ovarian cystoma. In a conversation with her sister and family physician, he learned that the diseased growth was first noticed by this sister, who remarked upon the central prominence of the abdomen of the patient, who was at the time lying on her back on the floor, engaged in playing with a little child. When the attention of the patient was directed to the fact that her abdomen presented a central elevation, even when flat upon her back, she readily detected the existence of something abnormal. Dr. Harris remarked to the physician that the history of the case indicated the existence of a tumor at the fundus uteri. When the morbid growth was exposed it did not present the appearance of an ovarian cyst; neither did percussion indicate the presence of fluid prior to incising the abdomen, except by a surface wave. There was no wave transmitted from hand to hand. The surface wave was found due to some ascitic fluid. As no fluid escaped by tapping, the tumor was opened, and its contents torn away in pieces, so as to reduce it sufficiently, when it was drawn through the wound, ligated at its union with the fundus uteri, and cut away. During the shelling process, a considerable loss of blood took place, and the appearance of the patient was that of great prostration. The tumor had no pedicle, being sessile in its attachment to the uterus.

W. H. H. Githens, M. D., *Secretary.*

Editorial Department.

Periscope.

Tracheotomy in Diphtheritic Croup.

The *Med. Record*, June 14, 1884, says:

At a series of meetings recently held by one of the sections of the Academy of Medicine to discuss the treatment of diphtheritic croup, the large numbers in attendance and the close attention paid to the speakers showed the great interest taken by the profession in this subject. One noticeable feature in the discussion was the very general skepticism as to the utility of solvent inhalations in the destruction of the false membrane. There was exception taken to this sentiment, however, by a distinguished gentleman present, who thought that by a faithful use of the spray, about one in eight cases might be saved. There is apparently some uncertainty attending this mode of treatment. The pseudo-membrane is composed of several different elements, which may yield relatively to different solvents; but as we do not know in any individual case which of the component parts of the membrane preponderate, we cannot be sure that the best inhalation is in use. This is possibly an explanation of the fact that good results have been claimed for such widely differing solvents in different cases. It is also uncertain how much of the inhalation actually reaches the larynx in a young child. The atomizers in common use do not throw a very strong spray, and few children can be kept near enough to receive the full benefit of what is thrown out. Most physicians agree that a moist atmosphere, in which fresh air is not excluded, is desirable in the treatment of croup. In one of the papers, the internal administration of corrosive sublimate in frequently repeated doses, was recommended as promising great results. These good results, however, have not as yet been fulfilled, and probably all will agree, that despite the best medicinal treatment most cases of diphtheritic croup will die if no operation is performed. The important question for the physician is, whether the operation itself affords enough chances of success to warrant its frequent performance. The oldest statistics are rather disheartening; but in the past two or three years much better results have followed the performance of tracheotomy. It is of some interest to inquire the cause of this improvement in results. Is it due largely to fortuitous circumstances, or has a more intelligent application of our art not been been a factor in its production? Many observers consider that the type of diphtheria has changed somewhat in the past few years. There is less manifestation of septic blood-poisoning that produces heart-failure, nephritis, and so many fatal results after the obstructive laryngitis has been relieved by tracheotomy. It is not unreasonable to suppose, moreover, that the treatment may have assisted in altering the type of the disease. The free use of alcohol, by preserving the action of the heart, and the large doses of tinct. ferri chlorid., which maintain the integrity of the red blood-corpuscles and assist the engorged kidneys, have certainly been factors in changing the mortality of diphtheria. It is also only fair to suppose that the better results of tracheotomy are partly due to our learning more about the opera-

tion and the after-treatment. Certainly the brilliant results recently attained in ovariotomy are not due to any change in the nature of ovarian tumors, but to a scrupulous attention to every finest detail in the operation and its after-treatment on the part of the surgeon. We do not mean to affirm that tracheotomy is performed more skillfully now than formerly; but by not delaying the operation until the child is moribund, and by paying more attention to the after-treatment, the mortality has been lessened. In fact, if the operation is to be performed, the sooner it is done the better the prognosis.

Morell Mackenzie stated, in a lecture delivered on diphtheria in this city, that when the dyspnœa was sufficient to cause much recession at the epigastrium, the operation should not be delayed. If this rule were promptly followed, we think it would result in a saving of life. Granting that occasionally a case might have recovered without a tracheotomy, we know the vast majority die if not operated on; and the operation had better, in rare instances, be performed without absolute necessity, than that in the great majority of cases its dangers be increased by too long delay. There is room here, as always, for intellectual individualizing. While no absolute rule can be laid down, and unnecessary operating is always to be deprecated, we think that in tracheotomy, of all operations, delay is dangerous. After the operation a physician or trained nurse should be in constant attendance. This is one of the most important features of a case. Many children have died who could have been saved by a little intelligent handling at this time. The tube must be kept absolutely free from mucus and shreds of membrane, by frequent cleansing in a disinfecting fluid. In many cases this not done with sufficient thoroughness. We have seen cases in which both ends of the tube were clean, but at the bend the calibre was largely occluded by thickened mucus. The attendant must have sufficient intelligence to recognize any such cause of embarrassed breathing and quickly relieve it. At the same time the supporting constitutional treatment of diphtheria must be continued. Within the past few years physicians in this city have saved one-fourth, one-third, and even one-half of their cases after tracheotomy. Even if the child do not recover, death is often rendered easier. There is no greater triumph of art than to see tranquil breathing take the place of agonizing dyspnœa, as the result of an operation. Very early age, while not favorable to tracheotomy, does not preclude its performance, as an infant in this city recovered at the age of eleven months. In concluding we would urge physicians to be ready to operate themselves. A careful, practical study of each of the steps of the operation upon the cadaver, and a steady hand, should enable one, in case of necessity, to perform a tracheotomy. Invaluable time is often wasted in searching for a surgeon. A few hours, or even minutes, may make the difference between life and death. We predict a brilliant future for this operation.

The Preventive Inoculation of Hydrophobia.

The *Medical News*, June 14, 1884, says:

The cable has recently brought to this side of the Atlantic news that M. Pasteur had discovered, isolated, and cultivated the virus of hydrophobia, and made protective inoculations with it. Immediately, the medical journals repeated this announcement, and the public prints gave it a warm welcome, and spoke of it as a great achievement, full of promise for suffering humanity. Medical men, too, have been interviewed by newspaper reporters, and, on the strength of the meagre and imperfect abstract which the cable had furnished to the daily papers, have expressed an unqualified approval and endorsement of Pasteur's views.

We have delayed our comment until after receipt of the paper of M. Pasteur, read before the Academie de Medécine, May 20. This is now at hand, and demands, we think, a little different handling from what the previous account has received, and of a sort which the possibility of Pasteur being misrepresented in this would have hardly warranted.

The points of M. Pasteur's paper are as follows: The protective power of inoculations with attenuated virus is an established fact. The virus of rabies is attenuated by passing it by successive inoculations through the monkey. It is increased in virulence by similar passage through the rabbit or guinea-pig. In either case it can then be communicated to the dog in its modified state of virulence, either greater or less than original, producing in one case certain death, in the other protection. The plan of action proposed is to take the virus from a rabbit dying after inoculation at a period somewhat longer than the shortest (which he assumes to indicate the greatest virulence) and inoculate this successively in other rabbits, inoculating in the first instance from it, and in turn from each of the series of rabbits, a dog. The effect, Pasteur asserts, will be to render the dog refractory to the rabies which occurs "on the streets," that is, to the natural as contrasted with artificial inoculation.

Pasteur next asserts: "By inoculations of the blood of animals, I have succeeded in simplifying very much the operation of vaccination, and in procuring in the dog the most refractory state." He expresses the hope that he will be able, by the application of his theory, to secure immunity in animals after they have been bitten. Finally, he says he would have been happy to have published this announcement only after his conclusions had been "controlled" by some of his colleagues, but for the lack of sufficient material, and that he has asked the Minister of Public Instruction to appoint a commission to test the results of his experiments.

The scientific and humanitarian importance of this announcement is very great, and, being coupled with the positive assertion of Pasteur that it furnishes an "infallible" means of preventing and curing hydrophobia, there is no wonder that numberless persons have applied to M. Pasteur and expressed their willingness to be inoculated with the modified virus which causes rabies. But, as the reaction which follows upon the dispelling of an illusion is all the greater the higher the illusion has raised the hopes of mankind, it may be worth while to call the attention of our readers to certain facts which ought not to be out of mind for an instant when weighing the claims of this promising announcement.

In the first place, it ought not to escape the notice of the careful observer that what Pasteur proposes in his paper is not a strict application of his own theory. He claims that passage through monkeys weakens the virus, while passage through rabbits strengthens it; and then he proposes protective inoculations with virus taken from rabbits, which is more virulent, not virus from monkeys, which is attenuated. In the second place, it will be noticed that he does not assert that he has in this way secured immunity against rabies a single time. He says he has *simplified the operation of vaccination by inoculations with the blood of animals*, and so has produced the most refractory state. He has not made, and does not dare to suggest, the application of his theory to the protection of human beings. And for animals he only hopes its application may prove effective to save after a bite has been inflicted. The request for the appointment of a commission to test the value of his hopes, indicates that M. Pasteur is willing to have it tested, but it would be a mistake to suppose it adds to its claim upon the acceptance of others *before the test is applied*.

There are other serious flaws in the argument of this paper, but we have not time now to point them out. We pass to some more general considerations as to the position claimed by M. Pasteur and his supporters in relation to this subject.

M. Pasteur has done a great deal to advance the study of what are called disease germs, but he has not had such confirmation of all his assertions as to warrant the acceptance of a strange statement from him before it has been tested and corroborated by others. In a variety of matters he has made extravagant claims of discovery, which have not borne the test of time. In regard to hydrophobia, it is not long since he made an announcement, as positive as this last one, which was very soon shown to be utterly erroneous. Even if this were not the case, one might look with some distrust upon the statements now made in regard to the curious weakening and strengthening of the virulence of the assumed virus of rabies by respective inoculations into rabbits and monkeys. In regard to this matter, the assertions of Pasteur lack the essentials of scientific accuracy. We have not yet been told the reason for calling rabid the dog from which he got the virus he first used. No one but Pasteur has seemed to show that this virus resides where Pasteur says it does—in the brain especially, and with peculiar virulence. On the contrary, as Pasteur does not appear to know, many other parts of the body, solids and fluids, have been inoculated with as great degree of success as he claims for his inoculations with the virus taken from the brain, where he says it can be gathered in "perfect purity." Further, he, and those who follow his lead, find it convenient to ignore utterly the inoculation-experiments of such excellent observers as Hertwig, Wright, Galtier, Paul Bert, and Colin, which show that, whatever it may be which is produced by the inoculations of brain substance, this does not succeed as invariably in the hands of others as it does in those of Pasteur; that, when it does succeed, the result does not differ from what can be effected with many other matters from various parts of a subject supposed to have rabies, or from similar parts of subjects beyond suspicion of it; and that the result is probably a form of septicæmia, not rabies at all.

For a few years Pasteur, whose attention was accidentally attracted to this subject in the Academie de Médecine of Paris has been experimenting upon it. If he has ever produced what can with security be called rabies by his inoculations, the record of these experiments is wanting. If he has a well-defined idea of what rabies really is, he has never yet made it public. On the contrary, he has formulated in another place a sort of definition which is elastic enough to permit him to affirm anything produced by his inoculations to be what he was after. "Nothing," he has said, "is more varied than the symptoms of hydrophobia. Each case of hydrophobia has, so to speak, its own special ones" (*les siens propres*).

This is not the way to get at a truth so obscure as the nature of hydrophobia. And we think it a duty to warn our readers against too hasty an acceptance of this recently cabled announcement of Pasteur, or too sanguine a trust in the saving grace of a virus attenuated by passage through monkeys. It may be all so; but this newcomer has such a questionable appearance that we may not be accused of being too skeptical if we wait the report of the commission appointed to consider the subject.

A New Method of Reducing Dislocation of the Hip.

In the *Transactions* of the Vt. Med. Soc., Dr. S. J. Allen writes:

"One day in the month of March, 1841, at which time I was a student of medicine in the office of John L. Swett, M. D., of Newport, N. H., I was riding in my sleigh about three miles south of the village, and passing a house situated some six rods from the road, I heard an outcry. Looking in the direction of the alarm, I saw a woman, Mrs. Perry by name, who, in stepping from the door had slipped and fallen upon the ice-covered ground. Hitching my horse, I walked rapidly towards her. As I came near, two men came out out of the house, and, raising her erect, assisted her inside.

"Grasping the leg with my right hand and the thigh with my left, I flexed the leg upon the thigh at right-angles with the body. The old lady, for thus I considered her, although but forty, complained that I hurt her badly, and somehow the limb became fixed in the position, and could not be moved. It seemed locked, and could not be moved without considerable force and pain. I immediately stepped upon the bed, and standing with her limb between my own limbs, and placing the dorsum of her foot against my nates, with my right hand under the bend of her knee, I lifted her hips from the bed, holding her steadily in that position less than half a minute, when the head of the bone slipped into the socket, accompanied by that peculiar audible shock which so delights the surgeon's ear. She immediately exclaimed, 'I am well, I am well.' Of course it was unnecessary to send for Dr. Swett then, as the patient was 'all right again.' Then from my directions the horse was returned to the stable.

"July 16, 1872, I was called in consultation with Dr. Sperry, of West Hartford, Vt., in the

case of a French Canadian, Lewis Baumhoe, by name, a section hand on the Central Vermont railroad, who, while helping to carry a track rail, fell and struck on his right knee, the rail slipping from his shoulder, and falling upon the sacrum, dislocating the right femur upon the dorsum ilii. When I arrived at West Hartford, Dr. Sperry asked me if I had my pulleys. I answered, that I had *the* pulleys that *the* Almighty furnished me with. Said the doctor, 'You can't set the legs *without pulleys*.' I answered that I could try. After the patient was chloroformed, the whole muscular system being relaxed, I stepped upon the the bed, and flexed the leg upon the thigh, with the thigh at right-angles with the body, and, placing his foot between my legs, with its dorsum against my nates, and my right arm beneath the flexed knee, I lifted his hips well from the bed, and held them immovable in that position less than one-half minute, when the head of the thigh bone returned into the socket with the usual audible sound. The reduction was accomplished so quietly that the doctor, who was standing at the patient's head, with his inhaler in hand, did not notice when it occurred, nor did he comprehend the method used, and at first questioned the fact of its having been reduced.

"By this method, the lower part of the body is lifted well from the table or bed, and held immovable. The weight of the hips and opposite leg rotates the body outwards, producing just sufficient abduction and distension to quietly draw the head of the femur through the slit in the capsular ligament, and direct it into the acetabulum. By this method no further violence is done to the soft parts about the joint; the head of the femur being drawn directly back through the rent in the capsular ligament without increasing its laceration in the least, which no other method *can* claim.

"One word in regard to other forms of dislocation of the hip. The dislocation into the ischiatic notch is a mere continuation of the dorsal form; the head of this bone being thrown simply further from the socket, it is evident that this method will quite as readily reduce this form of luxation.

"The foregoing cases, it will be observed, are all cases of dislocation of the dorsum ilii, but at the same time we should remember that luxation on the dorsum is the type of all dislocations of the femur, and that before reduction is accomplished in the other and rarer forms, the head of the thigh bone must be thrown on the dorsum before it can be returned to the acetabulum. Indeed, it is not uncommon for the head of the femur to be changed from one position to the other several times during the manipulations before it can be reduced by the method of Dr. Nathan Smith. In my method the *automatic* principle is evident. The patient, being placed and held in a certain position, sets his own dislocation, thereby making him 'particeps criminis' in case of suit for malpractice."

The Treatment of Cholera.

From the host of remedies and suggestions that are now deluging the European medical press, we select the following from Dr. Henry A. Rawlins, in the *London Med. Times*, July 12, 1884:

The man suffering from cholera has been suddenly deprived by diarrhœa of an enormous quantity of the fluid part of his blood. This loss is one of simple transudation, increasing as the powers of life decrease. This *sudden* loss produces intense prostration, and renders the heart powerless to perfect the circulation. The body, thus deprived of oxygen, speedily runs into decomposition, even before life is extinct. Have we any agent by which we can collect and press forward these scattered and lethargic drops of blood to the heart, and enable it to renew the circulation, and with it the blessings of oxygen to the body? My reply is emphatically—Yes! Flannel bandages from the toes to the trunk, around the abdomen, and from the fingers to the body, will effect this object perfectly. Remark that the effect is gradual, increasing with every turn of the roller, but would be in full force in about twenty minutes. By thus exposing the blood in the lungs to the action of oxygen in its diluted form, as it is in the air, instead of pure oxygen, the reaction would neither be too rapid nor too dangerous. In confirmation of my views, I have this day learnt that it is the custom in India to wear a double roll of flannel around the abdomen, as a preventive to cholera. The other advantages resulting from the use of the flannel bandages are:

1. That they prevent the escape of heat from the body of the poor creature who is already in a state of refrigeration.

2. By their firmly and equally grasping both flexor and extensor muscles alike, they are steadied, and rendered much less likely to be affected with spasmodic action or cramp.

3. By their steady *elastic* pressure and support of about 160 pounds, they persistently keep up and sustain the circulation of the blood, which they had previously restored.

4. That the oxygen thus well secured to the blood, will, I believe, prove quite sufficient to neutralize the original poison, and also destroy its effects.

5. That this much can at least be claimed for their use, that they remove from nature a stumbling-block, which prevented her from exercising her marvelous recuperative powers. Diluted sulphuric acid is the best medicine to arrest the flux from the bowels, acting also as a tonic. It should be given in five-minim doses about every half hour, with rice gruel. By adopting this plan, the natural process is brought about, that of the starch being converted into grape sugar. Plenty of white of egg, well whipped up, so as to nourish the body and convey oxygen into the stomach, which it will appropriate, should be given. Opium, in small quantities, and other stimulants, should be given according to the necessities of the case. May it not be well, through the medium of wet sponge over the thorax, to apply a continuous but gentle current of galvanism, so as to stimulate the heart's action, keep alive the respiratory movements, and thereby assist in the maintenance of the functions of the body?

New Mode of Localizing Bullets.

In the transactions of the Vt. Med. Soc., Dr. S. J. Allen, says:

"Perhaps I may be pardoned if I say, that dur-

ing the four years of the war I served in the field one year as Surgeon of a regiment, two years as Surgeon-in-Chief of a Division, and the last year as Medical Inspector of the Sixth Corps, and must have seen and examined, if not treated, many gun-shot wounds. In all I have examined, be they more or less in number, I never localized a dozen bullets with a probe.

"In nearly all not localized by the finger, or sense of touch, I succeeded in fixing with certainty their exact location by the use of the exploring needle.

"I claim that if the bullet did not enter either of the cavities of the body, but lays anywhere in the periphery among the muscles, or other tissues exterior to them, the exploring needle, in the hands of the surgeon, will, by puncturing a reasonable number of times, hit the ball, and convey the intelligence of its exact location.

"Had the exploring needle been used in the case of our late President, the 'encysted wad of puss in the right iliac region' would have been punctured without appreciable resistance, and his surgeon saved the Blissful diagnostic error contained in several of their bulletins, which located the fatal bullet at that exact point with absolute certainty.

"A serviceable instrument for this purpose will be found in the smallest sized exploring needle, with which, all will admit, it is quite safe and comparatively painless to make the puncture.

"It is not unusual to puncture not only the peritoneal cavity, the pleural cavity, and the bladder, but the intestines, and the pericardium, and seldom has harm resulted.

"The probe should be used only to determine the direction the ball took from its point of entrance, and to ascertain if it entered a cavity. Here, I claim, its usefulness ends, and if further used does harm.

"The surgeon almost always has an impression, after an examination, that the ball lies at a certain point. To test this impression, push the exploring needle from the surface directly down to this point. If it does not hit the resisting bullet, try at the next most likely point. If not successful, try again. The bullet can be localized in this way many times where all other methods fail. When the needle hits the ball, the surgeon will make the counter incision for its extraction with perfect confidence.

"Supposing that the bullet lies in close proximity to a bone, or is flattened upon a bone, by using a little more force, the point of the needle will be made to penetrate the ball slightly, and will stick a little, and thus convey to the surgeon's hand a sensible difference between bone and lead."

Etherization of the Rectum.

The *St. Louis Courier of Medicine*, May, 1884, says that Daniel Mollière, Surgeon-Major of the Hotel Dieu, of Lyons, France, communicates to the *Lyon Médical*, of March 30, some recent observations with reference to a novel method of administering ether, which would certainly have advantages in surgical operations about the face or mouth, even if not available as a general rule.

He states that a short time previous to the date of writing he had received a visit from a Danish surgeon, Dr. Axel Yversen, of Copenhagen. Having taken his visitor through the wards of the hospital, and shown him some of the most interesting cases, the latter asked what anæsthetic agent was used. On being informed that they used ether, he inquired whether they administered it by the mouth or the rectum; and went on to explain to Dr. Mollière his own obseevations.

On the following day, March 21, Dr. Mollière made a trial upon three patients of the new method of administering the anæsthetic. March 23, 24, and 25, other patients were anæsthetized in the same manner. In the first case a tube was passed into the rectum, through which the ether vapor was introduced by means of an atomizer. About twelve minutes elapsed before any sign of the absorption of the ether was manifested. The patient then said that she tasted ether distinctly, and her breath had a pronounced odor of ether. She then began to speak incoherently. A few drops of ether were then administered by inhalation, and she almost immediately fell into a profound sleep. The operation being terminated, the rectal canula was removed, and the patient speedily regained consciousness. The quantity of ether taken was insignificant.

In etherizing the other patients, an India-rubber tube of the size of the finger was introduced into the rectum, and connected with a flask of ether plunged into a vessel of water at about 50°C. (120°F.) The ether boiled, and in about five minutes the patient began to talk incoherently, and the odor of ether appeared in the breath. A small quantity of ether upon a sponge was then administered by inhalation, and very speedily the anæsthesia was complete. The operation was performed without difficulty. There was neither nausea nor the slightest vomiting.

He believes that this method of administering ether will prove to be a valuable one. So far as the cases upon which he had operated determine the effects of the agent employed in this way, it seems to suppress almost or entirely the period of excitation. It allows of accurate dosage of the quantity of ether administered, and reduces it to its smallest quantity. It does not interfere with the surgeon when making operations about the face.

Dr. Mollière promises to give further results and all details as to the *modus operandi* in a few months, when he shall have had further opportunities to test the method.

The Diagnosis of Acute Alcoholism.

From the *Brit. Med. Jour.*, July 12, 1884, we note the following:

Of the numerous cases brought to hospitals for advice and treatment, there are none, we believe, more difficult to decide on than those of persons found insensible in the streets. Very frequently they are cases of simple poisoning from excess of alcoholic drinks, especially of an adulterated and deleterious nature; but at times they are cases of disease, or are complicated by head-injuries, which, if not promptly recognized and treated, may ultimately prove of a serious nature. We are prompted to refer to the liability of errors of diagnosis in such cases, and the necessity for

great caution in dealing with them, by the recent occurrence in Glasgow of two cases of this nature, which have become public and have excited a good deal of comment in the public press. In the first instance, a young man is found insensible in the street, is taken by the police to the office, and is there seen by the medical officer in charge, who gives it as his opinion that the insensibility is due to alcohol. In the morning more serious symptoms show themselves, and medical treatment is resorted to, but unfortunately without avail. A post-mortem examination reveals that apoplexy was the cause of death. In the other case, a man is brought by the police to one of the infirmaries, is admitted there, and after a few hours is once more sent back to the police-office as suffering from excess of alcohol. Soon after his return to the police-station it is observed that his condition is not satisfactory; the police-surgeon is summoned, and his opinion is given that the man is suffering from some serious head-injury, and sends him back to the infirmary from which he had been dismissed only a few hours previously. Such incidents as these cause a painful impression on the public mind, and are calculated to destroy public confidence in the ability of professional men to recognize what is and what is not drunkenness, to say nothing of the serious consequences that must accrue to a patient suffering from some disease or injury of the brain, from being thus conveyed unnecessarily through the streets of the town at that early period of his illness when prompt medical treatment might prove of some avail. We can only say that such cases should serve as an instructive lesson to all those who are connected with the reception of patients at our infirmaries, and should impress on them the advisability of erring on the safe side, by not sending away any case about which there can be the shadow of doubt.

Pathognomonic Signs of Disease.

From the *Louisville Medical News*, we learn that Dr. E. G. Janeway, of New York, read a paper before the American Medical Association on "the danger of relying too much upon so-called pathognomonic signs of disease."

It is often a very brilliant thing, he said, to make a snap diagnosis, but it is not safe to do so; for many so-called pathognomonic signs of special diseases are found, on closer inspection, not to be so in reality. For instance, optic neuritis, conjoined with headache, used to be considered as a pathognomonic sign of cerebral tumor. This is not so. We know that it only means that there is some increased pressure in the brain. You must also eliminate Bright's disease of the kidneys. Volitional tremor is thought by some to be very characteristic of multiple sclerosis, but a similar condition is observed in patients who are under the influence of metallic poisons, such as mercury, and also in those who have partaken freely of alcoholic stimulants. We often find considerable difficulty in cases of coma, in endeavoring to decide whether it is of hemorrhagic or uræmic origin. The variations in the temperature of the body are here a valuable help in our investigation; but they are not sufficiently certain to found a positive conclusion upon. The existence of heart-murmur, or the absence of it, does not positively settle the point as to whether there is an embolus in the brain or a hemorrhage; and albumen in the urine is often associated with these lesions. The author went on to consider cases—referring to heart and chest diseases. It is not wise to rely too much upon these signs, but to take the whole bearing of the case in making the diagnosis.

Dr. Frank Donaldson, of Baltimore, in opening the discussion, spoke of cardiac murmurs. He had known of cases in which the autopsy showed marked stenosis of the mitral orifice, which has presented no murmur during life.

Dr, Janeway said that in some cases of pleurisy of slight grade, bronchial breathing is not present, and he has seen people much misled by it. In regard to mitral stenosis, he thought that it could sometimes be detected by a long first sound with a slightly blubbering character, even when there was no murmur.

The Chemistry of Wines.

The *Pharmaceutical Record*, February 1, 1884, tells us that the chemical examination of wines is treated exhaustively in a paper by Dr. L. Roesler, published in first *Heft* of the *Mittheilungen der k. k. chemisch-phisiologischen Vereinsstation für Weinund Ostbau in Klosternenburg bei Wein*. Very full details are given of the methods for estimating in wines the specific gravity, the alcohol, extracts, free acid, tartaric acid, tannic acid, acetic acid, sugar, glycerine, nitrogenous matters, ashes, and the various dye-stuffs used in sophistication.

The methods of determining alcohol are also detailed in a separate paper, following the foregoing, prepared by Dr. B. Haas. Ordinary red wine made by fermentation of grape juice, is a very complex liquid; the following list of substances contained in it is far from being complete:

A. Products of Fermentation.

Ethel	alcohols	Acetic	ethers
Propyl		Caprylic	
Butyl		Capric	
Amyl		Glycerine	
Hexyl		Fatty matter	
Heptyl		Succinic acid	
Aldehyde		Gummy matter	
Acetic	acids	Carbonic acid	
Butyric			
Caprylic			
Capric			

B. Products of the Grapes.

Water		Pectin	
Dextrose	sugars	Albuminoids	
Levulose		Œnocyanin	
Inosit		Argol	
Tartaric	acids	Tartrates of	calcium
Racemic			alumina
Malic			iron
Tannic			
Fatty oils		Phosphates	potassium
Ethereal oils		Sulphates	sodium
Gums		Chlorides	calcium
			maguesium

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THE INTERNATIONAL HEALTH EXHIBITION.

Our readers are aware that during the past spring there was opened in London, under the auspices of the Prince of Wales and many of the nobility of England, an International Health Exhibition, on a very extensive scale. At the time we were gratified, because the fact that such an exhibition was contemplated, and had been carried to a successful opening, was evidence that people were developing an interest in preventive science. All the important European countries were represented. Food, clothing, drainage, water supply, and all pertaining to sanitation, were fully illustrated in this remarkable collection. Pasteur sent from France specimens illustrating his researches on micro-organisms, as well as a corps of assistants to explain his methods and results. A very interesting feature was a model of a street in London, as it appeared two hundred years ago; by a comparison with which, those of the present day and generation are enabled to note the improvements (from a sanitary point of view) which have taken place in the methods of collective life of human beings. During the course of the exhibition, a series of lectures on sanitary topics has been delivered by some of the most eminent physicians and sanitarians of London, while health tracts have been widely distributed. The exhibition itself, as well as the lectures and tracts, have all been designed and prepared with the view rather of instructing the public in matters pertaining to hygiene. How well it has succeeded may be inferred from the fact that during the first month that the exhibition was open, it was visited by more than 500,000 persons. It is also stated that it has proved so attractive and has drawn away from the theatres so many of their patrons that the theatrical managers are seriously contemplating the idea of presenting a petition to the Prince of Wales, requesting him to withhold his patronage from these exhibitions. We are glad to be able to report the phenomenal success of this exhibition, as it shows very plainly that the people are waking up to the great value of preventive science. If properly understood, a popular knowledge of hygiene would not redound

to the pecuniary disadvantage of the physician; that is, not to the detriment of the mass of the profession; because, no matter how familiar a person may be with the teachings of hygiene, when really sick he will send for a doctor, and even now the mass of the people *doctor* themselves unless they are really very sick. Of course the fashionable physician, who is called for trifles, might possibly suffer a little, though we doubt even this; but we are very sure that the mass of the profession would not lose one cent. Let us then do our noble duty, by instructing our patients in the valuable precepts of hygiene.

The success of this exhibition tells us in no uncertain terms that the public desire this instruction, they hunger and thirst for it, they are ready to do right, if told how to do so, they want to know how to preserve health and attain longevity. Let us help them, let us supplement the noble and self-sacrificing work of our lives by imparting to them this all-valuable knowledge.

SCIENTIFIC VS. PRACTICAL MEDICINE.

Said a prominent physician recently, "I am tired of reading about scientific medical discoveries; what I want, is to know how to cure consumption, cholera, and so on."

This sentiment is, no doubt, shared in by very many of the profession. For some years past, we have been hearing an immense amount about germs, bacilli, micrococci, and the like, but we venture to say that as yet this scientific investigation has produced very few practical results. We do not mean to belittle the scientific side of our profession—far from it; but we do incline to think that the greatest practical results have been achieved, so to speak, by accident. That is to say, that when a man starts out with a theory which he endeavors to demonstrate through scientific methods, he is very apt to view his results through biased glasses, as it were, and in the majority of instances he will find sufficient evidence to prove that which he desires to prove, and which, according to his preconceived theory, *ought* to be the case.

On the other hand, when an acute observer carefully notes his cases at the bedside, he is now and then struck with some unusual feature, which may probably, and often does, suggest to his mind some theory, which, retained in his memory, is either proved or disproved by further clinical observation. The facts here suggest the theory, while with the scientific observer the theory suggests the facts.

Jenner's discovery of vaccination was suggested by a fact. It is well known that hearing a dairymaid remark that she could not take small-pox because she had had cow-pox, Jenner's ready mind was impressed by the remark, and having ascertained it to be a fact that those who had had cow-pox were remarkably exempt from small-pox, he started to reason and investigate from the premises of facts, with the result of giving vaccination to the world. This wonderful discovery was not the outcome of a previously formed theory, but the logical and rational conclusion of a well-ascertained and recognized fact.

So has it been with all great discoveries in medicine. The laws of nature can be so twisted and turned in their interpretation by a prejudiced mind that is not a very difficult matter to find seemingly convincing arguments of almost any theory that suggests itself to the mind of man.

We have penned these few words to warn our readers against being carried away by the beautiful and attractive theories that are now being advanced in the medical press. As matters of speculation they are all very nice, but as a means of enabling us to further extend the mission of our profession, to cure disease and relieve human suffering, they have not been demonstrated, as yet, to be of any value.

LABEL POISONOUS PRESCRIPTIONS.

This warning is suggested by a most lamentable occurrence that took place recently in this city.

A physician prescribed some pills containing strychnia, with the directions that one should be taken before each meal. The prescription was filled at a most responsible drug store.

The label on the box contained the directions for use and the doctor's name.

Several friends of the person for whom the strychnia was ordered were assembled together, when one commenced to banter the other, and they dared each other to eat a lot of the pills. The challenge was accepted, with the result that there was one death in a few hours, and three or four very sick people, whose lives were saved only by the most prompt and energetic measures.

The remark has been made, in connection with this case, that persons who are fools enough to eat a lot of pills deserve to be killed.

This, however, is clearly an erroneous view to take of the matter. It is a common practice among druggists to dispense poisonous liquids in blue bottles, and to paste the word Poison in large letters in a conspicuous place. Would it not be well to establish the same rule with reference to poisonous pills and powders? It is hardly likely that any amount of bantering would induce even the most ignorant person to swallow an indefinite and unprescribed quantity of any pills or powders, while the word POISON and the characteristic and suggestive skull and cross-bones were staring them in the face.

A SIMPLE REMEDY IN DIARRHŒA.

In the late summer and autumn, when fruit is so abundant, any simple remedy for diarrhœa, and what is familiarly called "bowel complaint," is worth knowing and remembering. Such a one was recommended by Dr. T. E. STELLWAGEN several years ago in his edition of Coleman's "Dental Surgery," and more recently in the pages of one of the journals. It is simply *vinegar*, preferably sound cider vinegar. The dose is about two ounces for an adult, and should be swallowed "neat"—without admixture of water.

It may also be given to infants with excellent results. To a babe a year old a teaspoonful of moderately-diluted vinegar would be the proper dose.

Its effect is to check pain, tenesmus, and tormina at once, to relieve the chill and cramps when present, and to disseminate a feeling of warmth and comfort over the body.

Even in cases of chronic diarrhœa which have long resorted treatment, this household remedy has succeeded in checking the discharges and correcting the sub-inflammatory condition of the membranes.

We shall be glad to report any experiences, favorable or otherwise, which our readers may have with this remedy.

NOTES AND COMMENTS.

A Highly Interesting Record.

In a village, C., near Weimar, where for many years no case of tubercular phthisis had taken place, two years ago several families suddenly discovered one of their members to be suffering from the disease. After a long inquiry, it was discovered by accident that all these families had been buying their spring chickens from one and the same place, viz., from a private hospital in the neighborhood. A medical student brought the livers of two such chickens to Prof. Johne, in Dresden. The student, whose own sister had become affected with consumption, had lived during his vacation at home with his parents, in C., and he had there at dinner observed the peculiar appearance of the liver of the chickens.

On examination, both organs were found to be full of tubercular bacilli. A thorough investigation was at once instituted, and it was then that the fact came to light that the chickens eaten by the families, members of which had been infected with tuberculosis, had all been bought from the institution mentioned. On further inquiry at the latter place the following facts were elicited:

At about the time when the first case of consumption occurred in the village, an inmate of the hospital, Mrs. R., had died of the disease. Before her death, Mrs. R. used to feed the chickens raised there; she was often seen first to chew the meat before she gave it to the chickens. Further, the spittoons were emptied on a place in the yard where the chickens generally came to pick up any stray corn.

As none of the chickens ever came in contact with any animals in the neighborhood—the hospital being situated at a considerable distance from the village—as no disease had happened amongst them until the arrival of Mrs. R., when soon after an epidemic seemed to break out

amongst them, and many died—there is no doubt that they contracted the disease from Mrs. R., and in return infected those who ate their flesh.

The case is very interesting, first, as it proves how such animals may become affected, then how they may spread the disease, and lastly, that some kind of a disposition must exist in the person infected; for here, of many who had eaten of the diseased flesh, only a few contracted the malady. The whole report teaches us how careful we have to be, and how necessary is the appointment of skillful experts by the State to inspect all food offered for sale.

Constipation.

The *New Orleans Med. and Surg. Jour.* says that an article on constipation in *Squibb's Ephemeris* for May, may be thus summed up: Constipation is an undue accumulation in the intestinal canal of excrementitious matter which should be discharged at least once daily. The immediate cause of the kind of constipation under consideration is the dryness and hardness of the residuary matter, which has resulted from over-absorption of the moisture contained in this matter before it reached the large intestine. The average ingesta of a healthy man is five pounds two ounces, of which 79 per cent. is water. The average residue is 5.25 ounces, of which 75 per cent. is water. The object in any course of treatment, then, is to keep these proportions constant. If the percentage of water in the excreta is below 50 per cent. the intestines can propel it with difficulty, and if below 20 per cent. they can hardly move it at all—the result is obstinate constipation.

The blood naturally is 79 per cent. water, and this water is the solvent and is for both supply and waste. If too much water is secreted by the various surfaces, or not enough is taken with food, then the blood takes it from any source possible, and the most natural source is the alimentary canal. Therefore water must be taken in sufficient quantity, alone or with the food, or in the shape of succulent food, especially fruit. It is stated that after the first stages of digestion—one to two hours after a meal—there is a special call or appetite for water, which should be gratified. Again, exercise often relieves constipation by creating a desire for large amounts of water. Too much clothing by increasing perspiration, depletes the blood, which supplies the deficiency from the intestines.

The whole treatment summed up is: Take enough water with food and a large glass in the later stages of digestion. Watch for and satisfy an appetite for drink between meals. This should be persisted in for a few weeks. If it fails, add laxative elements to the food, such as fruit, along with exercise. It may be necessary to use some aperient, but only in small doses and largely diluted, and at bedtime or one hour before breakfast.

Inspissated bile may result from deficiency of fluids. Increased fluids may cure this and the resulting constipation. If not, then a drug which acts especially upon the duodenum, *e. g.*, calomel or some combination of taraxacum or podophyllum, taken preferably at bedtime for a day or two, will often relieve this condition, which can be prevented from recurring by the proper use of liquids.

Large Doses of Sulphate of Copper in the Vertigo of Meniere's Disease.

M. Charcot, at a recent clinic at *La Salpetrière* (*Gazette des Hopitaux*), presented two cases of vertigo, with the characteristic shrill sounds, intense hissings in the ears, followed by the sensations of movement in various directions.

The first patient presented these symptoms to a very marked degree on entering the hospital; he had been under the treatment since that time, for a space of three and a half months. First the vertginous symptoms disappeared, until now there only remains the staggering on walking, or the cerebellar vertigo, which is much more difficult to overcome than cerebral vertigo. He was treated as follows: For twenty days he was given daily twelve (12) grains of sulphate of quinia. Then a suspension for ten days. For twenty-seven days the same dose, followed by a suspension of eight days. For twenty-two days the same dose, suspension for nine days. For nineteen days to date of observation the same dose.

The second case was completely relieved. This patient was a woman who was obliged to keep her bed for seven or eight years on account of the severity of these symptoms. She has been for a number of years under this same course of treatment. In 1875 she already showed marked signs of improvement—no longer having habitual vertigo, nor exacerbations, nor disordered movements, nor those sensations of falling which kept her to her bed for so long a period; but at that time she still walked with difficulty, with hesitation, and staggering like a drunken person—or like one having been deprived of the use of the legs for a number of years. Now she presents the ap-

pearance of one completely cured, walking without the slightest hesitation and with a firm step. Her health is perfect.

Resection of Muscles in Infantile Paralysis.

The *Brit. Med. Jour.*, May 31, 1884, says that Mr. Keetley has recently undertaken the resection of part of the quadriceps extensor femoris in a case of infantile paralysis, causing inability to extend the right knee. By shortening the weak, relaxed, and partly atrophied muscle, the operator hoped to increase its strength, with the aid of electricity during recovery from the operation. Mr. Willett has already resected the tendo Achillis in paralytic talipes calcaneus, with good results, finding that the shortening of the abnormally elongated tendon enables the muscles of the calf to regain some portion of their lost functions, especially when the muscular wasting has been chiefly due to disease, and has not advanced too far. Mr. Keetley's patient was a boy aged 6, who had suffered from paralysis of the right lower extremity for four years, and the muscular atrophy was not complete, yet sufficient to prevent thorough extension of the knee. A longitudinal incision was made in front of the thigh, about three inches in length, ending an inch above the patella; the skin was held apart by retractors, and one inch of the entire substance of the quadriceps was cut away with scissors, about two inches above the patella. The separated ends were united by means of about one dozen carbolized catgut ligatures. Esmarch's bandage had been applied before operation, and only one small artery required ligature. The wound was dressed with a small iodoform pad and carbolic gauze, and the limb placed on a back-splint, at an angle of sixty degrees with the bed. The operation was performed on May 5th. The wound healed rapidly and perfectly; and when a sufficient time has elapsed, the results will be made known.

Electric Treatment of Strangulated Hernia.

They seem to have in Russia a great deal of confidence in the electrical treatment of strangulated hernia. The *Allg. Med. Centr. Zeit.* of June 7th, 1884, brings the following three reports from the Russian Medical Journal *Wratsch* (transl. *The Physician*):

Dr. W. Woloshkewitschszk had a patient, in whom an inguinal hernia of ten years' duration had become strangulated. Baths, attempts at taxis, sprinkling of ether over the swelling, all were in vain. Then faradization; after five minutes' application the tumor became smaller, and finally total disappearance of the swelling, with a gurgling noise.

Dr. Lew reports an inguinal hernia of twenty years' duration, strangulated for fourteen hours. In this case, too, after all the usual means had given no result, the application of faradic electricity for ten minutes enabled the operator easily to perform taxis. One pole was applied to the swelling, the other to the ring and the neighboring abdominal walls.

Another case, where the strangulation had lasted eight hours, had an equally favorable result, the tumor disappearing after faradization of fifteen minutes. The operation in the last case was by Dr. Kobktsccihewrsky.

Painless Death for Animals.

At the annual meeting of the Royal Society for the Prevention of Cruelty to Animals, held in London on July 7, Dr. B. W. Richardson described a method recently adopted at his suggestion for destroying lost and starving dogs by a painless death. This consists in submitting the animals to the influence of carbonic oxide gas in a closed chamber, the carbonic oxide being charged also with chloroform by being made to pass over a porous surface saturated with that drug. The result is that the animals to be killed fall at once into a deep painless sleep, out of which they never recover. Dr. Richardson has, for a long time past, been engaged in experimenting with a view to determining the best mode of killing animals without the infliction of pain, and the apparatus he describes is the fruit of his researches. He is sanguine that by-and-by the humane system of slaughtering will be applied even to the destruction of animals intended for food; and he has himself applied the method with complete success in the case of sheep, which are first driven into sleep, and, while thus unconscious, killed. The good wishes of every humanitarian will be with Dr. Richardson in this.

Internal Use of Nitrite of Amyl.

In the *Brit. Med. Jour.*, July 19, 1884, Dr. J. F. Dixon calls attention to the fact that there is only slight mention in the text-books, and scarcely any reference in periodical literature, to the internal use of nitrite of amyl. Its very temporary and ephemeral action, when inhaled, has plainly caused therapeutists to cast about for an agent

which produces more continuous results. He believes that, in nitrite of amyl given internally, we have a drug which meets all the requirements of cases in which it is important to lower the arterial tension, and further, that it is free from the uncertainty of action, and the sometimes dangerous results of nitro-glycerine and nitrite of sodium, which have been employed apparently as substitutes for it. He has employed it thus in cases of anginous attacks of a very severe character. One, complicated with very loud mitral systolic murmur and nightly angina; the second with an aortic systolic murmur; and the third with irritable action, but no apparent organic lesion. The dose was 2½ minims three times in twenty-four hours; of course, seeing the case twice daily until the action of the drug was established, when a dose each night was sufficient.

Numbness of the Hands.

A correspondent having requested some information on the subject, Dr. E. Downes writes to the *Brit. Med. Jour.*, July 12, 1884, that he thinks that there is a good deal of evidence to show that it is a symptom of gout; probably there is some gouty infiltration in the the sheath of the nerves, or possibly in the sheaths of only such nerves as are predisposed by being subjected to pressure, such as the ulnar, when a person lies on his side for some time.

In any case, an alkaline treatment, with perhaps iodide of potassium, is the best to adopt. After the symptom has existed for some time, only on waking, there is undoubtedly a tendency for it to remain present more or less permanently; in such cases, blistering is needed, and will do much good. But he is sure that one great point is to prevent pressure on the ulnar nerve. This may be done in many ways, but none is better than a very simple expedient, namely, to rest the arm, just above the elbow, on a rather soft book, like a "Bradshaw," but not the thickness of the full edition of that book. This takes all the weight off the elbow, and causes no discomfort. Feather beds and spring mattresses are both to be avoided; a good hair mattress is the best.

A New Antipyretic Method.

Dr. Preyer (*Centrlb. f. d. Med. Wiss.*, 23, 414), discovered, that the temperature in the rectum shows a decrease of from 3° to 7° C. in guinea-pigs, upon whose cutaneous surface a spray of lukewarm water has been playing for twenty minutes. It is possible that the fine spray of the atomizer, moistening the hair of the guinea-pig, causes such a rapid evaporation that the temperature declines. Whether the same would happen

[redacted]

lukewarm water, as practiced in the form of spray by Preyer on guinea-pigs, be followed by the same good result in human beings, the new method would be a decided gain.

Veratria in the Pruritus of Women.

The *Med. Times and Gaz.*, April 12, 1884, says:

All acquainted with the incessant suffering which some women undergo from pruritus at the period of the menopause, must be very desirous of being made acquainted with a prompt remedy for so distressing an affection. Whether it arise from the presence of prurigo, urticaria, eczema, herpes, or whether it exist without any eruption at all, it is alike difficult to allay, as the great number of remedies which have been proposed testifies. Of these veratria is by far the most efficacious. When the pruritus is localized at the groins, arm-pits, walls of the abdomen, or behind the ears, gentle friction night and morning with an ointment consisting of thirty parts of lard and a quarter of a part of veratria, usually gives relief. When the pruritus is generalized, the internal administration of the veratria is preferable. Two centigrammes should be made into ten pills, with licorice powder, of which from two to six should be taken daily, either half an hour before or three hours after meals. Only one should be taken at a time, an additional one being given each successive day until the maximum of six is attained.

New Cure for Lupus.

The methods hitherto employed for the radical cure of lupus consisted either in its removal by the knife or in its cauterization, thus causing its destruction. But its extirpation with the bistoury has great dangers, as erysipelas frequently

develops itself. Caustics also have their disadvantages; they cause a great deal of pain. The cure is a very slow one, and disfiguring cicatrices follow their application.

Resorcin as an Anodyne.

When exposing the integument of frogs for a longer time to the influence of resorcin, Dr. Andeer (*Aerzt. Intlgbl.* 10, 1884,) noted a remarkable insensibility of the animal to all external, no matter how painful impressions.

This observation induced him to make a trial in the human being. The result was so satisfactory that he does not hesitate to recommend the drug in all diseases of the mucous membrane associated with pain. So in chronic affections of the larynx, of the intestinal canal, the genital organs, and of the heart, and in colicky complaints of whatever nature, the remedy acted with the greatest promptness in subduing pain. He himself suffered from a painful trouble of the stomach and intestines as a sequela to typhoid. The complaint did not yield to any drug; the pains always returned until he employed resorcin, which put a sudden stop to them. The dose of resorcin varied from 16 to 160 grains, or if administered in the form of clysmata, a $\frac{1}{50}$ solution is to be recommended.

The Treatment of Abscesses from Congestion.

M. Verneuil (*Semaine Médicale,*) has treated abscesses from congestion or ossifluent abscesses, by a new method, which has been followed by very good results. The sac of the abscess is emptied by means of an aspirator. A solution of 100 grammes of sulphuric ether and five grammes of iodoform is then injected into it until the cavity is full. If, after a few days, abnormal fluid reappears in the sac, the operation is repeated. M. Verneuil has never injected more than twenty grammes of the solution. A larger dose produces toxic symptoms. A certain proportion of ether passes into vapor, and the sac becomes inflated, but this subsides very quickly from absorption. After each injection less and less pus appears in the sac. The general condition also improves. After emptying the sac, many surgeons, among others Dr. Lannelongue, have recommended scraping the walls and cauterizing with a solution of carbolic acid.

Three Cases of Lacerated Perineum Treated by a Single Suture.

Dr. H. J. Lee, of Cleveland, Ohio, reports three cases in the *American Journal of Obstetrics* for July, 1884, wherein he obtained most excellent results from the use of a single suture.

A silver-wire suture was introduced *on a level* with the *commencement of the laceration;* it was carried to the very bottom of the wound, and out upon the opposite side, including fully a half an inch of tissue on each side of the tear. The ends of the wire were twisted together, and the patient made comfortable in bed. The sister in charge was directed to give carbolized injections, and told to use her eyes in introducing the vaginal tube, and be careful to pass it above the suture. This she was very careful to do, and the wound united very nicely, and the suture was removed on the tenth day. There was not an untoward symptom during the whole progress of the cases.

The single suture will probably not answer when the sphincter has been torn through.

Glycerized Iodine as an External Application in Small-Pox.

The *London Med. Times* informs us that Dr. Bartholou, an army-surgeon, relates in the *Lyon Médical,* February 3d, some additional cases, in order to show the great advantage which may be derived in very bad cases of small-pox, by painting the surface with the following mixture: tincture of iodine, 30 parts; glycerine, 60 parts; and iodide of potassium, $\frac{1}{4}$ part. The application is not unpleasant to the patient, and may be made from the fifth or sixth day of the eruption to the eleventh or twelfth. During this period, it is repeated four times daily, and powerfully contributes to the absorption of pus, and the desiccation of the pustules, after which it is discontinued.

Pepsin in Diabetes.

When a diabetic patient, under the diet which deprives his system as much as possible of the introduction of more hydrocarbons, seems to lose in

weight, while the diabetic symptoms still continue, or if a diabetic patient greatly suffers from indigestion, or if an examination shows that most of the food, which he takes passes off undigested, the regular administration of pepsine and of peptones is followed by good results. The patient need then not be limited in his diet, but he will decidedly improve in general health, and the quantity of sugar in the urine will lesson. Dr. Giovanni (*Allg. Deutsch. Med. Z.*, 40, 1884), treated a number of patients on this plan with such an excellent effect, that he is of the opinion, that the treatment proposed will at least prolong life, preserve the strength, and maintain the general health of a diabetic patient.

The Treatment of Cholera.

CORRESPONDENCE.

The Limitation of Families.

EDS. MED. AND SURGICAL REPORTER:

I quote from REPORTER of July 26th, the following from a lecture delivered by a distingushed professor of your city: "Let me take this opportunity to adjure you as physicians to resolutely set your faces against the practice of preventing conception. * * * * When wives voluntarily degrade themselves to the position of the mistress, when they defile the marriage bed with the appliances of the brothel, what wonder is it that they find the honor of their husbands weakened, and the loyalty due them lost in selfish indulgence not more criminal than their own."

I have noted from time to time that Professor Goodell, in his clinical lectures, voices with much emphasis similar sentiments, but goes much further in depicting the penalties of such practices, by describing the dire physical as well as moral evils which result therefrom (notwithstanding the fact that most of his operations are to repair the accidents of childbirth).

He even devotes a whole chapter of his most excellent book on "Diseases of Women" (if my memory serves me rightly), to presenting a powerful plea against any effort being made to control the number of offspring in the family.

Now, with all due deference to the opinions of these eminent physicians and teachers, I ask, isn't there a good deal of cant and humbug displayed in such statements?

Something depends, of course, upon just what privileges the gentlemen grant to the married state. From the tenor of Prof. Waugh's opinions, we must infer that he would limit sexual commerce to the single object of perpetuating the race. Any less rigid rule would tend to pleasure merely, and that would again suggest the dreadful analogy he draws between wife and mistress. He intimates in his remarks that ladies of high degree, socially and religiously, are familiar with the appliances of the brothel—though what is meant here can only be conjectured, for it is generally understood that barrenness among the dissolute is the result, not of special practices, but from over-excitation of the generative organs, which in such a condition antagonizes conception.

But grant, if you please, that reputable women *have* adopted, for self-protection, the "methods of the brothel." Such a concession affords, to my mind, evidence exactly opposed to his argument; for therein lies the greater shame and reproach to the family physician and adviser who, from false delicacy, neglects to instruct his gentle patients how to protect themselves without physical injury, and also without sacrificing anything of modesty or morality.

I think that no one will deny, in these days of sharp competition and rapid increase of population, the propriety of limiting the family to that number only that can be comfortably provided for and educated. Anything beyond this limit results in poverty to the individual, and increases pauperism and crime in the state. Hence, some check must be provided, is the conclusion that sensible thinking people have arrived at, and a knowledge of which they are now demanding of their medical advisers. We must respond to this demand, and in such a way as to serve the cause of good morals by sensible outspoken advice, or worse will come of it. And to say that such knowledge will be put to improper use now and then, is only begging the question and shirking responsibility.

Once this knowledge becomes general, and *criminal abortion*—the crying evil of the day—will be relegated to the past.

In Utopia, or during the millennium, or some other equally distant place or time, the professor's degree of continence may be practiced; but so long as the present conditions of society exist, and the human heart continues to respond to the influences of feeling and passion, it becomes us to look upon men and women as they *are*, and not as impracticable theorists and cold-blooded

dreamers have asserted they *ought to be;* and, so far as we possibly can, endeavor to guide them into straighter paths, illumined by clearer and purer lights. DAVID E. MATTESON, M. D.
Warsaw, N. Y.

Removal of Foreign Body from Ear: Fifteen Years' Loss of Hearing Restored.

EDS. MED. AND SURG. REPORTER:—

I was called on June 15, 1884, to see a young man (a miller by trade) who was suffering from a severe attack of cholera morbus. During my visit the patient stated that he wanted me to examine his ear—that there was something in it that caused almost total deafness. Not having my ear speculum, syringe, or any other instrument at hand that would probably be necessary for its removal, I advised him to come to my office as soon as he could travel, and I would explore the organ carefully, and extract the offending object, whatever it might be, if possible.

June 21 the young man called at my office. Upon illuminating the external meatus, after dilating well with the ordinary bivalve ear speculum, I discovered that its bottom was filled up to the depth of one-fourth inch with a rough, hard, ragged mass, almost hidden from view by pus, which was being excreted freely. To remove the pus; I loaded a long, slender dressing forceps with fine cotton wool, brushed the pus from the foreign body, disclosing its true character, which was that of a wad of lint. Knowing that the mass was too firmly imbedded in the external meatus to remove with a syringe-spray of water in the usual way, I introduced the hook end of the Gross ear probe between the wall of the meatus and the foreign body. After getting the instrument in, I rotated the hook into the mass of lint. I now used a little traction, which brought the foreign body out, leaving nothing behind. After I had the pus well washed out of the ear, the patient stated that he could hear now for the first time in fifteen years. In the centre of this wad of cotton, which was the size of an ordinary pea, was a grain of wheat in a modified hard state.

The history of the case is that fifteen years ago, while working at his trade, he discovered that there was something in his ear. Failing to get it out, he dropped a small quantity of Harlem oil into it, which was followed with apparent relief of all difficulty, except the deafness, which from first to last grew worse rather than better. I prescribed equal parts of olive oil and glycerine with carbolized water as a wash, which the patient used for six to ten days with complete restoration of hearing power. J. U. BLOSE, M. D.
Cherry Tree, Pa.

NEWS AND MISCELLANY.

Death through Falling on a Slate Pencil.

An interesting case, unfortunately attended with a fatal result, is reported in the *Medical Press*, the victim being a little girl three years of age. While on the way to school, accompanied by an elder child, the deceased tripped and fell, and in doing so struck the angle of the right eye with the sharp point of a piece of slate pencil held in one hand. A slight amount of hemorrhage ensued; but after the shock of the accident the child seemed none the worse for some time. In about three weeks, however, she complained of pain in the eye and head, and symptoms of acute inflammation rapidly supervened; convulsions set in, and in little more than twenty-four hours the little sufferer was dead. The medical evidence at the inquest attributed the result to meningitis induced as a consequence of the injury to the eye, the wound inflicted on which had, however, entirely healed; and the case possesses many features of interest in this connection. At present no details have been given respecting the constitution of the patient, except that she is described as having been a "very healthy child;" but the occurrence of such cases has been sufficiently often recorded to make it not improbable that a correct explanation has been given in this instance.

Kansas City . . .	55,785	167	
Milwaukee	115,587	141	819
Minneapolis . . .	46,887	121	387
St. Louis	350,518	738	475
St. Paul	41,473	75	553

The Detection of Adulterations in Paris.

The great services rendered by the Municipal Analytic Laboratory, recently established in Paris, are clearly shown by the criminal returns just published. Naturally, adulteration is more extensively practiced in the great metropolis than in the country, and a large proportion of the articles adulterated in the provinces are brought to Paris to be sold, either for local consumption or for foreign exportation. The disclosures made at the Municipal Laboratory, however, enabled the authorities to obtain 1134 convictions in 1880, 784

in 1881, and 637 in 1882; and this is equivalent to a reduction of 44 per cent. in three years. Of course, this fact does not warrant the assumption that adulteration is less prevalent in exact proportion with these encouraging figures. Something may be said for the increased skill of those who seek to avoid detection, and perhaps also the investigations have not been conducted with the same energy as formerly. New brooms proverbially sweep clean; nevertheless, even if we allow a liberal discount for all these considerations, there still remains a broad margin which we may consider as the demarcation of a solid improvement.

A British Cholera Commission.

The announcement is made that the British Government have appointed a cholera commission consisting of Dr. Klein, F. R. S., and Dr. Heneage Gibbes, who have been directed to proceed forthwith to India to pursue a scientific inquiry into the nature of cholera. It is understood that these gentlemen will act in conjunction with the commission nominated a few weeks ago by the Indian Government for the same object. "In the prosecution of their labors," remarks the *Lancet*, "Drs. Klein and Gibbes may be assured of the hearty good wishes of all Englishmen, and the results of their mission will be awaited with great interest. The government, in arriving at this decision, have only done that which ought to have been done twelve months ago; and it cannot fail to touch the national pride, that the country which has the largest interest in ariving at a sound conclusion upon the nature of this disease, should have allowed Germany and France to have preceded it in the research. It is better, however, to be late in the field, than to ignore the value of such an inquiry altogether."

Hoboken's Water Supply.

A public meeting was held in Hoboken on the 27th of July, for the purpose of taking some action in securing a better and purer supply of drinking water, which for the past ten years has been obtained from the Hackensack river. Prof. Leeds, of the Stevens Institute, who had been employed by the mayor to make an analysis of the water, stated that he had found in it large quantities of vegetable matter, which, while it might not be injurious to health, rendered it objectionable. This accumulation of vegetable matter, he thought, was due to the recent heavy rains, and he expressed the opinion that the evil would not be abated until the reservoir was thoroughly cleaned. This one of the engineers in the employ of the water company promised would be done, and the meeting adjourned without taking definite action in regard to the matter.

Vital Statistics from St. Petersburg.

From a consular report recently published, it seems that at the examination of recruits for the Russian army during 1882, of 1000 candidates examined, 460 were rejected as being "too narrow chested," 50 had pulmonary tuberculosis, and 10 "poverty of blood." On the whole 57.5 per cent. were rejected for physical disability. It was found that over 50 per cent. of the young men of St. Petersburg, between twenty and twenty-two years of age, were "weak and sickly." Of the population of the city, 2000 were affected with bodily infirmities; 771 were blind; 707 deaf or dumb, or both: 188 without arms; and 282 without legs. Blindness was twice as common among women as men, but the latter show a large proportion of cripples. Of the 771 blind, 134, and of the 707 deaf and dumb, 409, cases were congenital.

Cholera and the Migration of Birds.

The *Med. Record* tells us that the fact that the swallows, which migrated from Marseilles at the outbreak of the pestilence, have not yet returned, and that there are no sparrows at all in the city, is adduced as evidence that the atmosphere is still vitiated. This migration of the birds has made a deep impression upon the public mind, and has led to a demand for a purification of the atmosphere by means of bonfires.

Therapeutic Preparation—Infant Food.

The prepared food for infants or invalids known as "Mellin's Food," contains no starch or cane sugar, and is of a moderately alkaline reaction, thus avoiding many objections to which such foods are often open. From what we are informed of its action, it is well-suited to both classes for whom it is designed.

Items.

—The death of the distinguished ophthalmic surgeon, Professor Jager, is announced from Vienna.

—In the *Lancet*, July 12, Dr. Dobie reports a case of abscess of kidney with aspiration of forty-two ounces of pus, and complete recovery.

—The reports from the Greely Arctic expedition show that Americans can live for two years in perfect health in the Arctic region, and that the use of brackish water does not produce scurvy.

—The "Progrès Médical" learns that Prince Ludwig Ferdinand, of Bavaria, wrote his inaugural thesis on the anatomy of the tongue, "A Study in Comparative Anatomy." There were fourteen sheets of text and one hundred and four chromo-lithographs.

—A case of nicotine-poisoning is reported from Marienburg. The victim was a schoolmaster attached to the gymnasium there; he had long been in the habit of smoking extremely strong cigars, which gradually upset his nervous system, and he at length succumbed to nicotine-poisoning.

—We find in the Lisbon *Correio Medico* the results of numerous experiments made by Dr. Biondi on sheep, dogs, and cats. Partial extirpations, and amongst others that of both apices, were all followed by cure, while total extirpation of one lung was successful in about 50 per cent. of the cases.

—Dr. John Bassett Chapin, Superintendent of the Willard Asylum for the Insane, at Willard, N. Y., has been unanimously elected by the Board

of Managers of the Pennsylvania Hospital for the Insane to succeed Dr. Thomas S. Kirkbride, deceased, as Physician-in-Chief and Superintendent of that institution.

—Dr. Eugéne Ritter, Professor of Medical Chemistry and Toxicology at the Faculty of Nancy, has died, aged 47. M. Ritter was chosen six years ago, in consequence of his well-known scientific attainments, as one of the judges in a competitive examination of the professeurs agrégés, at the Paris Medical Faculty.

—The Imperial Carolinische-Leopoldinische Academie of German Natural Philosophers has awarded its highest distinction, the gold Cothenius medal for 1884, to Dr. R. Heidenhain, of Breslau, for his "studies connected with gland-secretions and the physiology of muscles, which are of lasting value to physiology."

—The following is Yvon's paraldehyde elixir for insomnia:

℞.	Paraldehyde.	10	grammes.
	Alcohol at 90°,	40	"
	Tinct. vanillæ,	2	"
	Aquæ,	30	"
	Syr. simpl.,	60	"
M.	Dose, ʒj. to ʒij.		

—There are many English-speaking students of medicine in Vienna, mostly Americans; and the fact that certain of the "Privat-Docents" are giving their courses in the English language may, perhaps, be taken as a forecast of what will be the language of the future. It appears, also, that Vienna has no intention of resigning her position as the Continental centre of medical teaching.

—A gold medal, bearing on one side the portrait of Privy Councilor A. W. Hofmann, the well-known chemist of Germany, and on the reverse the inscription, "To A. W. Hofmann, from his friends and admirers in the United States of America," has recently been presented to Professor Hofmann, in remembrance of his last year's visit to America, and in recognition of the services that he has rendered to science.

—At Moscow, epidemic and infectious diseases of all kinds appear to be raging. Between May 11 and June 8, *i. e.*, four weeks, there were no fewer than 1,370 cases in a population of 612,000, including 74 of typhus, 135 of typhoid, 339 of relapsing fever, 46 of small-pox, 69 of diphtheria, and so on. Such an amount of reported cases of typhus and relapsing fever, to say nothing of enteric and diphtheria, bespeaks a very bad state of things among the poorer classes of the community.

—The Minister of Instruction of Germany, Herr von Gorster, received recently an address from German societies for the protection of animals, in which vivisection was said to be necessary, but that vivisection, carried on simply for amusement, ought to be forbidden. The minister replied that he had received the address with great interest, and that it was of considerable value to him to have the opinion of so many societies for the protection of amimals.

—There is a movement now on foot for substituting animal lymph instead of lymph from human beings for purposes of vaccination. The magistracy of Berlin have been collecting information from all the chief German and foreign towns as to the measures adopted for obtaining good animal lymph, and they are likely soon to come to a conclusion, whether it is possible to obtain good lymph in sufficient quantity from healthy calves.

—Fresh advantages are now to be given to the study of dentistry at the University of Berlin. A large building has been given up as the Royal University Clinical Hospital for Diseases of the Teeth and Mouth, under the management of Professor F. Busch, assisted by Dr. Laver and Dr. Klingelhofer. It will be opened next term. A special dental school is also to be opened in the winter term at the University of Leipzic, under the management of Professor Dr. Hesse.

—MM. Beaunis and Mangin, in a note to the Académie des Sciences, "On the Respiration of Leaves in Darkness," state that the belief, that more carbonic acid is exhaled by leaves, when the temperature is high than when it is low, is an error. According their researches, the relation between the quantity of oxygen absorbed, and that of carbonic acid exhaled, is constant, whatever may be the temperature.

—Dr. Becher, at the Medical Society of Berlin, described a case of acute amaurosis occurring in scarlatinal nephritis, unaccompanied by modification of the optic media, and presenting persistent sensibility of the pupil. Meynert explains this kind of amaurosis by the hypothesis that fibres extend from the nuclei of the oculo-motor nerve (floor of the fourth ventricle), and the portion of the optic tract which traverses the corpora geniculata interna, and their external commissure, to the corpora quadrigemina.

—Dr. Coates showed, in November last, at a meeting of the Calcutta Medical Society, a boy, aged four, who had been admitted into the Medical College Hospital with a considerable enlargement of the spleen in consequence of malarious fever. The patient was pale and feverish. There was a bulging near the centre of the swollen spleen, and the aspirator showed the presence of pus. An incision was then made and a drainage-tube inserted; ten ounces of pus were discharged. There was no constitutional disturbance after the operation, the abscess contracted quickly, and the spleen came down to half its previous size.

—In Professor Kaposi's wards in Vienna the permanent bath-beds are in constant use. Burns, ulcers, and obstinate syphilides, are here treated; in the latter cases, weak solutions of perchloride of mercury may be used with advantage; in the cases of burns, the patients express themselves as being most comfortable; after being in the "bed" a few moments, all pain is lost, and there is no dread of change of dressings, for none are used. Not only does the slough separate and the wound clean, but cicatrization progresses, it is said, more rapidly in the water than under any other treatment.

DEATH.

SEYMOUR—July 14, at Pine Bluff, Ark., Dr. J. E. Seymour, of typhoid malarial fever. He was a graduate of the University of Pennsylvania.

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MEDICAL AND SURGICAL REPORTER.

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

ENTERIC FEVER.*

BY B. H. DETWEILER, M. D.,

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The profession are indebted to Lewis and Gerhard for the pathology of enteric fever, demonstrating that it is not allied typhus, but a disease as specific and well defined as variola or scarlatina—and to Dr. G. B. Wood for its clear nomenclature. It is a zymotic disease, and I shall demonstrate the feasability of its being stamped out as readily as variola by vaccination. The exciting cause is the enteric germ, produced by decomposition of alvine discharges of enteric patients. The mode of infection is not by contagion, but by absorption of the germ either by food, potable water, or gaseous emanations. I shall not dwell on its entrance into the system by food or potable water, but by inhalation of the enteric germs. They may be derived from sewer gas or exhalations from alvine dejections thrown on the ground or closet. The most notable case of enteric poisoning by sewer gas was that of the Prince of Wales from exhalation from an old obstructed sewer. The cases related by Dr. Murchison at the school at Clapham, England, where 20 boys out of 22 watched the cleaning out of an old obstructed drain, which had been opened two days before the first boy was taken sick, and the contents spread over a garden adjoining the boys' play-ground. Two of the boys died, post mortem evidence showing enlargement of the glands of Peyer, and the solitary glands; statement made by Drs. Latham, Chambers, and Watson. The recent epidemic at Princeton, New Jersey, closing up the college a short time, and causing the death of many promising young men, was caused by the drainage of the Institution into a large pit without ventilation. Disinfection answered all purposes, and it is no longer a cause of fever. An epidemic in this county in August, 1881, originated at Stony Gap, and is such a clear manifestation of the absorption of the specific poison of enteric fever, that I will describe it in detail . The Gap is four miles from Cogan Station, on the road to Salladysburg. A camp-meeting was held on a spur of the Alleghenies, in a wood which sloped to the east and south. At the foot of the ridge a branch of Hoagland's run passed; at right angles a road crossed the run to a farm house; below the road the spring was located, just above the run from which the drinking water was obtained. Along this ridge in the woods the tents were pitched. The last tent on the ridge was occupied by Mr. Wurster and family, whose youngest son, a young man who had been ill for a week or ten days, camped with his parents. This was on Thursday. On Thursday night he was taken suddenly ill with free alvine dejections, which were thrown out on the ground back of the tents well up on the hill. In the morning Dr. Cline, of Salladysburg, saw the patient, directed his removal to his home, which was done on Saturday, directing them to bury all discharges. He had a regular attack of enteric fever, which had been endemic on Pine run and Larry's creek, for some years. On Sunday following was the great day, when from three to five thousand people gathered at the camping ground from a radius of twenty

*Read before the Lycoming County (Pa.) Medical Society.

miles. The season was unusually dry, with high temperature, and the springs and streams unusually low; winds from the west. The majority of the people did not stay on the ground over four hours. Some drank of the spring water, others neither ate or drank while there. Dr. Howell, of Cogan Station, states that within ten days after this meeting he had over fifty cases of enteric fever; all of whom stated that they had been at the camp-meeting, many of whom neither ate or drank anything on the grounds. From these centres the fever radiated through the households, until he directed the families to thoroughly disinfect the dejections with carbolic acid. He ordered carbolic acid to be placed in the vessel as soon as emptied, and in this way not only disinfected the stools, but prevented any further extension of the fever. No precaution was taken with the discharges after being disinfected, but placing them in the closet used by the family. In one case where this precaution was not used, the family of Mrs. H. Champion, of Crescent, is particularly unfortunate. One of the family was taken sick after the meeting at Stony Gap, followed by one of the younger children; the one taken first died, the second passed through a long, slow convalescence. For seven weeks the disinfection was carried on with success. As the child improved the mother discontinued the disinfectant, and in ten days the fever attacked two more of the family, one of whom died. A full disinfection was then continued until convalescence was restored, and the family had no further accession to the fever record.

At our hospital we have had at different times enteric fever, but with the use of disinfectants by the attendants, with our over-filled closets, we have never had any extension of the disease to either patients or attendants. The poison of enteric fever must be in the dejections, or the emanations will not cause a true enteric fever with the fever of invasion and the fever of ulceration. Some well-defined cases of the fever of foul emanations have just been discharged from our hospital from the McIntyre coal-fields, where there are a large number of Swedes at work. Most of the residents of McIntyre are supplied with water from a spring, brought a distance in iron pipes. The Swedes live in large blocks or houses in tenement style. The houses are level with the street in front, but about five feet above the ground in the rear, without cellars. Under these houses the cows and pigs find shelter, and all refuse matter and dejections are thrown. The Swedes get their water from wells; one is situated between these houses. The street is about sixty feet in width. At the rear of one of these blocks, near the well, a trough with drain was built, into which all refuse from the house was thrown. This was obstructed. It was so offensive that Dr. Bullock, the company physician, prohibited the use of water from this well. In the house to which the drain was attached, there were six Swedes ill with a low form of fever. In the house next to the well, on the north, at an interval of sixty feet, there were two Swedes sick. Five were brought down to our hospital, who had morning remission and evening exacerbation, with elevation of temperature; but not the pathognomonic signs of enteric fever, but merely a zymotic fever from filth. Of those treated at McIntyre, one died from hemorrhage of the bladder, another had hemorrhage of the bowels, but not the specific ulceration of glands of Peyer, nor the copious diarrhœa following these fevers. Nor was it continued with fresh infections, after the drain was removed and thoroughly disinfected.

I mention these cases to show that the surroundings were favorable for a severe invasion of enteric fever. There was some diphtheria. The point I wish to impress strongly is, that enteric fever is a disease *sui generis*; it must have the germs of enteric fever to generate itself. These germs are not active in fresh alvine dejections, and if fully carbolized are innoxious; and the thorough disinfection of enteric stools will stamp out of the zymotic diseases enteric fever, as fully and effectually as vaccination will stamp out small-pox.

DOES DEATH STING?*

BY GEORGE L. BEARDSLEY, A. M., M. D.,
Of Birmingham, Conn.

The dread of dying is quite as intense as the instinct of self-preservation. Indeed, it is not improbable that numbers would care less about living, were the modes of leaving the world a theme for happy contemplation, or an innovation to the routine of plodding, that was agreeable. One is remarkably exempt from the crime of hasty induction, if he affirms that there is no sane or healthy mortal who anticipates his extinction with any degree of pleasure. This generalization is made in the face of the religious exaltation which is declared by the affected as potent enough or so possessing as to overcome the innate fear of dying. It is almost demonstrable that this religious ecstacy is a species of hysteria—if so, the assertion just made holds good. This horror of

* Read before the "Nous Club," of Birmingham, Conn.

passing into the untried country is mainly explained by the tutored notions of the hereafter. A writer has said that the Christian only demurs about dying—the savage counts it a pleasant journey. Even the brute is to be envied for its immunity from encounters with the harrowing apparitions that often follow fast the soul in its escape from the earthly environment.

But with the moral aspects of death we have no concern. If one can rationalize a conception or frame a hope that will assist him to die serenely, quite loath would we be to dispossess him of the inclination. It is the *purely physical* features of dissolution on which just now we are content to ponder.

The material phenomena of death, that is, the process, independent of the "wages of sin," are much more delectable topics for a review than is ordinarily allowed. In its chemical references, dissolution betrays nothing that is repulsive or allied to suffering. Decay is within the domain of the same law as growth. The two are the termini of that series of evolutions which being involves. Now, the molecular changes in repair are never apparent to the sensory centres. The transit from state to state in the genesis of matter is without the cognizance of the feelings equally after birth as during the intra-uterine captivity. No meter has as yet gauged or determined the individual accretions resulting in a healthy assimilation. In the full fruition of the process one sees the gain, but never can he count the steps, much less is he sensible of the mutations. The germination of a cell is, strangely, so quietly perfected that no tissue can predicate of itself what are its interstitial changes. The function of growing is automatic—the individual renders no assistance, and without the least cerebration or effort of consciousness, is operated upon by forces whose silent combinations can never be registered or criticised. The same physio-chemical energies are concerned in the cataclysm of the cell as in its proliferation; only the reciprocity is uneven, the balance between repair and waste is lost, or rather is in favor of the latter. The function of dying is absolutely vegetative—we fall to pieces like a flower. This very fact, that the process is chemical, confirms us in the conclusion that the final "throe" is as painless, as the inconvenience is nothing to the fœtal pilgrim when he touches on daylight. A moment's examination of the way we are to die will show marks of goodness in our "taking off." The degree of sensibility is proportioned to the integrity of the tissues. An inflammation heightens it; age depreciates it. Any defect in nutrition disturbs the comfort of the individual until the carbonic acid generated in the devitalization of the blood becomes fixed in the cells or is no longer displaced. The sensory ganglia everywhere part with their irritability by virtue of this poison, and cease to conduct currents. The criteria of death are being satisfied, and the process is consummated when this extinction of sensibility prevails at the ultimate filaments. During the progress of this dissolution of the nerve-force, this creeping on of the numbness of death, the individual is rapidly passing into a condition of repose, and instead of torture or pangs, a degree of self-satisfaction oft approaching to enthusiasm is realized. The sensations peculiar to the therapeutical operation of opium, haschish, ether, etc., are not improbably akin to the mental activities of the dying. Barring the hallucinations experienced in the stupor as it gains on the subject, the moribund is familiar with naught that borders on suffering. This carbonic acid has poisoned or narcotized the several ganglia, and reflex productions are interdicted. A consummate analgesia prevails. In short, the notion of pain is forbidden the instant that any stimulus fails to excite a response. The condition to this irritability is that the nerve centre and track be sound. If this vigor vanishes, reflex phenomena are at an end, and suffering, physiologically speaking, is impossible, because of the arrest of the function of the sympathetic.

Fortunately, for a wholesome study of one's demise, there are assurances abundant, from vivisection, the testimony of those who have been restored to consciousness, and the affirmations of the dying, that there is no physical recoil from death. Burney tried hard to resist the efforts made to resuscitate him from drowning, so bewitched was he by his prolonged slumber. Dr. Solander, the traveler, was so delighted with the sensations of excessive cold, that he was the first to lie down in the snow to realize the luxury of such a death. Wm. Hunter was sorry he was not able to "write how easy and delightful it is to die." Infants die as serenely as they breathe, and not a few among the advanced in years treat death as a friend to their infirmities. Hanging is, naturally, rated next to crucifixion, a most distressing procedure. But it is reported of those who have been saved from the strangulation, that the agony promised to be brief, and was rapidly replaced by hallucinations of a fascinating variety.

One would feign believe that the kind God who suffered us to feel no sigh in coming, would take

no delight in turning our farewell into writhing. Nay; he does not quit us at the last. He is our greatest benefactor in allowing us to sleep out of weariness. Death is, assuredly, no tax-collector —its "jaws" are not the clutches of an assailant —there is no "victory to the grave"—the ghost speeds away from us as it entered, with no ruffle. The sense of death, as Shakspeare has it, is most in apprehension. It is the fear of the lonely night, not the throes of nature, that makes the leaving painful. Those who are self-possessed, or who are not racked by unwelcome surroundings, or who are not terrified by a cultivated awe about the damnation bottled up for special misdemeanors, these sink into the embraces of death with a longing for the lull it brings to the heavy heart and jaded muscle. The countenance of those who have died in an instant, as from lightning, aneurism, or pistol-shot, is remarkably placid; and not infrequently is it chronicled of this or that death-bed, that in spite of the violence of the inflammation, the patient met death with ease, because of a "saving faith." It will hardly be allowed that a faith can be "saving" enough to be antidotal to a vigorous pain; but the statement is nice, by way of confirmation of the theory that the real agony of the dying is not the reflex disquiet, but the setting in order for leaving.

> "To die is landing on some silent shore
> Where billows never break, nor tempests roar,
> Ere well we feel the friendly stroke."

HIPPOCRATES AND HIS PRACTICE.*

BY THOS. S. SOZINSKEY, M. D.
Of Philadelphia.

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Whatever may have been the success of the various Æsclepia, that of Cos was destined to make the greatest impress on the medicine of the future. It was the good fortune of this institution to have in connection with it, at the acme of its career, a great author as well as physician. Hippocrates, a native of the island, rendered the fame of the Coan school imperishable, and gave to his fellow-men throughout the world, in all time to come, a legacy of incalculable value. Through this early and great medical writer, his alma mater has been made, in a manner, that of the medical men of all ages. From Cos sprang forth, at the touch of an humble man, a mass of medical knowledge, wonderfully pure and good, which constitutes the main body of the real medical science of our own day.

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It is more than probable that except for a short period at first, the system of treatment pursued by the Æsclepiades varied within wide limits; and it is equally certain that the superstitious element lessened as time passed. Between the principles of practice of Æsculapius and those of Hippocrates there is a very great difference. Those of the former will be given later; but of those of the latter I may say here that they were essentially scientific.

To Hippocrates every disease had a natural cause, and was to be cured by natural means. He was one wont "to consult nature herself about nature," as Bacon has somewhere wisely advised. He did not attribute any morbid condition to any spiritual power, good or bad, and hence in his practice did not resort to conjuration or any related means of cure. Even of epilepsy, the so-called sacred disease, he said: "It is thus with regard to the disease called sacred: it appears to me to be no wise more divine nor more sacred than other diseases, but has a natural cause, from which it originates, like other affections." And again: "Men regard its nature and cause as divine from ignorance and wonder." As regards holding disease to be divinely inflicted, he very properly remarks, "I do not count it a worthy opinion to hold that the body of man is polluted by God."

Not only in the principles of medicine, but in its practice, Hippocrates was wonderfully sound, even when judged from the standpoint of the art in our day. In truth, for extent and profundity of medical knowledge and philosophy, between him and what modern would we think of instituting a comparison? Sydenham has been likened to him, but although I am an admirer of the English physician, I do not hesitate to say that he was neither in breadth nor depth any such man as the Coan. As a writer on the prevention and cure of disease, Hippocrates remains *facile princeps*.

Let it not be supposed that my admiration for Hippocrates is unreasonably great. His works are truly a surprise to even the well-read modern. Very many of the so-called discoveries of recent times may be learned by turning to them. I speak advisedly. I will cite instances.

Thus, of the treatment of open sores, he says: "In these cases no part is to be exposed to the air." Dressings of "wine and oil" and "pitched cerate," are directed to be used.

Again, in treating fractures, in connection with certain splints, he advises that "a soft, consist-

*Extracts from a chapter on "Æsclepia and the Æsclepiades" of an unpublished work. References are omitted.

ent, and clean cerate should be rubbed into the folds of the bandage." And he says: "If you see that the bones are properly adjusted by the first dressing, and that there is no troublesome pruritus in the part, nor any reason to suspect ulceration, you may allow the arm to remain bandaged in the splints until after the lapse of more than twenty days."

Still again, in regard to the reduction of a dislocation at the hip-joint, he says: "In some, the thigh is reduced with no preparation, with slight extension, directed by the hands and with slight movement; and in some reduction is effected by bending the limb at the joint and making rotation."

Here we have the practical side of the germ theory of disease, the permanent dressing of fractures and the reduction of dislocations by manipulation.

I might go on and recount numerous other matters alleged to be new and of which we hear much, but it is unnecessary. I may add, however, a few items of interest.

"Blleed," says he, "in the acute affections, if the disease appears strong, and if the patients be in the vigor of life, and if they have strength." Has any modern spoken more wisely on the subject?

Here is a statement worthy of the attention of unbalanced theorists of our day: In fevers and pneumonia, heat "is not the sole cause of mischief."

He gives directions for the use of affusions with "waters of various temperatures," in "cases of pneumonia," of "ardent fevers," and of other diseases. This treatment he thinks "suits better with cases of pneumonia than in ardent fevers."

In that inimitable book, his "Aphorisms," it is said: "In general, diseases are cured by their contraries." There is no exclusive allopathy or homeopathy or dogma of any kind in that statement; it is the sentiment of a scientific physician.

Medicine was evidently far advanced in the days of Hippocrates, and he was certainly a learned and sensible practitioner of it, even "the prince of physicians," as Galen, I think, has somewhere characterized him, as well as one who did much to make it what he himself pronounced it to be, namely, "of all arts the most noble."

—The University of Heidelberg has been offered the sum of 100,000 marks, on condition that it would admit women to its courses. The offer was refused.

Hospital Reports.

NEW YORK HOSPITAL.

CLINIC OF PROF. WILLIAM H. DRAPER.
Reported by W. H. Seelye, A. M., M. D.

Apoplexy.

The patient was admitted January 7th. He is thirty-one years of age, and married. He was brought in in an ambulance from Chambers street, where he was picked up in an unconscious condition, having fallen down suddenly while walking. He was suffering then with signs from which the diagnosis of cerebral hemorrhage was made. There is no personal or hereditary rheumatic, syphilitic, or pulmonary history. Has not used alcoholic liquors to excess. Has worked in a wine cellar, and while so employed he had an attack of chills and fever. For the past three years he has been gradnally losing strength, and has complained much of pain in the occipital region, which was not relieved by treatment, and of some nausea and vomiting. He has recently passed large quantities of water, and has had to get up several times during the night to empty his bladder, and the urine contains albumen in large quantities, and hyaline and granular casts.

On the evening of his admission his temperature was 99.6.° In appearance he was well nourished. He could not speak, and he opened his eyes slowly. The pupils were narrow, but the right was a little larger than the left. He lay in an unconscious condition, but he recovered sufficiently to try to move his limbs, and it was found that both the lower and the upper extremities on the right side were paralyzed, and he tried to lift the right arm and hand with the left, and succeeded. There was no paralysis of either the upper or lower limb upon the left side. In the right arm and hand, sensation was retarded and blunted, and reflex was abolished, and there was anæsthesia over all the right side.

January 8. The patient's condition has improved somewhat. There is some reflex obtained in the left toe. There is no diminution of reflex in the facial muscles. The pulse is full and slow. There have been no involuntary evacuations from the rectum or the bladder. The bladder was not found to be distended, but the urine was drawn off with a catheter, and it measured about three ounces. It was largely albuminous, and contained muco-pus, and granular and hyaline casts. Patient is very dull, and does not mutter, or protrude his tongue when told to. There is facial paralysis upon the right side, but not on the left.

Gentlemen, this patient presents some interesting features in connection with the subject of hemiplegia. He is a young man to suffer from this malady, and yet his disease is one which is not confined to any age. You will see cases of it occurring in childhood, in adolescence, and in adults of all ages, as well as in those who have passed the prime of life. The first point to which I wish to call your attention here, is the association of renal disease with hemiplegia. I have spoken of this association before, and I told you that hemiplegia was commonly associated, not only with renal disease, but with one other very common condition, and that is enlargement of the

heart, with dilatation of the left ventricle, and not only with this, but with that other condition which is the essential element in both the previous ones, namely a diseased condition of the arterial system, or an arterial degeneration, or a fibrosis, as it has been called. This affects, not only the arteries, but the capillaries also; and it is in connection with this arterial fibrosis that you very frequently find that form of renal disease which is attended with a granular atrophied kidney. And with this interstitial nephritis you frequently find an enlargment of the heart, and especially enlargement with dilatation of the cavity of the left ventricle. Now this man not only presents all of these features, but the catastrophe itself, in his case, has been preceded by what may be regarded as the classical prodromata of apoplexy in this condition. One of the commonest of the prodromata is persistent headache, and you have heard it said that this man has had severe occipital headaches frequently repeated, and that they were not amenable to treatment. He had in fact uræmic headaches, and these uræmic headaches are one of the commonest symptoms of this form of interstitial nephritis.

In making the physical examination, the first point to which I wish to call your attention is the heart. The apex-beat I find is in the sixth intercostal space, and a little to the inside of the nipple line. The cardiac impulse is forcible and heavy, and is distinguishable not only over the region of the apex, but also in the epigastrium. The area of præcordial dullness begins a little lower down than usual. The upper line of dullness begins at the superior margin of the fifth rib, and it extends downwards to the seventh rib, and laterally to half an inch outside the nipple. This increase in the area of præcordial dullness is due mainly to an enlargement of the left ventricle. And when this takes place, you are very apt to have this change in the region of præcordial dullness. There is also here some enlargement of the veins just under the skin of the chest, which is suggestive of some obstruction to the free return of blood in the veinous circulation.

The next thing to which I ask your attention is the condition of the arteries. The temporal artery you see is very tortuous; and this is a sign of senile change in the tissues. And I find upon feeling the radial artery that the pulse is full, and there is an unusual degree of tension, and it is dot easily compressible; and the pulsations are unusually visible not only in the wrist, but above the elbow in the brachial artery, and to some extent in the neck. Now it is in this condition of arterial degeneration, with hypertrophy of the heart and degeneration of the kidneys, that you are very apt to get the accident which has befallen this man.

But you may ask if I am quite sure that this is a case of cerebral hemorrhage, and if there may not rather be a plugging of an artery by an embolus or a thrombus. And this is a reasonable question, because he is a young man and he has heart disease besides, which is suggestive of a cerebral embolism. But I examined his heart yesterday, and I did not find any disease of the aortic valves, nor any murmur or other evidence of vegetations in the heart, and so I was inclined to exclude the idea of embolism as the cause of this trouble. But again you might say that perhaps an arterial thrombus has closed up a vessel of considerable size, and from the resulting anæmia and softening of the brain tissue about it, you have an explanation of the condition in which we find him. It is true that there is a certain degree of probability in both of these suppositions, but no more so than of its being the result of a hemorrhage. It is not always an easy matter to diagnose the cause of a hemiplegia. I have no doubt but that there is an organic lesion here; but whether it is a cerebral hemorrhage or thrombosis or embolism, it is not possible to say with any positiveness. But the fact that you have here, as in the great majority of the cases of cerebral hemorrhage, this association of an hypertrophied heart and degenerated arteries and granular kidneys, which I have told you about, is the principal reason why I believe that a hemorrhage into the brain is the cause of the hemiplegia in this case. But if there were a history of a fit of great anger or sudden excitement, preceding the accident, and if there were cardiac murmurs and hypertrophy of the heart due to valvular disease, or if the accident had occurred during an attack of rheumatic endocarditis, I should then think that there was probably a cerebral embolism.

Now, this case is interesting in another point. It is a case of the apoplectiform onset of hemorrhage. This man fell suddenly in the street as in apoplexy, and he was picked up in a partially unconscious condition, with resolution of all the limbs, and with no wound of the tongue to show that there had been any convulsion. But after he came into the hospital he recovered sufficiently to move the limbs on the sound side, and to make the common gesture which is almost diagnostic of hemiplegia, namely to lift the arm on the paralyzed side with the hand of the sound side. But there was no other evidence of consciousness, and he could not speak. There was anæsthesia all over the right side of the body, and reflex was abolished. Loss of sensibility in connection with loss of motion is not always observed, and in many cases there is loss of sensation which is not accompanied by loss of motion. But here there was both. This is the important point, as it gives us the opportunity of locating with more or less precision the place at which the hemorrhage has occurred. I say with more or less precision, because the localization of brain lesions has not yet been reduced to great accuracy. But the knowledge on this point is approaching precision, and it will probably some day be pretty exact. We sometimes know where the lesion is, for in some particular localities we get special symptoms. It was formerly thought that a lesion in the corpus striatum would produce only a loss of motion, and it was claimed by many that if the lesion was in the optic thalamus you would get, in addition to a loss of motion, a loss of sensation. Others extend this area in which there is loss both of motion and sensation to the pons variolii, where all the fibers which come from the cerebrum are found together. In some cases of hemiplegia the loss of sensation is temporary, while the loss of motion remains. In these cases it is probable that the lesion is small, and so only affects temporarily the centres which control sensation. It

seems in this case probable, from the fact that there is loss of sensation as well as motion upon the right side of the body, that this lesion is in the neighborhood of the pons. And inasmuch as the coma is not profound, but he is in a state of semi-consciousness, I think that there is reason to suppose that the hemorrhage is not a very large one, but is merely of sufficient size to produce a loss of power and sensation, with a partial but temporary loss of consciousness. The loss of consciousness is often very profound, and if it remains so for twenty-four or forty-eight hours, the patient will probably not recover his senses. But if the loss of consciousness is not complete, though it may continue so for many days, there may yet be entire recovery of it.

There is one other symptom noticed here which you sometimes see developed very early, and that is a certain amount of rigidity of the limbs upon the right side. This is present now to a slight degree in the lower limb of this man; but it is usually more marked in the right arm, though it is not so here. But if I attempt to turn his head towards the left side it occasions him pain in the left side of the neck, and there is rigidity of the muscles of the neck upon that side. In some cases this rigidity of the muscles is absent and sometimes it is present, but I do not know why there is this variation. But we may speculate as to the cause of it. It may be due to the irritation provoked by the clot; but this I do not know. It is present in a certain proportion of cases, and where it does not exist there is generally a good deal of pain provoked if any attempt is made to flex or extend the rigid muscles. It affects the flexors, as a rule, more than the extensors. Late rigidity of paralyzed muscles is a very common phenomenon.

In regard to the prognosis of such a case, where the consciousness is not entirely abolished and is incomplete, the prognosis is good that the patient will ultimately recover consciousness, although he may remain in this state for two or three weeks. As to the prognosis concerning the hemiplegia, there is not so much to be said in favor of his recovery. When he returns to consciousness it will probably be found that in addition to the paralysis there will be more or less aphasia. But it is not absolutely necessary that this should be the case, for you sometimes see right hemiplegia with no accompanying aphasia. If the lesion is located far back in the hemisphere, there will not be any aphasia. This morning he spoke a little, and said that he felt very well. So he may recover his speech perfectly; but it is not safe to say so. As to the prospect of recovery from the hemiplegia, I can hardly judge. But he is a young man, and if the clot is not extensive, he may recover the use of the right side to a very considerable degree. For the clot may be so small that it will be gradually absorbed, and the connections between the divided nerve fibres may become re-established, and so he may regain at last the free use of the muscles upon the paralyzed side of the body. However, with this condition of a hypertrophied heart, and atrophied kidneys, and degenerated arteries, this is a rather exaggerated expectation. But you should be very guarded about your prognosis in such a case.

Now as to the treatment. Perhaps, there is nothing more embarrassing to a young doctor than to be called suddenly to a case of apoplexy. The old traditions as to the treatment of this disease still have a pretty strong hold upon the popular mind. Something energetic must be done; and blood-letting and hot applications to the feet, and powerful doses of purgatives and the like, is what is expected by the friends and those who are interested in the patient. And the man who should calmly consider the situation, and only do the little that needs to be done, would be suspected of incompetence. But there is no occasion for any energetic procedure immediately after an attack. Consider the conditions present in this man for instance—the diseased arteries, the hypertrophied heart, and the atrophied kidneys, associated with a hemorrhage into the brain, and a state of partial unconsciousness, with hemiplegia. Now what is there that you can do for his relief? Almost nothing. You may say, why not bleed him? Well, you might, if you were sure of your diagnosis. If you were brought to a man in whom you were in doubt as to the existence of a hemorrhage, but if you found that there was great fulness of the vessels of the head, and that there was albuminuria and evidences of a granular atrophy of the kidneys, and a hypertrophied heart, and a full pulse with irregular arteries, and if you found him lying in a state of complete coma, you would not do far wrong if you should bleed him. These are the cases in which bleeding has gained its great renown, because they so closely resemble the coma of uræmia, where blood-letting is often followed by relief. So though an attack of coma is not necessarily connected with blood extravasation, you will not do any harm by bleeding. But if it is due to a cerebral hemorrhage, you will not do any good, for this will not relieve him from the consequences of the hemorrhage.

Here it would not be necessary to bleed the patient, for he lies quiet, in a partial stupor, and has an easy pulse with moderate tension, and there are no signs of cerebral congestion. And with these signs of cerebral hemorrhage, how are you going to help him any by bleeding? I should even question the utility of purging, though I don't know as it would do any harm. But that is not a very philosophical reason for administering drugs. You can not do much for his relief, and so he may be safely left alone, only giving your attention to proper feeding and to regulating the proper operation of the kidneys and rectum, and all the organic functions.

Empyema.

The next patient is a man 37 years of age, a silversmith, and married. Was admitted to the hospital January 6. His father died of heart disease. The family history is otherwise negative. Patient does not use alcoholic liquors, and has never had any venereal disease. His general health has been feeble for a number of years. Ten years ago he had fever and ague. And then he had frequent bilious attacks, but has not had any of late. He was also very subject to attacks of cardiac palpitation. Seven or eight years ago he had his first attack of asthma, which finally disappeared; and he was not troubled again until twelve months ago, when the asthma re-

turned. There was a panic at that time, and he was thrown out of employment, and he thinks anxiety and worry brought on this attack. He got better, however, but ever since, upon exertion or after becoming fatigued, he has been troubled with shortness of breath. Three weeks ago he took a severe cold, which caused him to cough violently and to raise a viscid, muco-purulent expectoration. Shortness of breath became extreme. and he had a feeling of weight and oppression about the chest. There was no pain or vomiting. He is a moderate eater, and his bowels are regular. His expectoration contains no blood. The shortness of breath and oppression have continued up to the time of his admission, and his feet and legs have become swollen. On admission his pulse was 92, respiration 30, and temperature 102.2°. He passes two pints of urine a day, and it is dark-colored, has an alkaline reaction, and a specific gravity of 1.017, and contains granular hyaline and fatty casts.

Asthma, gentlemen, is a very vague term, as used by patients, and even also as used by many doctors. Strictly speaking, asthma is a nervous dyspnœa, and the term should be confined to that sort of dyspnœa which is dependent upon a spasm of the bronchial muscles. Dyspnœa is often spoken of as asthma where there is no real bronchial spasm. Asthma in the sense of dyspnœa, for these terms are popularly convertible, is something from which many people suffer. Now this patient speaks of having had an asthma lasting a year; and what is important to note is, that he says it began during a panic, when he was out of employment, and he was consequently suffering from more or less anxiety, trouble, and distress. He got better, but note, he did not get entirely well. After unusual exertion or fatigue, and from emotion and other causes, he had more or less difficulty of breathing. What I am coming at is, to say that the dyspnœa here is probably connected with a defective blood circulation; and I suspect that this is dependent upon a centric difficulty, and that when we come to examine him, we shall find some change in the cardiac condition from the normal.

Now the attack for which he came into the hospital dates back three weeks, and the subjective history since is one which points to a weak chest; and now we are to find out by the physical examination wherein this weakness exists.

I find the apex beat in the fifth intercostal space and one inch outside of the nipple line, and I get a mitral regurgitant murmur and a friction murmur besides, and I find evidence of a cardiac hypertrophy. The jugulars are also enlarged and full. To save time, I will tell you briefly what is the condition here, as it has already been made out by a previous examination. The patient has pulmonary lesions of considerable extent. He has a dry pleurisy in the left lung, and there is evidence of empyema upon the right side of the chest. To show this, the doctor will now puncture the chest in the eighth intercostal space in the line of the axilla. It is a good plan before puncturing the chest to draw the skin down tightly over the point at which you intend to insert the needle, so that when the needle is withdrawn the line of puncture in the skin and the muscles will not be the same, and therefore the skin will close over the opening in the muscles, and so act as a valve to prevent a further outflow of fluid, or the entrance of air. You see now the yellowish purulent fluid which the doctor has drawn out with the hypodermic syringe, and it is evident, therefore, from this test, that we have here to deal with an empyema, probably of recent origin. And this it was, no doubt, which gave rise to the symptoms from which he has suffered for the last three weeks. But in addition to this, there has long existed a pleurisy upon the left side, and a consequent embarrassment of the lung from pressure, and a bronchitis and a hypertrophied heart, and albuminuria. And therefore he is laboring under conditions which are decidedly adverse. Now the question arises as to the advisability of treating him for the empyema. It is not a very favorable case for trying it. But we shall keep him here for some time, and as his condition has already improved considerably, I think we will select what is known as the "thorough drainage" plan of treatment. This consists in making two openings through the chest-wall into the pleural cavity, and after evacuating the fluid putting in a rubber drainage-tube, which is perforated at its central portion, through which the discharges may drain and the cavity may be washed out. And with antiseptic precautions and proper dressings, I think we may get reasonably good results. But we cannot expect that they will be as good as they would be in an otherwise healthy man.

Medical Societies.

CHICAGO MEDICAL SOCIETY.

Stated meeting, July 14, 1884. Dr. D. A. K. Steele, President.

The following scientific papers were read:

"A Report of a Successful Case of Abdominal Section for Pyosalpynx, Treated by Volkmann's Method," by Dr. F. H. Martin.

"Fracture of the Clavicle, and its Rational Treatment," by Dr. S. W. Wetmore.

"Rhinolithiasis, and Report of a Case of Forty Years' Development," by Dr. Jefferson Bettman.

A Successful Case of Abdominal Section for Pyosalpynx, Treated by Volkmann's Method.

By Dr. F. H. Martin.

Mrs. T., American, married, ætat 27; weight, 200 pounds; no children, yet desirous of becoming a mother; four years ago aborted a three months' fœtus. Consulted the writer one year ago, because of suspected pregnancy. She had many of the symptoms of pregnancy. such as morning sickness, enlargement and pain about the mammary glands, enlargement of the abdomen, etc., although she flowed regularly every month for the four months, that she considered herself pregnant, yet this was scanty. An ordinary digital examination was made, but no diagnosis was made. Advised the patient to call again, which she did in two months. Examination a second time resulted unsatisfactorily in ascertaining the true state of her condition. In consultation with Dr. W. H. Byford, who also made a careful physical examination, he was inclined to pronounce her case one of pregnancy, as the pa-

tient expressed herself that she felt very decided fœtal movements, together with the other characteristic symptoms that were present, although her menstrual flow appeared scantily each month. Five months subsequently was again consulted. In company with Dr. R. W. Bishop, and whilst the patient was anæsthetized, a very thorough examination by bimanual manipulation per vagina and rectum was made. The small, undeveloped uterus was found crowded close behind the symphisis pubis and inseparable from a large firm-walled tumor, about the size of a five months' gravid uterus, occupying Douglas' cul de sac, and extending upward nearly to the umbilicus, and occupying a position a little to the left of the median line. Owing to the corpulency of the patient and thickness of her abdominal walls, it seemed impossible to make an accurate diagnosis. The uterus measured 2½ inches in length.

The patient was again taken to Dr, Byford, and after a careful examination at this visit, he pronounced the malady a fibroid tumor of the uterus. However, with commendable conservativeness, he advised that an operation be delayed, although the patient was suffering greatly from pressure of the tumor on the bladder and rectum, from intense backache and other reflex manifestations. In two months time her suffering had greatly increased, and she implored its removal, or that something radical be done to relieve her.

Operation, May 15. Assisted by Drs. R. W. Bishop, L. L. McArthur, E. L. Hollister, L. T. Potter, S. Black, T. H. Swayne and E. J. Doering. All necessary antiseptic precautions were observed. Abdominal section was made. Incision eight inches in length, extending from quite near the umbilicus to symphosis pubes, omentum firmly adherent to the tumor, adhesions covering a space of three or four inches in diameter, these were ligated and carefully separated. Not until the omentum was separated, was the true nature of the tumor revealed, which proved to be a large dilatation of the left Fallopian tube, with thick, firm walls. Tumor so generally adherent to the surrounding tissue that it resembled a fibroid or other solid tumor. Fluctuation was very indistinct, and only by introducing the needle of an aspirator, were all doubts of it removed. Upon deeper examination, the tumor was found to develop from the left horn of the uterus, on the opposite side of its attachment were the remains of the fimbriæ of the tube and ovary of the left side, the walls of which were muscular in character and very smooth. The operator intended removing the tumor in its entirety, clamping the small pedicle, and attaching it to the inferior angle of the wound; but this was found to be impracticable, for the tumor was so universally adherent to the surrounding tissues, and the intestines were firmly adherent upon almost its entire surface above, the rectum being involved so as to appear almost as if it were part of the tumor; and Volkmann's method of treating abscesses and similar tumors was resorted to, viz., stitching the walls of the tumor or abscess to the peritoneal edges of the abdominal wound, and treating it after union has taken place, as an external abscess. The opening in the abdomen was closed, with the exception of the lower angle, where about three inches was left patulous, the tumor was stitched to the peritoneal edges of the open wound, so that about two inches in diameter of its upper surface remained exposed. The wound, of course, was dressed antiseptically. Examination on the fourth day after the operation revealed the tumor firmly adherent to the abdominal wound. A free incision was now made into the tumor, and a double half-inch drainage-tube inserted sufficient to reach the bottom of the abscess. More than a quart of healthy pus was evacuated; the cavity was then thoroughly cleansed with a two per cent. solution of carbolic acid, and again immediately after with a saturated solution of thymol, to prevent any tendency to carbolic-acid poisoning. Then at night and morning the cavity was cleansed with a solution of corrosive sublimate, 1 part to 3000, and the external wound dressed with corrosive sublimate gauze, 1 to 2000. During the succeeding ten days, the patient's condition was favorable, when the temperature suddenly rose to 102° F. Eleventh day it reached 103⅗° F. Respiration irregular and frequent; pulse 160. Dr. C. Fenger saw the case at this stage; he decided that the lining of the abscess was absorbing purulent matter, which produced the general constitutional disturbance. The opening of the abscess was enlarged by blunt pressure, and the inner surface scraped with a dull curette, and cauterized with a 20 per cent. solution of chloride of zinc. Further search revealed an abscess in the thick abdominal walls, which was opened and drained. After this procedure, the temperature became normal. She continued to improve until the abscess entirely discharged itself, the wound closed, and perfect recovery ensued.

DISCUSSION.

Dr. J. H. Etheridge inquired of the author what his diagnosis was, before, as he stated, "it was confirmed while operating?" He thought the case had been managed in a most consummately skilful manner, and was much pleased to hear the report. This speaker believes that great advancement has been made in treating these cases the past few years, to ward off suffering and save life; and that the disease is extremely common, only we cannot diagnose it. A physician of Denver introduces the whole hand into the vagina of a patient whilst she is under the influence of an anæsthetic, and by conjoined manipulation is rendered more able to arrive at a conclusion in the differentiation of this from other disease of the pelvic cavity. He would also inquire, What was the result of a rectal examination? This gentleman then presented the history of a case of pyosalpynx, and exhibited the pathological specimen removed from a case that had recently been under his care. There is nothing particular that needs to be mentioned about the operation.

The case is the ulterior result of perimetritis, which extended and brought about the salpyngitis. This author stated he had no doubt but what an old gonorrhœa, where it is latent and the discharge scarcely if at all perceptible, was one of the causes of producing it. A long-continued chronic orchitis also may produce it, yet upon inquiry of Dr. A. H. Burr if such difficulty was traced to the husband of the patient of the case he now presented, he was answered negatively.

He now verbally gave the *Pathology* of this case, which, condensed, is as follows :

The right ovary was free from adhesions, and was in a comparatively healthy condition.

The right Fallopian tube was inflamed and enlarged. Its fimbriated extremity was so changed and enlarged by previous inflammation that its fimbriæ were obliterated and the canal stenosed absolutely. It, the fimbriated extremity, was free, being attached to nothing.

The left ovary was imbedded in an accumulation of inflammatory exudate, which involved the broad ligament and tube in an indistinguishable and non-separable mass.

The left Fallopian tube was inflamed and enlarged throughout its whole length. Its fimbriæ were enmassed and indistinguishable. Its canal was patulous, the distal mouth opening into the abdominal cavity. The outer third of the tube was inseparably agglutinated to the upper surface of the ovary. It was impossible for the free end of the tube to be brought in contact with the ovary, because of the obliteration of its fimbriæ, of its universal enlargement, and of the complete encapsulation of the ovary.

A serous cyst, the size of a pullet's egg, was developed in the inflammatory adhesions of the broad ligament and tube. It was a simply serous accumulation from the perimetritic inflammation.

A minute par-ovarian cyst had commenced developing beneath and outside of the broad ligament cyst.

The condition of the tubes showed that the patient was irremediably and hopelessly sterile.

The inflammation and patulous canal (opening into the free abdominal cavity) of the left Fallopian tube constituted the chief source of danger to life. Pus and inflammatory product extruded from the fimbriated extremity, and was constantly liable to start up renewed attacks of inflammation, which would soon have fatally exhausted her. From this source she has had doubtless many minor attacks of perimetritis already, each in turn increasing the exudate which encapsulated the left ovary.

The irritation from incarceration of the left ovary in menstruations is probably what led to the menorrhagias which were progressively anæmiating her.

The pachy-hemorrhagiparous condition of the pelvic peritoneum, which produced an hematocele nineteen months ago, together with the salpingitis, perimetritis, and menorrhagia resulting in progressive anæmia, emaciation, and debility, seemed to demand imperatively the entire removal of the uterine appendages.

She lived but a few days after the operation, and succumbed from the asthenia and hopeless condition existing prior to being operated upon.

Dr. H. P. Newman's experience in these cases was that they are difficult to diagnose and are very troublesome ailments. He thought the successful case as reported was extremely well managed indeed, but I would like to ask the writer to explain more minutely his means of diagnosis during the earlier stages of the disease. The speaker would not attempt to make any extended remarks, for the paper and the gentleman preceding him had stated about all there is to be said upon the subject.

Dr. L. L. McArthur, regarding Volkmann's method. He had seen it carried out in the treatment of three cases of abscess of the liver, and one case of abscess of the spleen, with slight modifications. This was done in the service of the city hospital, and is there approved.

Dr. L. T. Potter inquired if the neck of the uterus was the normal length; and would he have been justified in passing a probe earlier, if the tumor pressed the uterus to such a degree that the uterus resembled this organ containing a fœtus ?

Dr. Martin replied as follows: that he did not discover the exact nature of the tumor until the time of the operation, and not until after he had entered the abdominal cavity and introduced an aspirating needle. Fluctuation was very indistinct. The tumor seemed very dense. The abdominal walls were at least three inches thick, so that great difficulty was had in trying to outline any form of tumor, even by the minutest examination. The cause of it could not be ascertained. He was in doubt for months that pregnancy existed. Thought perhaps one cause of these tumors might be from stoppage of the uterine orifice of the Fallopian tubes. It was utterly impossible to diagnose the case at any stage. Bimanual manipulation through the rectum and otherwise availed nothing. The rectum was adherent in every direction to the (as supposed) uterus or tumor. Other physicians who saw the case from time to time were in doubt, as was stated in the paper, in their diagnosis, and several different opinions were offered by them. He was afraid to manipulate the womb to great extent or to introduce a probe, as she was very desirous of giving birth to a child, and nearly all the evidence showed the uterus to contain a fœtus ; and yet he examined her two or three times before the uterus was found. It was crowded close to the simphysis pubis. The neck of the organ was not in the position it usually occupies when a woman is pregnant. The uterus was the normal size.

Fracture of the Clavicle and its Rational Treatment,

By Dr. S. W. Wetmore, was an unusually carefully prepared and finely illustrated paper. Many of the methods of treating this accident were alluded to. Only two, however, were described minutely and endorsed by him, of which we append the following synopsis :

After a few well chosen remarks by the writer, he proceeded to demonstrate first the method introduced by Dr. E. M. Moore, of Rochester, N. Y., having a student on which to adjust the dressings. As the literature of clavicular fractures is replete with a multiplicity of appliances having for their object the restoration, co-aptation, and retention of the fragments during the process of repair. Surgeons, during the last half century, have very closely followed the teaching of the old masters ; but to introduce the most effective, simple, practical and satisfactory retentive measures is accredited to men of our day.

Causes.—After discussing how fractures of the clavicle are most frequently produced, describing the solution of continuity, etc., etc., he thus continued : If the fracture is complete, the shoulder is depressed and drawn forward by the action of

the pectoral muscles, while the inner portion of sternal fragment is salient, and sometimes perforates the tissues sufficiently to constitute a compound fracture, though happily, this complication rarely occurs. To better comprehend the obstacles with which we have to contend, the reader should be familliar with the origin, insertion and action of the great pectoral and sterno-cleido-mastoid muscles. The peculiarity of the pectoralis major is, that its upper fibers become undermost at its insertion, and its under fibers become uppermost.* That the clavicular fibers of this muscle are direct antagonists of the sterno-cleido-mastoid, and the further the humerus is carried backward, the greater the tension of these fibres, and the more perfect the restoration of the fragments. The elbow figure-eight bandage meets all the requirements in a simple fracture of the clavicle in the middle third, the one we will take under consideration, and by using a shawl or piece of cotton cloth or muslin, folded like a "string necktie" or cravat; it should be eight inches in breadth; this should be about two yards long. Placing this wide folded bandage across the palm of the surgeon's hand, the surgeon then seizes with this hand the elbow of the patient which corresponds with the broken clavicle, the two ends of the bandage hang to the floor, the one falling inward towards the patient is carried upward in front of the shoulder and over the back, making a spiral movement in front of the shoulder. This is entrusted to an assistant; the outer end is then carried across the forearm, behind the back, over the opposite shoulder, and around the axilla. This meets the other end, which may be carried under the axilla, and over the shoulder of the opposite side, thus making the figure-eight turn around the sound shoulder.† Continuing the description, this twist, it will be seen, makes also the figure eight turn around the elbow of the affected side. The forearm should be sustained by a sling, which raises it to an acute angle, in order that gravity may assist in moving the whole arm backward. This is best done by a simple strip three or four inches wide, which may be pinned to the fabric or bandage at the shoulder, or by a sling across the opposite shoulder and behind the back. It will be observed that the bandage as it passes in front of the arm does not press on the axillary border of the pectoral muscle and therefore avoids the objection of the ordinary figure-eight.

The writer has treated a number of cases during the past ten years by this method with no unsatisfactory result, and heartily commends it to the profession. Its advantages are:

1. The apparatus is readily obtained and found in every well-regulated household.
2. It can be applied over the ordinary clothing.
3. It is readjusted easily when it becomes disarranged.
4. Any attendant can be instructed so as to readily keep it in place.

* See any work on surgical anatomy where a dissection of these two muscles is illustrated.—L. H. M.

† The reader can easily follow the description herein stated, by the adjustment of a shawl or a piece of muslin eight inches in width, so that when it is folded upon itself it will be four inches wide, then apply it to any member of his household, over the subject's clothing.—L. H. M.

The next method we will describe is that of Dr. Louis A. Sayre, of New York city, who treats fractures of the clavicle upon the same principle, viz., *putting the clavicular portion of the pectoralis major muscle on the stretch*, and compelling it to pull the clavicle in place by means of adhesive plaster cut in two strips three or four inches wide (for an adult), one piece long enough to surround the arm and go completely around the body, the other to reach from the sound shoulder around the elbow of the fractured side and back to the place of starting. The first piece is passed around the arm just below the axillary margin, and pinned or stitched in the form of a loop sufficiently large to prevent strangulation, leaving a portion on the back encased by the plaster. The arm is then drawn *downward* and *backward*, until the clavicular portion of the pectoralis major is put sufficiently on the stretch to overcome the sterno-cleido mastoid, and thus pull the inner portion of the clavicle down to its level. The plaster is then carried smoothly and completely around the body and secured with a safety-pin to itself on the back to prevent slipping.* The first strip of plaster fulfils a double purpose, first by putting the clavicular portion of the pectoralis major muscle on the stretch, it prevents the clavicle from riding upward; and secondly, acting as a fulcrum at the centre of the arm when the elbow is pressed *downward*, *forward*, and *inward*, it necessarily forces the outer extremity of the humerus (and with it the shoulder) *upward*, *outward*, and *backward*. It is kept in this position by the second strip of plaster, which is applied as follows: commencing on the front of the shoulder of the sound side drawing it smoothly and diagonally across the back of the elbow of the fractured side where a slit is made in its middle to receive the projecting olecranion.

Before applying this plaster to the elbow an assistant *should press the elbow well forward and inward*, and retain it there while plaster is continued over the elbow and forearm, pressing the latter close to the chest, and securing the hand near the opposite nipple, crossing the shoulder at the place of beginning; it is there secured by two or three safety-pins. When this has been done, the deformity will have entirely disappeared, the fractured bone will be accurately adjusted, and as long as the strips of plaster maintain their position, no amount of force can displace them. It will thus appear obvious to any one interested in the treatment of this most interesting lesion that the key to its successful management is in making the clavicular fibres of the great pectoral muscle tense, and keeping them so during the period required for repair. *No method can be successful if the humerus be allowed to maintain a perpendicular position.* The plaster method of retention has some advantages over the "neck-tie" or cravat mode. It is evidently the more secure, firm, and unyielding, at first (very desirable qualities, particularly with children) and the patient presents a more comely appearance when dressed. Its disadvantages are: The surgeon, and particularly the country practitioner, does

* The same rule may apply in this as in the first description by adjusting a bandage to any member of the house to enable the reader to more readily understand the dressing. —L. H. M.

not always have with him the plaster; in hot weather the plaster is apt to excoriate and become irksome and unpleasant; again, if sufficient traction be made upon the humerus to be of utility as a lever, it necessarily becomes tedious to bear, and the patient tires of the constant strain. * * The writer did not feel qualified to criticise very closely the plaster method, each of the two modes herein described have been before the profession for several years. It is to keep before the medical world those remedial measures which the writer's experience has proven to be the most perfect in its results that the subject is brought forth, although not as advancing anything new, which however, should the discussion advance any more modern and better means, he and all of us would gladly prehend. The paper elicited a free discussion, which was participated in by many of the members. Their views set forth may be found as under.

Dr. R. W. Bishop mentioned a case of double fracture of the clavicle that he had recently been called to attend. Upon examination there was found a three-cornered piece of the bone splintered off, that was wedge-shaped, and "turned up" edgewise under the skin, and any method that he devised failed to retain this fragment in position. The case is improving, however, but still under treatment.

Dr. C. E. Webster, whilst visiting Bellevue Hospital last year, upon the invitation of an interne, who is a personal friend, had his attention directed to a number of cases of fracture of the clavicle, and their mode of dressing, none of whom, he thinks, were applied according to Sayre's method. Upon inquiry, I was informed that usually that method was adopted if a patient was first treated in the clinical department, for it was more artistic than any other; but it would soon become loose, and it also excoriated the surface, and the plan devised afterwards for dressing the fracture is similar to that which are doubtless seen frequently by physicians.

Dr. W. L. Axford had listened with great interest to the instructions set forth in the paper on this topic. With the solution of continuity that occurs at the middle or outer third of fracture of this bone there is also deformity of the acromial or sternal fragments, or of both. To treat this, we must raise the outer or acromial end and lower the sternal end, especially the former must be done. So many methods are recommended for treating these cases, that any of them are axiomatic, and the case will pursue its own course until there is recovery. He is therefore skeptical of any of the ways as being superior to any other mode. He desired to ask the author if no deformity resulted in the cases he has treated by the methods he has endorsed?

Dr. A. B. Strong: Regarding the anatomy of the muscles of the clavicular region, nothing has been stated in the paper that the sub-clavias and dense fascia play any part towards adding to the deformity, which I think is true, for this little muscle is excited to contraction, or is irritated, and so to is the dense fascia, as a result of the fracture, relative to the treatment, he thinks to place the arm in a simple sling and have the patient lie on a hard mattress, that as good results will occur; and this he thinks is really the best possible known method. He was much pleased with the paper, as he had not heard of nor had he ever seen the dressing applied before, that the author has so ably commended.

The Chairman. I saw the case with Dr. Bishop, that he has cited; the fracture was comminuted, and there was a tilted edge of spicula of bone that could not be retained in its place. The method spoken of by the writer is not unlike what is called here Dr. R. N. Isham's method, *i. e.* by making a hitching-post of the sound shoulder and begin here to apply a bandage, and form a double figure-eight. It gives as good results as any unless it be a plaster Paris dressing; this, however, is irksome and difficult to apply to little children. His success and experience is that deformity will result, no difference what plan is adopted. The let alone plan often times will do, and nature will give an admirable result; he has long ago discarded the use of the plaster method. A bandage secured to a tight-fitting knitted shirt is another very good way to retain a fracture in its place.

Dr. L. H. Montgomery inquired of the author if a case was presented to him that was similar to the comminuted fracture cited here, where the fracture is oblique, as they always are, which of the methods would he apply, that he has offered? And would it not be necessary to apply also a compress over the seat of injury? My experience in treating these cases is, that all have recovered, so far as I know. Two, without deformity, one of which was the so called "green-stick" fracture, occurring to a little boy 6 or 7 years old. The other case being that of a young man eighteen years old, a clerk, who was anxious that no deformity should result. I told him the only possible method to avert this would be for him to lie on a pretty firm or hard mattress for three weeks, after I dressed the broken clavicle by bandages, and a small bag of sand applied over the seat of the fracture for a compress. This he did for about that length of time, and to our great satisfaction, a perfect result was obtained. I think a compress of this kind is valuable if we can persuade a patient to remain quiet, especially if the patient is a female who is particularly desirous of no deformity.

Dr. W. H. Curtis thinks great caution should be taken to avoid compressing the brachial artery in applying a bandage or plaster dressing tightly around the arm, especially if the surgeon can not be had quickly. Should swelling supervene. the patient and friends should be on the alert for this, which if it occurs the bandage should be loosened and readjusted.

Dr. Wetmore replied serially, first to Dr. Axford, by stating that he had treated a number of cases of this fracture in female children and adults, and no deformity resulted. In strong, athletic men he recalled more than one instance also where by the Moore method of treatment perfect recovery resulted. Twenty-five years ago, he saw his preceptor treat a case of this kind by having the man lie upon a bolster to get the weight of the shoulder to pull back the clavicle. The man recovered with no deformity. In the case of comminuted fracture that has been cited and inquired about, I think a compress applied and Moore's method carried out would be the most judicious dressing.

The next paper was a very comprehensive one on "Rhinolithiasis," by Dr. Jefferson Bettman, of which our reporter has furnished a short abstract, and given the principal points of a case of this rare form of difficulty.

Report of a Case of Rhinolithiasis of Supposed Forty Years' Development.

The comparative rarity of this affection, and the interesting features connected therewith, warrant our giving a synopsis of the following case:

Status præsens.—The patient, æt. 49, consulted the author in June, 1884, for what he termed "chronic catarrh of the head," extending over a period of many years. Of late, the annoying symptoms had been more aggravating. The nasal discharge was so copious as to necessitate a daily use of from four to six handkerchiefs. Periodical attacks of hemicrania extending over the right orbital and temporal regions also complicated the case. Marked obstruction on the right side of nasal respiration. Physically he is of goodly dimensions, well-proportioned, a picture of florid health. External nose appeared congested and slightly tumefied, borders of the nostrils somewhat excoriated. Introduction of the nasal speculum occasions violent attacks of sneezing. This exquisite hyper-sensibility of the mucous membrane quite precluded a thorough examination of the nares. There was limited fetor in the expired breath, yet sufficient as to be imparted to the nasal secretion. This was viscid, slightly flocculent, and filled both nostrils, necessitating removal ere permitting a survey of the parts. Illuminating the nares, a marked vascularity and thickening of the mucous membrane was noticeable. The tissues covering the inferior turbinated bones were so thickened as to encroach upon and nearly obliterate the fissura respiratoria.

The mucous membrane covering the septum presented almost a fungoid appearance; both middle turbinated bones were enlarged so as to press upon the septum. The posterior half of the right nasal fossa was filled with an accumulation of creamy-looking discharge, and attempts at its removal by a well-directed stream of tepid water were futile. The nasal lumen was so narrowed and encroached upon by the hypertrophied turbinated bone and a co-existing deflection of the septum, that it was with difficulty a cotton-wrapped probe could be guided through the parts that were so sensitive. Palpation revealed the presence of a hard grating substance occupying the floor of the right nasal fossa, which was supposed to be necrosed bone as a result of a constitutional dyscrasia. Thorough inquiry elicited negative replies in this direction. To allay the morbid sensibility of the parts, a detergent nasal lotion was advised to be used *ad interim*. In two days this proved effective, for the hyper-sensibility and tumefied mucous membrane were markedly improved. Under a strong illumination, the position of the foreign body was then defined. Lying on the floor of the nasal fossa in its posterior half, it seemed to be impacted between the bony septum and inferior turbinated bone. The exposed surface of body was rough, uneven, unyielding to the touch of the probe. To dislodge and remove it, a pair of strong aural forceps, bent at right angles, were used. A firm resistance was made upon traction. The fauces, too, were uncontrollably irritable, defeating all attempts at posterior rhinoscopy. The size of the body had undoubtedly been underestimated. Its removal in toto anteriorly was impossible, on account of the narrowed lumen of the nasal passage. Attempts at removing it piecemeal were but partially successful, after repeated trials. The feasibility of removing it through the naso-pharyngeal space presented itself. Cautioning the patient not to inspire deeply, or swallow, while the operator guarded the faucial orifice, the foreign substance was then forced into the naso-pharyngeal space, and in a moment the gentleman spat it out. Darkish-gray, almost black in color, conoidal in shape, and from which a disagreeable fetor emanated, its weight, firm consistency, and the pebble-like uniformity of its unexposed surfaces, were sufficient to indicate its calcareous condition. Irregular in shape, the contour of the concretion conformed to the confines of the surrounding tissues. Its medial surface measured one and a half centimeter in length, by one and a quarter centimeter in breadth; the inferior surface one and a half by one-half centimeter. The exact weight was one and a half grains. Embedded in the mass was a cherry-stone. Incidents of the patient's early childhood were vividly impressed upon his memory, but in no possible manner could the presence of the cherry-stone be accounted for. Free nasal respiration was fully restored, and great relief followed. Subsequently, however, a small mucous polyp, high up in the same nostril under cover, and almost hidden by the middle turbinated bone, was discovered, which was easily removed.

The literature on the subject of rhinolithiasis was then carefully reviewed by the writer minutely. Stœrk avers that he has seen but one example of it, and no mention of it is made in many works on general surgery. The term was first applied by Demarquay, and our French confréres describe the greater number of cases. Demarquay and Poinsot have written brochures on this subject. The determining cause is the presence of a foreign body, which forms a nucleus for the deposition of lime salts. Nasal concretions have, however, developed independently, and were not due to the presence of any extraneous substance, congenital or acquired atresia. Stenoses of the nasal lumen favor the retention, and subsequent desiccation of nasal secretion, and by a nidus, cause a concretion. A gouty diathesis may also be a predisposing cause. Virchow describes a "diathesis ossifica" as a cause, which, by the way, is an entirely different process, however, somewhat like the subject under discussion. During an act of vomiting or retching, undigested particles of food which may be forced through the naso-pharyngeal space and lodge in the posterior nares, may be the nidus. Barring this possibility in the foregoing case, the concretion may be presumed to have been of more than forty years' development. Jacquemart lately described a case where the trouble existed over twenty years.

Multiple rhinoliths have been found in rare instances. Their concentric disposition was next described by the writer, which consumed considerable space; also their chemical composition.

The symptoms incited by their presence are frequently not marked, and hence they are doubtless often overlooked. The rhinorrhœa being regarded

and treated as a catarrhal congestion of the tissues, which may often result in epistaxis, "the chronic vascularity induces a state of hyper-nutrition and cellular activity in the surrounding tissues, favoring redundancy and neoplastic changes."—(Billroth.)

Hemicrania or nervous headache is a noteworthy symptom that is present in many cases. "This may be periodical—and checked by spontaneous expulsion of minute concretions."—(Axmann.) Also, other "reflex neuroses may be present."—(Hack.) The dental drill might render signal service. Posterior rhinoscopy occasionally renders valuable service in their detection. In Jacquemart's case, already alluded to, himself and more than ten consultants had made a previous diagnosis of osteo-sarcoma. A few cases are on record in which rhinoliths were expelled spontaneously where the concretions were very small. A stream of hot water injected through the opposite nostril may in some cases prove effective in dislodging the concretion. "Sternanutatories may be worthy of trial."—(Frankel.) In post-nasal extraction of a calculus, strict precautions must be adopted to prevent it from falling into the larynx.

The remainder of the paper consisted in the laudation of modern nasal surgery, which has assumed a dignified position in the scientific field, but, as the writer justly stated, it is doubtful whether any part of the body is dealt with in so slip-shod and culpable a manner as the *naso-pharyngeal cavity*, and the humane precautions so often neglected in treating nasal disease, on part of both patient and surgeon.

DISCUSSION.

Dr. F. O. Stockton stated that one simple method the essayist had omitted to state in his paper—it was of strong pressure through the posterior nares, to expel the calculus by the anterior nares. Do not close the oppposite nostril, while essaying to do this, which is far preferable to any other mode, when it can be done. Another way is by a simple loop of iron wire passed about the stone, then, by rotating it about the the stone, extract it anteriorly. He cited a case that came under his care whilst he was in London —that of an English gentlemen having a rhinolith, where it had absorbed and passed through some of the small bones of the face. His method of extracting it was by using an engine with a diamond-pointed drill. A hole was drilled in different directions in the stone, and thus it was removed piece-meal He knew of no other case being operated on in this manner. The engine is the invention of Dr. Goodwillie, of Philadelphia, and used by him in dentistry.

At a late hour, the Society then adjourned.

L. H. M.

EDITORIAL DEPARTMENT.

PERISCOPE.

The Staining of Koch's Bacilli.

The *Med. News*, May 1, 1884, says: So much has been written and printed since Koch's original publication, upon the treatment of tubercle-bacilli with a view to their better and easier demonstration, that a systematic article by Fränkel, published in full in the *Berliner klin. Wochenschrift* for March 31, will be welcomed by physicians, especially as the methods are intended to be employed in the office rather than in laboratories.

In general, it may be said of the bacillus tuberculosis that it imbibes only certain aniline coloring matters; that a certain period of exposure is necessary; and that it must be treated by certain additional fluids to secure the most distinct demonstrations.

After a comparative trial of twenty aniline colors, Fränkel concludes, with other investigators, that the best are, undoubtedly, methyl-violet and fuchsin. Both of these are hydrochloric acid combinations, and both stain animal fibres more easily than vegetable. As to the time required for staining, ten minutes are necessary at the temperature of the room, although a much shorter time suffices in the warm box, while Rindfleisch has also shown that by warming the fluid the staining may be made instantaneously.

With the added fluids, Fränkel found the aniline water, as first suggested by Ehrlich, to give the best results, although equally good results were obtained with toludin water, an analogous substance which is always found to accompany the commercial aniline as an impurity. A durable fluid is composed of 93 c.c. of water, 3 c.c. of aniline oil, and 6 c.c. of alcohol. In this aniline water the coloring matters may be dissolved, but it is better to have on hand alcoholic solutions of fuchsin and methyl-violet, and before using to add, by means of a dropper, as Ehrlich originally suggested, as much of the solution of coloring matter as will produce a decided opalescence in the fluid. Five cubic centimetres of aniline water are heated to boiling in a test-tube, poured into a watch-glass, and the concentrated solution of coloring matter added. Upon this the covering-glass, on which the sputum is smeared, and dried by passing it a few times over the flame of an alcohol lamp, is floated for from two to five minutes.

In order to demonstrate the bacillus more distinctly, acids, alcohol, and watery solutions of other aniline colors are used, either to decolorize the other elements of the sputum, cells, nuclei, other fungi, or foreign substances, or so to stain them by these colors as to put them in contrast with the stained bacilli. For this purpose, Ehrlich uses nitric acid diluted three times; Petri, glacial acetic acid; Rindfleisch, feebly-acidulated alcohol; and Koch, in the beginning, vesuvin-solution.

Fränkel regards it as especially important to re-stain the decolorized preparation, thereby elim-

inating all possibility of a mistake. For this purpose he has recently used a mixture of 50 parts of alcohol, 30 of water, and 20 of nitric acid, which is saturated with ethyline blue, and then filtered. Into some of this fluid, the preparation is carried directly from the first color solution, and in this way the decolorization and second staining are at once accomplished, an immersion of one minute sufficing. The sputum on the cover-glass is then washed in water or in 50 per cent. of alcohol acidulated with one per cent. of acetic acid, and well dried by first compressing between filtering paper, and then quickly passing through a flame. In this way, says Fränkel, a preparation can be completely made and doubly stained in four minutes.

Baumgarten's method of demonstrating the bacillus unstained is less satisfactory. By Gibbes's method of staining the bacilli red and the background blue, by a single fluid, Fränkel thinks fewer bacilli are brought out than by the one detailed.

As to the use of an immersion system and Abbe's illuminator, Fränkel says that much time is saved by them; but that with a good Hartnack No. 7, or any corresponding power, and ordinary illumination, the bacilli are easily recognized.

Compensatory Hypertrophy.

Before the Medical Society of London (*Lancet*, April 12, 1884): Dr. Joseph Coats (Glasgow) read a paper dealing systematically with hypertrophy of the various organs. In some preliminary remarks he observed that it was necessary to bear in mind the difference between hypertrophy and hyperplasia, though it was not possible to carry the distinction into practice. Practically it was sufficiently accurate if under the term hypertrophy we included all forms of increase in the quantity of functionally active tissue of an organ, whether this was due to numerical increase of the elements of the tissue or to an increase in the bulk of the individual elements. Compensatory hypertrophy occurred most readily during the period of growth; the causes by which it was produced were of two classes—excessive performance of normal function, and destruction of portions of tissue resulting in overgrowth of the remaining portions. After referring to hypertrophy of the heart, bladder, and various parts of the alimentary canal, he discussed at length the occurrence of hypertrophy of one kidney after the removal of the other, quoting the experiments and conclusions of Rosenstein, Grawitz, Israel, and Gooden, and relating some observations of his own. The general results of these researches seemed to establish that the glomeruli were not increased in number, and not greatly in size (the increase being in the proportion of 41 to 30 or 8 to 5, according to various observers), but the enlargement was chiefly due to an increase in the thickness and bulk of the epithelium, but chiefly to increased length, and therefore increased convolution of the tubules. This, he thought, went to support the theory that the convoluted tubules discharged the most important functions of the kidney. In dealing with the subject of hypertrophy of the lungs, he quoted the researches of Dr. Theodore Williams, and detailed a case of vicarious hypertrophy of one lung from defective development of the other. After a full discussion of this subject, in which he observed that compensatory hypertrophy rarely occurred in phthisis, probably owing to the general depression of nutrition, he shortly referred to the occurrence of hypertrophy of the liver secondary to destructive disease, and observed that it was due to enlargement of the lobules from multiplication of the hepatic cells.—Dr. Douglas Powell differed from the author in respect of compensatory hypertrophy, as it was seen in phthisis; he considered that in such cases hypertrophy could occur. No doubt in some instances the lung remaining did not become hypertrophied but only dilated, and then the patient was breathless and weak. Hypertrophy of organs beset us in all directions. Instances in the heart and stomach were mentioned. —Dr. Fancourt Barnes spoke of the hypertrophy of the heart in pregnancy as a typical example of physiological compensatory hypertrophy.—Dr. Kingston Fowler alluded to cases of hypertrophy and dilatation of the ascending colon associated with ulceration, but no obstruction. Was there general cirrhosis in the case of syphilitic hepatic disease?—Dr. Joseph Coats, in reply, thought that he had admitted in the paper the possibility of the occurrence of compensatory hypertrophy in cases of chronic phthisis. In diabetes insipidus he considered that all the secretory structures were at work, and so tended to become hypertrophied. There was no general cirrhosis in the instance of syphilitic disease of the liver which he had mentioned. He had no experience of cardiac hypertrophy in pregnancy, but regarded the line between physiology and pathology as by no means a hard-and-fast one.

Ipecacuanha in Large Non-Emetic Doses in the Treatment of Cholera.

The *Med. Times*, August 9, 1884, says:

Among the numerous plans of treatment that have been recommended or actually adopted in the treatment of true or Asiatic cholera, there is none that, from past experience, seems more deserving of a faithful extended trial than that by ipecacuanha, as presented to the profession with such force and ability by Surgéon A. A. Woodhull, U. S. A.* The method of treatment of dysentery which was advocated by the author, by "large non-emetic doses," has become widely known and is generally practiced, but the fact seems not to have been properly appreciated that he also insisted upon the possible value of this method of treatment in Asiatic cholera, the full title of his essay being "Clinical Studies with Large Non-Emetic Doses of Ipecacuanha, with a Contribution to the Therapeusis of Cholera." Without attempting an analysis of this valuable paper, we merely repeat the caution of the author, who especially enjoins upon those who adopt the treatment in their practice to adhere to the non-emetic method. Large doses, from a scruple to a drachm of the powdered root, may be given without disturbing the stomach, if the patient remain quietly in the recumbent posture after its admin-

*In a report to the Surgeon-General in October, 1874, which afterwards appeared in full in the *Atlanta Medical and Surgical Journal*.

istration and abstain for a time from drinking fluids. Very often, however, it is necessary to insure the desired result by the preliminary administration of a full dose of laudanum. The strikingly favorable results thus obtained by the administration of ipecacuanha in dysentery, in hemorrhage, and in collapse, would certainly warrant the further extension of this treatment to analogous conditions occurring in the course of cholera. Nor is the recommendation for its employment in cholera without support from clinical experience. M. Bourdon, in the wards of La Charité, has used it with decided success in the treatment of cholera infantum, which so closely resembles the true cholera. In fact, it was reported by M. Decugis (mentioned by Woodhull) that at the first appearance of the cholera in 1832, the physicians, struck by its resemblance to dysentery, proposed ipecac, and it was even considered a specific for cholera by Grisolle; but further experience taught that, when used in the ordinary way, it was of slight utility, and this opinion is generally echoed by our text-books.

The treatment of Dr. Woodhull is, on the contrary, based upon the effects of ipecacuanha when administered in a very different manner, in large non-emetic doses, in which it acts as a sedative, as pointed out by Waring, who also recommended its use in cholera.

A Monstrosity.

Dr. J. H. Gardiner, in the *Canadian Practitioner*, May, 1884, says:

"I have in my possession a remarkable specimen of monstrosity, consisting of a child with two heads, complete and well formed in every respect.

"The mother was in the ninth month of gestation, when labor pains commenced, and the labor did not last more than three hours. She is the mother of four children, all healthy and well formed; both father and mother are healthy. Pulsation continued in head last born, and in body, for more than twenty minutes after birth, and an attempt was made to set up respiration, but it was only partially successful. The head first delivered never showed any signs of life after complete delivery, being very much congested at birth. One hour elapsed between delivery of first and second head.

"There was one cord and one placenta.

"The specimen weighed eleven pounds at birth.

"There was a complete separation of necks down to shoulders, and separate spinal columns to termini.

"The upper extremities are well formed and two in number.

"The lower extremities are deformed, talipes varus existing in all. There are three legs, two in the usual position, and one over right ilium. This third leg is most deformed of all, being smaller and more like a wing without feathers than a leg; there are six toes on it. Two anal canals exist, but the genital organs are of the usual appearance of those of a healthy male child.

"The mother did not complain of any unusual sensations, impressions, or longings, during gestation, nor had she any fright. Now, the question is, how did such a monstrosity have an existence? Evidently twins were designed by nature, and from some peculiar placing of the double ova in early fœtal life, a blending of the parts resulted. The external blastodermic membranes have suffered less than the middle and internal; but I must leave to more skillful physiologists and embryologists to explain this medley on the part of nature. (It reminds me of Dr. Richardson's chicken without the feathers.)"

Reviews and Book Notices.

Notes on Current Medical Literature.

——In a reprint from the *American Practitioner*, Dr. N. B. Cook relates the recovery of a patient who had swallowed two drachms of extract of cannabis indica. In the course of his article he makes the following general remark: "From my experience in the treatment of poisoning from narcotics, if all the remedies recommended were placed before me and I was obliged to select and rely on one only, I would unhesitatingly choose the battery. I would rely on it with more confidence in a good result than all others combined; premising, however, the use of emetics or stomach-pump in cases seen before the poison had all been absorbed."

——The Illinois State Board of Health has issued a circular to all mayors or presidents of village boards of health, recommending that they pay especial attention during the summer months to the following points of public hygiene:

First—The condition of the water supply.

Second—The disposition of night-soil, garbage, and sewage.

Third—The cleansing of streets, alleys, and other public places.

Fourth—The supervision of food supplies, and of market-places, slaughter-houses, and similar establishments.

Fifth—The general sanitation of every house and its surroundings.

——The "Proceedings of the First Three Meetings of the Surgeons of the E. Division of the W., St. L. and P. Railway" (Fort Wayne, Ind.), makes a neat pamphlet of 116 pp., containing a number of original articles of value to surgeons in general, and railroad surgeons in particular. Such a publication is a proof of the enlightened activity of the American profession, and the thoroughness with which it pursues special scientific inquiries.

——The address of Dr. L. Woodruff, of Alton, Ohio, before the Alumni Association of Starling Medical College, is a sensible and well-prepared paper on the relations of medicine to the general public.

——The question of quarantine is discussed temperately in a pamphlet, "Quarantine and Commerce: How to Enforce the One without Detriment to the Other," by Dr. Joseph Holt, President of the Board of Health of Louisiana.

——Dr. Rollin R. Gregg, of Buffalo, New York, sends us one of his novel studies entitled "The Revelations of Fibrin; Unexpected Proof of the Immortality of Life." We fear his experiments will not engage the attention he asks for them.

——The Second Part of Lloyd's Quarterly, "Drugs and Medicines of North America," treats of the Hepatica and Ranunculus. It is well printed and illustrated, and in time must prove a useful book.

——Dr. J. H. Voje, of Fredonia, N. Y., favors us with a copy of his inaugural dissertation on receiving his degree of M. D., at Leipzig. It is entitled "Ueber die Ursachen des sogenannten Puerperal Fiebers," and is a careful thesis.

BOOK NOTICES.

Diseases of the Throat and Nose. Including the Pharynx, Larynx, Trachea, Œsophagus, Nasal Cavities, Naso-Pharynx, etc. By Morell Mackenzie, M. D., London, Consulting, late Senior Physician to the Hospital for Diseases of the Chest and Throat. Vol. II. Philadelphia, P. Blakiston, Son & Co. (Price, 2 vols., cloth, $6.00.)

Dr. Mackenzie has long been considered the leading English authority on nasal and pharyngeal diseases, and this work may justly be considered the summary of his experience and his observations. He tells us that every page has been written and re-written to bring it up to what he considered the proper form, but that even yet he does not reach the ideal he had set for himself. Few place their ideals so high, and fewer are so frank about their endeavors to reach it. Not many readers will perceive where it falls short. Certainly no more complete treatise on the subject is to be found in any language. It will be sufficient to give an idea of the scope of the work, to give a short abstract of its contents:

The Gullet—Anatomy, Examination, Œsophageal Instruments, Diseases, Acute Œsophagitis, Phlegmonous Œsophagitis, Ulcer, Varicose Veins of the Gullet, Malignant Tumors of the Gullet, Non-Malignant Tumors, Syphilis of the Gullet, Dilatations, Rupture, Wounds, Foreign Bodies, Œsophagotomy, Spasm of the Œsophagus, Post-mortem Softening of the Gullet.

The Nose—Anatomy, Rhinoscopy, Nasal Instruments, Acute Nasal Catarrh, Purulent Nasal Catarrh, Hay Fever, Chronic Nasal Catarrh, Chronic Blennorrhœa of the Nose and Air-Passages, Bleeding from the Nose, Tumors, Fibrous Polypi, Malignant Tumors, Syphilitic Affections, Glanders, Affections of the Nose in Eruptive Fevers and other Acute Diseases, Fractures of the Nose, Dislocation of the Nasal Bones, Foreign Bodies in the Nose, Congenital Deformities of the Nose.

The Naso-Pharynx—Chronic Catarrh of the Naso-Pharynx, Dry Catarrh of the Naso-Pharynx, Fibrous Polypi of the Naso-Pharynx, Malignant Tumors, Throat Deafness.

Appendix—Special Formula for Topical Remedies, Nasal Washes, Nasal Sprays, Gossypia Medicata, Olfactoria, Snuffs.

It will be seen that the field is well covered in this volume.

Transactions of the Missisippi State Medical Association, 1884. 8vo., pp. 190.

Quite a number of interesting articles fill this volume, dealing with practice, surgery, obstetrics, and hygiene. While a portion of them are local in character, the greater number will have a general interest for the profession at large, and will merit preservation in print.

The Formation of Poisons by Micro-Organisms. A Biological Study of the Germ Theory of Disease. By G. V. Black, M. D., D. D. S. I vol., pp. 178. Price $1.50. P. Blakiston, Son & Co., Philadelphia.

Many readers would like a clear historical and scientific sketch of the "germ theory," what it means, who started it, what there is to be said for it, what may be its applications in medicine and hygiene. They will find such a sketch in this volume, by a writer who has evidently kept himself acquainted with the progress of the discussion, and who writes without any undue bias for or against, and with an appreciation of what the laws of evidence demand. We do not doubt the essay will prove a satisfactory one to readers, and we recommend it to their attention.

—In the *Edinburgh Med. Jour.*, Aug. 1884, Dr. C. Clark Burman reports a case of abdominal wound, with protrusion and wound of small intestine, the result of a stab. Recovery.

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OCEAN-BATHING.

"If I were to go in the ocean and bathe for half an hour, my pulse would drop from eighty down to forty-five beats a minute." "I feel dreadfully to-day; I remained in the ocean more than an hour, and when I reached my bath-house, I was too much exhausted to dress and felt like lying down and going to sleep." "I had a very peculiar case to-day; a robust young man went in to bathe, and when he came out, laid down in his drawers and undershirt to rest, with two windows open and a current of air blowing over him; in a few minutes he had a violent chill, followed by a raging fever."

These three remarks, overheard within an hour, the other day, are but samples of what one hears every day at our sea-shore resorts. From them it may be inferred that ocean-bathing is not an unalloyed benefit to all persons. Some are so constituted, as the man with the susceptible pulse, that the bath ought to be absolutely interdicted, while with others the evil results are directly traceable to the ignorance or carelessness of the individual. There are very few persons who bathe as they should. The vast majority remain in the water too long, many battling with the breakers for more than a hour, while it is the exception to find a person who remains in less than three-quarters of an hour. One who has never been in the ocean, can form no conception of the amount of force expended in diving into or even standing up against the powerful breakers, involving as it does an amount of labor, of muscular exercise, that would soon produce fatigue, were the surroundings less stimulating and exciting. Again, it is not an uncommon sight to see young men and women, after bathing for half an hour or so, come out of the water and sit on the beach, talking to friends, while the air is rapidly evaporating the water from their persons, and their chattering teeth, livid lips, and shaking bodies, give plain evidence that they are being thoroughly chilled. Then off again they rush into the water, to still further exhaust themselves. A distinguished English physician has said in the *Lancet*, that he believes that if we were to examine the

urine of every person coming out of an ocean bath, in the majority of cases we would find albumen, thus evidencing a temporary congestion, which of course is increased by this exposure and evaporation on the beach. How much better would it be to walk briskly to the bath-house, and disrobing, rub the surface well with coarse towels until a tingling, glowing sensation gives evidence of a re-establishment of the cutaneous circulation! Some young ladies, (though we are glad to say the number is small) are so infatuated with the bath that they will not forego it, even during the menstrual period; that this is wrong, needs no arguments to prove; and still further, some pregnant women actually go in to bathe, and we are not surprised to hear that abortion occasionally results. If a healthy person, not endowed with any idiosyncrasy, which experience indicates as forbidding the bath, will stand about in his bathing clothes until well cooled off (but not long enough to feel chilly) and then go into the ocean for fifteen minutes, keeping the body well immersed all the time, and then rub himself well into a glow, we feel sure that the bath will prove to him an unalloyed benefit, and that he will return from the sea-shore invigorated and benefited by his sojourn there.

MILK DIET.

The recommendation of men distinguished for their talents and with world-wide reputations, has had the usual result with the milk diet question that we are wont to note with all other questions —namely, that the masses, following blindly the few leaders, have gone to the extreme; and we see daily, in the secular press, items to the effect that so-and-so (mentioning some distinguished person) is on the milk diet, and it is generally added that his complaint is Bright's disease. Thus these accumulating reports lend still more popularity to the diet, until in the minds of many persons Bright's disease and milk diet have come to hold a most wonderfully intimate relationship, the one with the other.

That milk is an exceedingly nutritious and easily digested article of diet no one questions, but that it has any *specific* action in Bright's disease seems to us, to say the least, very problematical; while on the other hand, such a restricted diet, serving as a constant reminder to the patient of his malady, would have the effect in many cases of causing the invalid to brood over his incurable disease, and thus by disturbing his equanimity and distressing his mind, would, we fear, have an injurious influence on the progress of the disease. A very distinguished physician in this city, places great faith in milk diet in this and other chronic diseases; and so firmly does he seem to believe in its efficacy, that even though it may sicken the stomach and constipate the bowels, as it not infrequently does at first, he still persists in its use, ordering his patient to bed, and commencing, may be, with teaspoonful doses of milk, with lime water, keeps the patient on his back until the milk ceases to produce these disturbing effects, and can be taken with impunity. But while this process of gradual accommodation may remove some of the objections to an absolute milk diet, it will not do away with the introspective objection which we have urged—it will not prevent the patient from brooding on his disease, and thus helping its progress. It is a fact that we have frequently observed in Bright's, as in other diseases, and it is a fact familiar to all physicians, that in those who are blessed with a buoyant, happy, "easy-going" disposition, who seem to forget (unless reminded of it) that they are afflicted with an organic and incurable disease, the disease seems to make comparatively little progress. We are all familiar with the evil influence of "worry," and of too much concentration of thought upon self and upon one's weaknesses. And from this fact we must perforce draw the logical lesson that we should never advise that which is calculated to cause worry and introspection. Hence, while we recognize the value of milk diet, yet we think that before directing it we should carefully study the temperament and disposition of our patient. To the sanguine, "easy-going," it will, in the majority

of instances, prove an unalloyed boon; while to the nervous, irritable, introspective, and "worrying" patient, it would seem more prudent to recommend the free use of milk, but not to enjoin the absolute, restricted milk diet.

LIFE AT THE SEA-SHORE.

Dr. Busey, of Washington, was offered the opportunity last summer at one of our fashionable resorts, of studying the evil influence of the constant use of high-heeled French shoes upon the female form, and this year we have been favored with the facilities for observing the methods of life pursued at the sea-shore. Without croaking or moralizing or fault-finding, we are compelled, in justice to our convictions, to assert that to the majority of persons a sojourn at the sea-shore is not calculated to prove so beneficial to health as the natural advantages and the intentions of the visitor would seem to warrant. There are two classes of persons who visit the sea-shore: those who go for the whole summer and settle themselves in cottages, and those who go for a few days or a week and stay at the hotels. This latter class, desiring to see and do everything during their limited stay, are on the go from early morning till late at night; they really work harder and consume more muscular tissue than they would do in the same time at home. Consequently their appetites are unnaturally great, and are still further increased by the liberal indulgence in alcohol which seems almost universal among men at the sea-shore—for those who are very abstemious at home seem to find in the salt air a something that increases or originates a desire for alcohol; and these great appetites are allowed unbridled indulgence in crabs and oysters and the like, until a severe colic calls a halt. Late hours are the rule among these transient visitors, and matutinal headaches are not unknown. When to excessive eating, drinking, and labor (for amusement), we add the improper methods of bathing, about which we write elsewhere, we can readily understand why these visitors of a week go home exhausted. The hops also furnish a source of danger. The rooms are hot, from the presence of hundreds of gaslights and of persons, and when a young man and his partner, heated above 100° F. by dancing, slip out to promenade on the piazza, subject to a strong wind, we can readily understand how a tendency to disease of some internal organs may be lighted into activity—for it is an ancient and erroneous superstition that one cannot "take cold" in salt air.

The "cottagers" lead a quieter life, and hence derive more benefit from the invigorating and life-giving atmosphere; but even this class participate more or less in the dissipations of sea-shore life. Of course, young folks go to the sea-shore "for fun," and they are going to have it, no matter how much we "old fogies" may preach against their methods. Still, this fact does not relieve us from the responsibility of pointing out what we consider hygienic errors in sea-shore life.

NOTES AND COMMENTS.

The Retention of Hair in the Axilla.

Evolutionists will be interested in reading the following remarks which Dr. A. Wyndham Martin publishes in the *Edinburgh Med. Jour.* for June, 1884:

The different views held on this subject render the question one of great interest to the student of science. The only reference to the subject made by Darwin, in the "Descent of Man," is the following:

"That the hair is chiefly retained in the male sex on the chest and face, and in both sexes at the junction of all four limbs with the trunk favors this inference—on the assumption that the hair was lost before man became erect, for the parts which now retain most hair would then have been most protected from the heat of the sun."*

Amongst many other theories held are the following:

1. That the hair in the arm-pit is intended to reduce the friction caused by the movements of the arm.

2. That at the age when the hair makes its appearance there is a greater supply of blood to the part.

3. That the increased heat serves to develop the hair follicles and sebaceous glands in greater abundance.

* Descent of Man, 2d edition, p. 57.

With regard to No. 1, any person on a slight examination of his own arm-pit will find that there is no friction at the part where the hair is most developed. As to 2, if due to an increased supply of blood to the axilla, it should also appear on the mammary region in the female—as there we see a much greater change in the blood-supply at the age of puberty. With regard to 3, the development of hair on the face in the male at about the same age is not generally attributed to an increase of heat and consequent development of hair follicles and sebaceous glands. If it be so in the axilla, why should the female lack hair on the face, considering that both sexes share in the possession of it more or less in the axilla? If we examine the subject morphologically instead of physiologically, we see that the axilla, the inner part of the fore limb, corresponds to the groin, the inner part of the hind limb. Now the presence of hair in the pubic region is sufficient, by the law of "correlation of growth," to account for the presence of hair in the corresponding part of the fore limb, the axilla. On examination it will be found to bear a fixed ratio to that of the pubes, and also to correspond closely in color. Sexual selection in primitive man, before he clothed himself, is sufficient to account for the hair on the pubes. The sexual passion in both sexes will be found to be in proportion to the development of the pubic hair, and the "law of inheritance" will explain its persistence.

A Peculiar Form of Pneumonia.

Before the Manchester Medical Society (April 16, 1884,) Dr. Dreschfeld read a paper on a peculiar form of pneumonia, which seems to have been very prevalent lately in Manchester, and which was especially interesting, as it resembled in its symptomatology the "epidemic pneumonia" described by several observers in recent times. The disease commenced, as a rule, without a rigor, its onset being marked by general malaise and pyrexia, which lasted for two or three days before any characteristic physical chest-symptoms appeared. When these appeared, they had a very distinct creeping character: they consisted of fine crepitations, with dullness on percussion, and commenced at the apex of one lung, gradually passing downwards to the base, and then often attacked the other lung in a similar way. The characteristic rusty sputum was absent in about half of the cases, where there was either no expectoration at all, or expectoration of a muco-purulent character. The temperature was never very high, and the curve irregular. In one case, where the invasion of each lobe was more sudden, every fresh attack was marked by a sudden rise of temperature. In but few cases was there a distinct crisis; where recovery took place the temperature showed a more gradual defervescence. The disease ran a somewhat protracted course, and was very fatal. Amongst its complications were noticed enlargement of the spleen, pericarditis, and albuminuria. Post mortem, the lungs showed typical croupous pneumonia, the several stages of which could often be seen in the same lung. Portions of the lung, placed at once in absolute alcohol, and examined after Gram's method, showed the presence of enormous masses of diplococci; these were seen both in the alveoli amongst the exudation, as well as in the lymphatics and capillaries. This form of pneumonia bore a very close resemblance to the pneumonia which occasionally occurred epidemically, as described by Costello, Jürgensen, Kühn, and others; it also resembled the pneumonia observed complicating typhoid fever and other zymotic diseases, and the pneumonia observed in old people and in alcoholics. It seemed to form a connecting link between the ordinary pneumonia and the so-called septic and the epidemic pneumonia. The inferences which Dr. Dreschfeld drew from his observations were these:

1. However much croupous pneumonia might vary in type and symptoms, there was only one kind of pneumonia.

2. The causes, such as catching cold, etc., were simply predisposing and not exciting causes.

3. Pneumonia was due most probably to a specific infective agent, the pneumonia-coccus.

Carbolic Treatment.

Before the Irish Academy of Medicine, (March 26, 1884) Dr. Cahill, in a paper on carbolic treatment, said that antisepticism was superfluous, as fermentation never occurred in the vital fluids, blood, pus, serum and lymph, until they died, and when once dead they should be removed. He traced an analogy between blood and pus, in that both died in the largest containing vessels first, and that dead substance introduced into either surrounded itself with a zone of dead material; for instance, dead bone in pus. He attempted to prove that air was a foreign body, by quoting the phenomena of canalization, and in other ways. He deprecated the system of classing a large number of drugs under the heading "antiseptics," and thought each substance should be regarded on its own

merits, alleging that, although antisepticism was useless, the carbolic treatment was highly valuable in wounds and sores of a strongly inflammatory tendency, as devitalizing or suspending vital processes in the tissue-elements. In support of this view, he instanced the effects of the spray on the hands of operators. Carbolism in preventing suppuration round sloughs (as adduced by Mr. Cheyne) was partly due to the same principle, and partly to that property of carbolic acid by which it promotes the absorbent powers of granulation-tissue. Mr. Thompson pointed out that Lister was by no means confined to the use of carbolic acid in his treatment, but used perchloride of mercury, eucalyptus, thymol, etc. He dissented from Dr. Cahill's conclusions, and said that Lister's system had the effect of reducing the death-rate and practically wiping out in surgical practice pyæmia and septicæmia.—Mr. W. Thornley Stoker thought Dr. Cahill's point was to give a new explanation of the way in which the effects ascribed to Lister were produced.—Dr. Cahill said he did not attack carbolic acid, but Listerism—carbolic acid being, in proper cases, a very valuable drug. He quarrelled with Lister for using it indiscriminately in all cases, and thought Lister had done a great deal of harm by introducing antiseptic surgery. No doubt Lister used thymol, eucalyptus, etc., but he had gone back to carbolic acid, as mentioned in Cheyne's *Surgery*, which, according to Lister, himself, was the best source of information as to his system.

Case of Diphtheria Treated by Tracheotomy, Peptonized Enemata and Iodoform.

Dr. R. Shingleton Smith reports this case in the *British Medico-Chirurgical Journal*, March 1, 1884:

Florence H., æt. 6, admitted December 26, 1883, in state of asphyxia, with abundant exudation visible in throat. Tracheotomy was performed immediately, and gave marked and immediate relief.

December 27. Temperature was 102°, urine had one-eighth albumen, and there was much swelling of cervical glands.

December 30. The edges of the wound were gaping, stitches had sloughed out, and glands very much swollen.

December 31. Milk taken in by mouth at once came out through the tracheal tube and gave rise to much choking cough. Nutrient enemata of peptonized milk, and Slinger's capsules, were given; all food by the mouth discontinued.

January 4. The child was wasting rapidly, although the temperature was normal, and threatened pneumonia had cleared up. The enemata not being well retained, peptonized milk was injected into the stomach through an œsophageal tube, but was only partially retained. The tube in trachea was then removed; the sloughing of wound had ceased, the swelling of glands subsided. In a few days the child could swallow solid food, although liquids would still pass down the larynx. The wound in the neck gradually healed, the opening in trachea closed, power of deglutition both of solids and liquids returned. The child rapidly improved in strength; speech returned in about a month, and the urine was free from albumen six weeks after admission.

The only essential element of treatment, other than by tracheotomy, peptonized enemata and œsophageal injections, was iodoform. This was given in grain-doses with mucilage every four hours during the first five days, till the power to swallow was lost. Iodoform was also painted on the fauces, and diffused in vapor throughout the air of the steam-bed. It was also applied to the wound and over the tube in the form of iodoform wool.

Bronchial Gangrene from a Foreign Body.

The *Wien. Med. Blätter*, of January 24 and 31, describes a case of bronchial gangrene occasioned by the inspiration of a small piece of bone. The patient was a strong man, aged thirty-seven, who came to Dr. Mader's clinic in Vienna on December 20, 1883, with the history that on November 15, as he was eating some soup, he swallowed a piece of bone, which stuck in his throat. This caused so much dyspnœa, that he was obliged to spend the night sitting up in a chair. Next morning he saw a medical man. who used a bougie, and relieved him from the sensation of the presence of a foreign body. He rested from work for four or five days, but soon afterwards he was seized with rigors, pain in the right side, and severe cough, apparently from having caught cold in a cellar. On admission, he had a certain amount of fever, and the respiration was hurried, but there was no sinking-in of the jugular regions. There was dullness on percussion over the right side, with some tenderness posteriorly, over the region of which no breath-sounds could be heard, the respiration elsewhere being vesicular. The sputa were not fœtid, but the patient remembered that the mucus he spat up three days after the accident had a bad smell. Fœtor appeared in the course of the three days following his admission, as the cough grew more severe, and the case went

on, with increasing fever and fœtid expectoration, until January 5, when it ended fatally, with symptoms of suffocation. At the necropsy, the lower division of the right bronchus was found completely stopped up by a piece of bone; putrid bronchitis was found on both sides, and lobular pneumonia in the left lower lobe. A small solution of continuity was found on the posterior wall of the larynx, on a level with the arytenoid cartilage, showing that the piece of bone must have stuck there in the first place; and a similar lesion at the bifurcation of the trachea pointed to a second stoppage of the foreign body, before it slipped finally into the right bronchus, where it was found. The case contains a caution from a clinical point of view, as the use of the laryngoscope, indicated by the dyspnœa, might have shown the true nature of the case at the beginning.

A Case of Floating Liver.

Dr. J. B. Arini describes an interesting case of floating liver in a recent number of the *Anales del Cerculo Medico Argentino*. The patient was a young married lady, in whom the abdominal muscles were weak and flaccid after child-bearing. Wishing to put on a new dress which was found to be too tight, she, with the aid of another person, forcibly squeezed herself into it by lacing her stays extremely tight. Thus compressed, she started for church, but, before arriving there, was suddenly seized with an internal pain and sensation of tearing, which caused her to faint. Symptoms of peritonitis followed, obliging her to remain in bed for some time. On the subsidence of the peritonitis, a large swelling was noticed in the middle and right side of the abdomen. This tumor, which was movable, caused her great pain on walking, and she could only sleep on the right side. Dr. Arini first saw her eighteen months after the accident; he then verified the presence of a tumor, presenting the character of the liver. The anterior surface was smooth and convex, and not painful to gentle pressure; its lower border was sharp with a notch, its upper border thick and smooth; the tumor was movable, and could be raised upwards and to the right under the false ribs; the normal dull zone in the right hypochondriac had given place to a clear tympanitic sound. The periodical changes observed in the tumor coinciding with digestion, its movability, the subjective phenomena of weight and traction, and the physical signs, added to the history of sudden onset, recent confinement, and pendulous abdomen, all made the diagnosis clear. The treatment consisted in the employment of a species of support or corset, with a concave metal plate well padded, on which the thin border of the liver rested; the organ by this means was held up more or less in its normal position. The patient found great relief from this support, and was able to walk and to lie on the left side without difficulty.

An Important Point in Testing for Albumen.

It is customary for the physician to request his patient to send him a sample of urine passed the first thing in the morning, when he desires to examine it for albumen. That this may mislead him is suggested by the following case, which a correspondent reports in the *British Medical Journal*, July 5, 1884:

A girl, aged 13, fairly healthy, but not over strong, was brought to him about ten months ago, said to be suffering from "incontinence of urine" and debility. On examining the urine, he found that it was loaded with albumen; there was no anasarca, and no cardiac mischief. He prescribed tincture of perchloride of iron and dilute nitro-hydrochloric acid, with the result that nearly all trace of albumen had disappeared in about six weeks, when she went to the seaside, and he lost sight of her for about two months. Soon after her return he again examined the urine, and found it loaded with albumen. He again prescribed the iron and acid, and gave directions that the urine first passed in the morning should be sent to him for examination regularly every few days. This was done, and he was glad to find almost immediately marked improvement, until one day, by mistake, urine voided in the middle of the day was sent, and this he found to be loaded with albumen. He then gave directions that two samples should be sent on the same day every week, one being that passed the first thing in the morning, and the other later in the day. The result of his investigation was, that the former was perfectly normal and free from albumen, and the latter was decidedly albuminous. The amount of albumen varied, sometimes being considerable, sometimes hardly perceptible. At the present time the morning urine is perfectly free, but that passed at midday contains a decided trace, and this state of things has existed for some weeks past.

Peritonitis in an Infant.

To the New York Pathological Society (April 9, 1884), Dr. J. Lewis Smith reported this case. He had seen the patient only the day before its death, which occurred on the fourteenth day after

birth, in which there had been nothing unusual. A week before his visit the nurse said the child had been very fretful. An increase in the temperature was afterward noted. He found evidence of peritonitis. There was great distension of the abdomen, with meteorism; the child cried when pressure was made over the abdomen. The rectal temperature was 102.4° F. During the first ten days of life the child had only gained one ounce in weight. Some matter could be squeezed from the umbilicus. The cord had separated at the seventh day. The autopsy was made by Dr. Welch. The most marked lesions were found along the course of the umbilical cord, where fibrinous pus was quite thick. The lymphatic vessels along the lower surface of the diaphragm were also filled with pus, and Dr. Welch had stated that there probably would have been an extension of the inflammatory process to the pleura had the child lived longer. The umbilical vein was filled with grayish-red, broken-down, and purulent thrombi, closely adherent to the walls of the vessel. Dr. Welch explained the peritonitis by the statement that micrococci, which were present, had found their way through the umbilical vein into the peritoneal cavity, and this fact also explained the reason for there having been a greater degree of inflammation along the course of the vein. Dr. Smith said that if this explanation of peritonitis in these little patients was accepted by pathologists, it was interesting and suggestive. Some weeks ago there had been some puerperal fever and erysipelas in the maternity wards of the institution where the child died, and for that reason the wards were closed for a time. Whether the present case was in any way connected therewith, he was unable to say.

Idiopathic Purulent Peritonitis.

Prof. Leyden has recently described (*Deutsche Med. Wochenschrift*, April 24,) three cases of idiopathic peritonitis. One of these, in a male, ended in recovery, so that its precise diagnosis remains uncertain. The other two were in females, aged twenty and twenty-seven years respectively, and the peritonitis, which was purulent, ran a rapidly fatal course. It had no connection with menstruation, and the post-mortem examinations showed the absence of any local primary inflammation of the pelvic or abdominal organs. In one of these cases the interesting discovery was made of an abundance of micrococci in the exudation, as well as in the deeper layers of the abdominal wall and the diaphragm. They resembled the micro-organisms which have been met with in puerperal peritonitis and other purulent exudations — e. g., pleurisy. The origin of such cases is veiled in obscurity; but perhaps, as Leyden thinks, the detection of these micro-organisms may lead to an explanation, which at the best must be hypothetical—viz., that in intestinal or menstrual derangements such organisms may gain access to the peritoneal cavity and excite inflammation. He speaks somewhat despairingly of treatment, including mercurial inunction, and says that it has long been a question with him whether such cases ought not to be dealt with surgically, on the same principles that an empyema is treated. The difficulty of establishing a diagnosis of the nature of the peritoneal effusion in these very acute cases forms perhaps the main hindrance to the adoption of a measure which might often be the sole means of saving life.

Catheters and Self-Catheterism.

While much more common in England, yet, the custom of *self-catheterism* is becoming more usual in this country. And as gum catheters (the kind most in use) become very sticky, increase in bulk and deteriorate in quality, becoming very liable to break off in the urethra, it is with much satisfaction that we note that Dr. J. B. Mitchell states in the *Medical Press*, June 25, 1884, that a catheter that has been smeared inside and outside with oil, when exposed for an hour or two to the action of pyroxylic ether, is as clean and smooth as it was before use. He also suggests a most excellent method of using oil for lubricating purposes. When a certain quantity of castor oil is, by exhaustion at the superior orifice of the catheter, sucked into the tube of the instrument, it does not at once seek to escape, but keeps its place till the constricted part of the urethra is reached. The catheter, with its internal as well as external charge of lubricant, having arrived at the point where resistance has to be overcome, pressure of a stripping character exerted between the finger and thumb, in a downward or inward direction, upon the extruding upper end of the instrument, by expelling the oil wherewith its opposite end is charged, floods the urethra with the lubricant at the constricted part, and bears along, as it were, the catheter point through the prostatic rapids, landing it safely in the bladder. Experience has abundantly shown that the flooding, when copious, is always completely effectual in the shooting of the urethral narrows.

Cleansing the Uterus after Abortion.

Dr. David Inglis publishes a paper on this sub-

ject in the *Am. Jour. Obstetrics*, April, 1884, in the course of which he says:

"My experience with intra-uterine injertions in the cases under consideration has been markedly and uniformly favorable. By the use of the double tube, the danger of any of the injected fluid being forced up the Fallopian tube is practically none. The effect of disinfectant injections in reducing temperature in cases where constitutional disturbance had already set in, has been unequivocal. In one case in which I was called to a patient in whom a portion of placenta retained had caused a temperature of 105.5°, the drop to 99° within three hours after thorough disinfection of the uterine cavity gave most distinct evidence of the efficacy of the treatment. While I have never as yet had any untoward effects from the use of intra-uterine injections, it is right to add that it would seem that their use long (six or seven days) continued after confinement tends to increase the danger of late post-partum hemorrhage.

In conclusion, I would specially call attention to flexion of the uterus as a cause of retention of the lochial discharge, and thus of certain cases of puerperal fever. The mention of it at once suggests the reasonableness of prompt reposition and thorough cleansing.

Low Temperature in Pneumonia.

Before a recent meeting of the New York Clinical Society, Dr. Janeway called attention to the significance of low temperatures in pneumonia. He had recently seen three cases, two of which proved fatal, and the third, which was still under observation, would probably result in the same way. The first case was that of a woman, fifty-five years of age, whom he had seen on the sixth day of the disease, hæmoptysis having given rise to the suspicion of phthisis. He found well-marked consolidation at the base of one lung, and some signs on the other side. The rectal temperature was only 100° F. The patient died on the ninth day. In the second case he saw the patient on the fourth day, and there had been no marked elevation of temperature. Here, also, the physical signs were plain. In the third case, the highest temperature noted thus far has been 102°. Such cases used to be called asthenic pneumonia. For several days before taking to bed, the patients were often sick without any marked rational symptoms, or the symptoms might be misleading, like the hæmoptysis in one of the cases he had referred to; and yet they might die a day or two later. He thought this low temperature a bad symptom, although he had seen it followed by recovery. In the cases referred to, the pulse had been rapid—in the first one from 150 to 160, in the second from 120 to 130. He also called attention to the fact that apex pneumonias were often overlooked, because the physician examined only in front, and the signs were not usually to be found there, but high in the axilla and behind. The percussion-note in front was often vesiculo-tympanitic from imprisoned air. Many such cases were diagnosticated as remittent fever.

Imperforate Hymen Opened without Antiseptic Precautions.

Dr. M. G. Biggs reports this case in the *Brit. Med. Jour.*, May 10, 1884:

"E. S., aged 16, a servant, had never menstruated, although she was a well-formed girl. She had, however, suffered from pain at distinct intervals, and, when she sent for me, her mother said she had been in severe pain all the previous night, and was then so bad that she was rolling on the bed, and that the womb had come down externally. On examination there was a distinct bluish projecting membrane, with marked fluctuation; the only opening to be found was that of the urethra. A triangular piece was removed from the centre of the membrane, and there was an immediate rush of a considerable quantity of dark-colored discharge, with instant relief from the pain, which did not recur. When the discharge had ceased, the parts were covered with a piece of linen rag soaked in carbolic acid lotion (1 in 40), and this was ordered to be continued; but, as often happens in this class, the mother was somewhat careless, the rag was allowed to dry or to fall off, so that we may fairly say that there was a free access of non-carbolized air. She was kept in bed during the remainder of that day and the next, but there was no rise of temperature, and then she was allowed to get up and resume her work, which she did without any bad effects."

The Therapeutics of "Horizontal Position."

Dr. R. H. Gunning, of Edinburgh, tells us that it is enough to look at the veins on the back of the hand or inside of the leg, to see the effects of hydrostatic pressure. The limbs being perpendicular, the veins swell; placed horizontally, they become again normal. If so in the limbs where the veins have valves, more so in the veins where there are no valves, as in the lower intestine and in the reproductive parts. How easy to prevent varix, varicocele, piles, and leucorrhœa, by re-

clining sufficiently ; or to develop them by overstanding or over-walking. This is what he thinks is not sufficiently estimated in books nor in practice. Too much is expected from local applications or operations of one kind or another, and too little is trusted to the help of position, or physical law.

Then we must not forget that the force of the heart and general circulation is also diminished by the recumbent position. The pulse increases in frequency by sitting up, and more by standing up.

Septicæmia Accompanying Lacerated Cervix.

Dr. William W. Seymour contributes a paper on this subject to the *Am. Jour. of Obstetrics*, April, 1884, which is thus summarized :

1. Until the cervix is fully dilated, the presenting part must be kept back and the cervix supported to prevent its laceration by the presenting part or the after-coming shoulders.*

2. Hot water injections will, immediately after delivery, make lacerations of cervix and vagina patent which otherwise would not be discovered by the touch for several days.

3. In every case of suspected cervical laceration, a careful search should be made with the uterine sound for supra-vaginal cervical lacerations.

4. Large doses of quinine, twenty or so minutes prior to the uterine injection, will prevent chill and probably also uterine colic.

5. A supra-vaginal laceration of the cervix should be treated by the armed probe and irrigation.

6. Examination within the first few days after labor would probably show a fair percentage of peri-uterine hematomata from laceration.

Uræmic Amaurosis.

Dr. A. Friedenwald thus summarizes a paper on this subject in the *Med. News*, August 9, 1884:

1. That when amaurosis suddenly overwhelms a patient in both eyes with no ophthalmoscopic change, uræmia should be suspected even in the absence of any other prominent uræmic symptom.

2. That uræmic amaurosis will continue only as long as the uræmia exists, and will disappear when the function of the kidney is re-established. When permanent injury to sight is observed, it may be due to pre-existing retinal changes, not at all uncommon in Bright's disease.

3. That the chances for a full return of sight are somewhat impaired when the patient has been the subject of recurring attacks.

4. That by exhibiting jaborandi and other means for inducing free diaphoresis and by free purgation a catastrophe may be averted in the general forms of uræmia, but when it occurs in pregnancy, premature labor is the only remedy which promises safety to the patient.

*Probably, apart from instrumental cases, the worst cases of laceration of perineum or cervix are produced by the shoulders.

Ammonia as a Prophylactic Against Cholera.

Dr. S. W. Ingraham, of Chicago, writes to the *Med. Record:* "During the years 1865 and 1866 I spent much of my time in New York city, and as the cholera was quite epidemic there during those two years, I took occasion to ascertain what class of people were least subject to it. I found that the men who worked in horse stables were rarely, if ever, attacked with the disease, and that their families were less liable to the contagion than persons of other occupations living in the same localities, with the endemic influences nearly or quite equal. Upon special examination I found the clothes and even the skin saturated with ammonia to such an extent that when they came in close proximity to me I could plainly discern its odoriferous properties. From this I was led to believe that their whole bodies were more or less under the influence of the ammonia, and that the cholera contagion would not attach to them."

News and Miscellany.

Sad Suicide of a Medical Man.

An inquest was lately held at Northwich, in Cheshire, England, on the body of Dr. Cadwallader Brooke Wolseley, a cousin of General Lord Wolseley, who committed suicide by taking a large dose of hydrocyanic acid. The deceased was in practice in Northwich, where he was greatly respected by the inhabitants, and had been engaged in seeing and prescribing for patients up to within an hour previous to the commission of the fatal act. No evidence was forthcoming at the inquiry to indicate any sort of cause for the occurrence, but one witness desired to explain that deceased had been subject to pains in the head, and had suffered from a slight sunstroke some years ago. Strangely enough, however, the coroner, Mr. H. Churton, decided that this evidence could not be entertained; why, he does not appear to have said. To ordinary understandings it would have been of essential service in helping to elucidate the circumstances of the case, and it might have been more generally satisfactory had the testimony been admitted. The verdict ultimately recorded was to the effect that death was caused by taking prussic acid, and that deceased was laboring under temporary insanity at the time.

British Medical Association.

The fifty-second annual meeting of this Association was held in Belfast, Ireland, July 29, 30 and 31, and August 1, 1884.

The president's address was delivered by Dr. James Cuming. The address in Medicine, by Dr. William M. Ord. The address in Physiology, by Dr. Peter Redfern. The address in Obstetric Medicine, by Dr. George H. Kidd. "Old and New Views in Medical Science," by Dr. James W. T. Smith. "Gastrostomy; Radical Cure of Hernia; and Thyroidectomy," by Sir William MacCormac. "The Surgical Aspects of Obstetrics and Gynecology," by Dr. Clement Godson. "The Cholera Microbe, and How to Meet It," by Dr. Charles Cameron. "The Treatment of Immature Cataract," by Dr. W. A. McKeown. "The Pathology of Insanity," by Dr. George Henry Savage. "The Relations of Physiology and Pathology," by Dr. W. S. Greenfield. "On Methods of Therapeutic Research," by Dr. T. J. Maclagan. "On the Nosological Relations of Chronic Rheumatic (Rheumatoid) Arthritis," by Dr. Dyce Duckworth. These are the principal papers so far reported. We will from time to time present abstracts of them.

Hydro-Therapeutics at Saratoga.

The *N. Y. Med. Jour.* says that in spite of the popularity of some of our American watering-places, and the vague trustfulness with which patients with chronic ailments resort to them, it must be said that, in comparison with those of other countries, our resources in the shape of mineral springs have not hitherto been turned to account therapeutically in any way deserving to be called systematic or intelligent. It is undoubtedly true that in certain parts of Europe the powers of mineral waters are magnified far beyond their real worth, and the indications for their therapeutical employment over-refined; but it is very certain that we have erred in the opposite direction. It is on all accounts to be desired that a systematic study should be made of those of our waters that have been conceded to have any just pretension to definite medicinal properties, and we are glad to learn, therefore, that one of the resident physicians of Saratoga, Dr. R. C. McEwen, is about to enter upon the study of the Hathorn spring, somewhat after the manner of the bath physicians of Europe.

The Plague on the Turco-Persian Frontier.

The Berlin correspondent of the *British Med. Jour.* (July 26, 1884), writes: "About the middle of June a telegram reached Berlin announcing the outbreak of bubonic plague in the neighborhood of Bagdad. Some days ago, news reached Berlin, from St. Petersburg, that, in consequence of the outbreak of a malignant epidemic on the Turco-Persian frontier in Kerbala and the neighborhood, the Persian government had drawn a strict *cordon* to prevent the plague from spreading. The governor of Baku has refused to grant passports to pilgrims wishing to go to Kerbala, in order to prevent the epidemic being brought to the Caucasus. The nature of the epidemic is not announced." This is probably the same plague that was spoken of in June. News has also reached Berlin, from St. Petersburg, that the Siberian plague is now raging in the government of Pleskoff, and that several deaths have already occurred. It is, moreover, asserted that the authorities are not taking proper measures against the plague.

The Late Mr. Hawkins.

Speaking of the late Mr. Cæsar Hawkins, Sergeant-Surgeon to the Queen of England, the *London Med. Times* says:

"Like the majority of those who have attained high rank in the profession of medicine, Mr. Hawkins was a man of character as well as ability. One who knew him for nearly fifty years writes of him: 'During all these years he was ever the same—most industrious and painstaking in all matters relating to his work—high-minded and honorable in all that was connected with the interests of his profession—kind and liberal to a degree, that truly it may be said, his right hand knew not what his left gave away. All who had the privilege of his friendship will endorse this estimate of his character. He was one of the most accurate and clear-headed of men that I had ever anything to do with—no lover of ostentation—no seeker after personal advancement by show or talk—but true in every sense of the word, and a thorough high-minded gentleman.'"

A Point in Abating Nuisances.

The right of courts to abate nuisances is an undoubted one, but great care is exercised lest injustice may be done by the hasty exercise of this power. A good illustration of the extent to which courts will go in this direction is shown in a recent English case, where a railroad company had established cattle-yards in a place where they soon became a great nuisance and offensive to health. The company was allowed by law to establish such cattle-yards, but the act of Parliament said nothing as to what should be done in case they became a nuisance. Upon a motion to enjoin the railroad company from continuing the yards, the company did not in answer show that the location chosen was the only place where cattle-yards could be placed; and as this was not done, an injunction was directed to issue.

The Berlin Physicians and Cholera.

The Berlin Clinical Society (Verein für innere Medicin) at the meeting on the 14th of July, discussed the subject of cholera. Dr. S. Guttmann opened the debate, and recommended the formation of a committee to collect and report upon the relative value of various therapeutic measures, and consider what influence the discovery of the cholera bacillus should have in the adoption of prophylactic and curative methods. An animated discussion followed, and a committee was nominated consisting of Drs. Leyden, Fräntzel, Klaatsch, Reiss, Goltdammer, Lehnert, Baer, Wernich, P. and S. Guttmann, and Guttstadt. Dr. P. Guttmann stated that accommodation for 500 cholera patients could be provided in the city hospital at Moabit. At the commencement of the sitting, Dr. Kronecker exhibited a newly-devised apparatus for saline transfusion.

Medicine in Syria.

Dr. George E. Post, a medical missionary connected with the Presbyterian Church of this country, who is living at Beirut, Syria, has acquired a great reputation among the Turkish officials for his skill in surgery, and could easily acquire a large income if he were to receive pay for his services. He devotes, however, his entire time to the poor, and the calls upon him are immense in number and in variety. He has prepared a series of text-books in Arabic on surgery, materia medica, botany, zoölogy, and physiology, and edits a monthly medical journal. He is at present employed on a work descriptive of the flora of Syria and Palestine, the first work of the kind on the subject in any language.

Milk vs. Stimulants.

"The greater my experience becomes," writes Dr. Clauston on Annual Raport of the Royal Edinburgh Asylum for the Insane, "I tend more to substitute milk for stimulants. In very acute cases, both of depression and of maniacal exaltation, when the disordered working of the brain tends rapidly to exhaust the strength, I rely more and more on milk and eggs made into liquid custards. One such case this year got eight pints of milk and sixteen eggs daily for three months, and recovered under this treatment. I question if he would have done so under any other. He was almost dead on admission, acutely delirious, absolutely sleepless, and very nearly pulseless."

Items.

—Mr. Cæsar Hawkins, Sergeant-Surgeon to the Queen of England, died July 20, aged 86 years.

—Dr. P. M. Wise has been appointed Superintendent of the Willard Insane Asylum, in place of Dr. Chapin.

—Another fatal accident has occurred in the Alps, the victim being a medical student, son of Professor Bamberger, of Vienna.

—The American Academy of Medicine will hold its annual meeting at Baltimore, Maryland, on Tuesday and Wednesday, October 28th and 29th, 1884.

—M. Paul Bert has proposed in the French Chamber a law which compels every doctor to report without delay the appearance of a case of cholera.

—M. Closmadeuc has recently performed the Cæsarian operation successfully both for mother and child. This makes his third operation and third success.

—The University of Heidelberg is about to celebrate its five hundredth anniversary. The Baden Parliament has voted $40,000 to meet the expenses of the occasion.

—In the *Edinburgh Med. Jour.*, Aug., 1884, Dr. A. D. Leith Napier reports a fibrinous polypoid uterine tumor, with secondary hemorrhages, and removal of tumor.

—The Academy of Medicine of Paris has, on the report of Dr. Brouardel, unanimously voted that quarantine on land is impracticable in France, and that the process of disinfection at present imposed upon travelers and their luggage is inefficacious.

—The Trustees of Jefferson Medical College have had placed in their hands the resignation, by Prof. Robert E. Rogers, of the Chair of Chemistry in that school.

—"Congestion of the right kidney" is the diagnosis made by his attending physician of an indisposition from which Rev. Henry Ward Beecher has been suffering.

—Prof. Aeby, of Berne, has been appointed to the Anatomical Chair of the German Medical Faculty of the University of Prague, and Prof. Strasser is named as his successor at Berne.

—The French government has conferred the Order of the Legion of Honor upon Prof. Koch, in recognition of his services in connection with the investigation into the causes of the outbreak of cholera.

—The National Board of Health held an annual meeting in Washington, Wednesday, July 30, and elected the following officers:

President—Dr. James L. Cabell, Virginia.

Vice-President—Dr. Stephen Smith, New York.

Secretary—George E. Waring, Esq., Rhode Island.

—The executive committee of the commission appointed at the recent session of the Legislature to investigate the sanitary condition of the tenement houses of New York, commenced the work of inspection during the last week of July. It consists of Drs. Moreau Morris and Abbot Hodgeman, Charles F. Wingate, Sanitary Engineer, and William P. Esterbrook, Superintendent of Buildings.

—One of the comic papers has this paragraph: "A patent medicine manufacturer died in New York last week. Before he died, his friends asked him how he would like to be buried. He had just strength left to say: 'Insert me top column, next to reading matter, 52 times, electro by mail,' and then he closed his eyes and passed away to that bourne where there are no omissions nor wrong insertions."

—The English Parliament has refused to pass the bill forbidding pigeon-shooting matches, although the *London World* says: "It was abundantly proved in the course of the debate that pigeon-shooting entails the systematic practice of the most execrable cruelties. The physical injuries done to the birds in order that they may baffle the marksmen, or that they may be more difficult to hit, are of the most hideous description."

—At the suggestion of Dr. Cyrus Edson, of the New York Health Department, an ordinance has been passed forbidding the use of vessels made of brass, lead, copper, or other metallic substance in the sale of beer, soda-water, syrups, and other beverages or flavoring materials, on account of the danger of the formation of compounds detrimental to health. An investigation into the character of the lining of the soda-water fountains of Brooklyn is at present being made by Health Commissioner Raymond.

DEATHS.

FLEMING.—August 9, 1884, at the residence of his parents, Dr. W. and E. J. Fleming, Port Byron, Ill., Charles S. Fleming, aged 17 years, 1 month, and 20 days, of cerebral disease.

THE

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

IS FRIGHT AN ESSENTIAL PATHOGENIC ELEMENT IN CHOREA?

BY J. C. BIDDLE, M. D.,

Surgeon-in-Chief to the State Hospital for Miners, Ashland, Pa.

It has been contended that sudden fright is the main causing element of chorea. It has even been said that young children under eighteen months never suffer from this disease, because they cannot be frightened; not knowing a danger, it is impossible to make such an impression on their central nervous system as to produce a malady, so generally induced by a sudden fright, as chorea. Before debating the subject, I wish to report the following case:

David T., æt. 14, a strong, physically well-developed boy, was admitted to the State Hospital for Miners, March 25, 1884, for injuries to his left arm and foot. He and his mates were playing marbles near by the railroad. David happened to be the winner, and to get away, so that his playmates would not rob him of his booty, the thought struck him, to jump on a coal train just then passing. He mounted all right, but in jumping off his hand became fastened in the handle of the car, and he was dragged along for a distance of about fifty yards, when his hand suddenly becoming disengaged, he fell with his left arm and foot under the wheels. He scarcely as yet knew what had happened, and he tried to rise and to stand on his feet, when he discovered his left arm hanging loosely by his side. At the same time the left foot gave way under him; he felt a severe pain, a sickening sensation came over him, and he dropped down. His arm was lacerated and pulpified from the wrist to above the middle of the upper arm. He was taken up and carried to his home, where his arm was bandaged, and his foot stitched nicely enough, making it appear as if he had received a simple cut. But high fever and swelling setting in, and the boy complaining of excruciating pains, he being an orphan, and his friends fearing he could not receive the proper treatment there, about five hours after the accident decided to send him to the hospital under my charge.

At once convinced of the impossibility of saving the arm, which for the distance mentioned really was but a crushed mass, in fifteen minutes after the boy's admission I amputated the injured arm in its upper fourth. On account of a rent in the skin on the anterior part of the arm extending well up on the coraco-brachialis muscle, I made two lateral flaps. Every experienced surgeon knows, that in cases of injury flaps cannot always be formed in the exact manner systematic writers on surgery teach us; we have to cut the flaps to suit each individual case. By following my usual principle, to adapt the operation to the case, I am satisfied that I saved the boy fully two inches of bone, with plenty of muscle to cover the bone, and with skin enough to protect the muscle.

Twenty-four hours after the accident his toes on the injured foot turned a livid hue, plainly indicating the serious damage, which the circulation had received. I applied emollient poultices with hot water-baths every three hours. Seventy-two hours afterwards the line of demarcation had formed just above the ankle-joint, and I decided

to remove the now dead foot just below the middle of the leg, employing the circular method. The boy's temperature, which had hitherto remained stationary at 102°, with a slight decline in the mornings, a few hours after the amputation of the leg, fell to 99°.

Although, as mentioned, the boy was strong and of muscular build, I put him from the beginning on a tonic treatment, knowing from experience that the general nutrition of such people in our neighborhood is not favorable to the development of a strong vitality. Besides, I had the first day the suspicion that amputation of the foot would become necessary, and to guard early the boy's system against the shock, which it would have to sustain in the case of two amputations, I resolved to use every effort to keep up the patient's vitality. I put him, therefore, from the commencement, on the bisulphate of quinia and the tincture of the chloride of iron, while his diet consisted of beef tea and milk, alternating at regular intervals. Locally to the stumps I applied a solution of carbolic acid, glycerin and alcohol, which in my hands has met with a better result than the $\frac{1}{1000}$ solution of corrosive sublimate. Whether it is the addition of alcohol or the effect of the carbolic acid, I will not venture to say; but with the local application mentioned I always succeed in obtaining quicker a healthy granulation, and oftener a *prima intentio*, than by any other method.

The arm healed by first intention, the ligature from the brachial artery coming away by the tenth day. The anterior portion of the flap on the leg sloughed away, but by gentle extension, caused with adhesive strips and a one-pound weight, I managed to have both bones entirely covered by a granulating surface.

The patient's temperature was taken by Mr. Jackson, the head nurse, daily at 8 a. m. and at 7:30 p. m., and a careful record kept of the same, from which I glean, that the temperature throughout was normal, with the exception of a few times, when it fell as low as 97⅘°. The pulse varied from 85 to 95.

Thus far the case had progressed very favorably, when on the fourteenth day I noticed peculiar twitchings and other irregular motions and muscular contractions in his right arm and right leg. Within a few days these movements became so violent that he was unable even to drink from a cup. I prescribed five drops of Fowler's solution, to be taken in water three times daily immediately after meals, daily increasing the dose by one drop. The arsenite of potash was continued until the symptoms of physiological poisoning—œdema of the eyelids—showed themselves. Otherwise the patient bore the medicine well; at least no disturbance occurred in the alimentary canal; but the boy became thin and exhausted, his sleep was restless, and he suffered from profuse perspiration. Notwithstanding these symptoms, I continued the treatment, but in diminished doses, for a period of five weeks, when the chorea had totally disappeared. The patient now rapidly improved and gained in flesh so that he was soon afterwards placed into the convalescent ward.

This is the history of the case, to which I will only add, that at the time the boy was suffering from the chorea, my friend, Prof. H. Engel, of Philadelphia, then on a visit to me, also saw him and coincided in my views of the case. We both minutely examined the boy to discover, whether he had been frightened at the time of the injury. He told the following tale:

He had been stealing a ride hundreds of times. Working in the mines, he had to be there at the exact time or lose a portion of his wages. He did not live far from the mine in which he worked, but then he had to walk a distance long enough to prevent him from playing longer than ten minutes. Accidentally a coal train passed, at the time for David to be at the mine, by the place where he generally played, and as the train also ran past the mine, the boy could afford to lose nearly a quarter of an hour more with playing by stealing a ride, the train carrying him so much more rapidly to his post of duty. As he had done so with immunity so many times, he never thought of the possibility of an accident, when he jumped upon the train. The handle of a car consists simply of an iron rod, so bent that a person can easily catch hold of it, and with plenty of room on top to pass a hand through. But towards its lower end this space becomes narrower and narrower, until for a distance of an inch or two the handle touches the wood. By some accident David got his hand into this narrow space, and when he jumped off he found his hand had caught in the handle. But even then he had no idea of danger. He simply made an effort to disengage his hand, not at all from fear of meeting with an accident, but because he did not care to be carried any further, as he had reached his destination.

While thus endeavoring to get his hand out of the handle, the hand suddenly became free, and ere he was aware of it, he was run over. As for the moment he did not feel the slightest pain—

the parts having been crushed—he was even then not frightened; but finding his left arm hanging down, he supported it with his right hand and stood up—probably first stepping on his right foot, as he would otherwise have never been able to raise himself. As soon as he stood upright, he also brought down his left—the injured foot—and it was then he was overcome by pain and a sickening sensation, and fell down. Up to that time he had not known that he was injured, and at no time, from the moment of his jumping on the cars till he again rose on his feet, had he been frightened, and for this simple reason, that he was not at all aware of any danger.

I have so long dwelt upon this point, because I wanted to prove that the fright had by no means caused the chorea. Besides, there are other weighty reasons against it. One is the long interval of time intervening between the appearance of the first symptoms of the nervous disease—two weeks—and the time of the accident. From the works of Keen, Mitchell, and Moorehouse, we glean that it is a common occcurrence to see nervous symptoms develop themselves several weeks after a severe injury. We also know the same fact of tetanus, which often makes its appearance in the third and fourth week after an injury. Usually, however, when chorea follows a fright, scarcely twenty-four hours, though sometimes a few days, intervene till the outbreak of the nervous disease; but to my knowledge, there is no case on record where, if the chorea was due to a fright, the first indication of it had appeared two weeks later.

In David's case the disease can neither have primarily been caused by the shock, first, because according to the history, there never was any perceptible shock, and even taken for granted there had been, any disturbance directly produced by a shock, will evince itself sooner, and not wait fully two weeks.

The only probable explanation is, that one or more nerves were irritated by the laceration of the tissues, and that this irritation (inflammation?) traveled up to the brain and was in some way carried or reflected in the usual manner to the opposite side. The length of time intervening speaks in favor of this assumption. It is possible that in traumatic tetanus a similar morbid process takes place, simply varying in degree. In both we have contractions independent of the will. How difficult it is to prove the existence of an ascending neuritis, has been shown by the laborious work of Dubler.*

Until such cases are examined with the same care, we will not arrive at a definite conclusion.

Many cases have been reported where a blow or a wound of a nerve or an irritation of peripheral portions of the nervous system induced chorea.* But in most cases the majority of authors still ascribe the disease to the fright or to the shock accompanying the injury, or they speak vaguely of an irritation of a nerve. It is to be regretted that the time intervening between the outbreak of the disease and the injury is so rarely mentioned.

Hughlings Jackson† believes that embolism of one corpus striatum leads to one-sided chorea. Though there is scarcely a probability that such was the case with David T., his peculiar restlessness and the loss of flesh coincided with the same symptoms, that Dr. Turkwell‡ fully believes in chorea to be due to embolism. To be sure, there was some disturbance in the healing of the stump of the left leg, sufficient to cause embolism; but the most careful ophthalmoscopic examination failed to reveal any disturbance of the circulation at the fundus of the eye. In case of embolism, the symptoms ought to have been more sudden; here the disease gradually developed itself and increased daily in severity, until the action of the arsenite of potash brought about a gradual cessation of the symptoms. The very effect of arsenic disproves the theory of embolism, and the existence of an embolus in one corpus striatum can by no means explain—not, at least, in my opinion—the loss of flesh, though it may produce the restlessness. Perfectly clear cases of apoplexy due to hemorrhage and with the seat of the disease in a corpus striatum, if they recover, do not by any means evince any great emaciation, not more than one would expect in so serious a malady.

While I adhere to the view that in my patient the disease was caused by an ascending neuritis, for which, as recovery took place, I can adduce no proof, my main object in publishing this case, is to induce others to report similar cases. The American nation greatly leans towards a nervous temperament, and, I think, it is due to this fact, that we so often notice peculiar nervous phenomena after injuries developing themselves in patients. But only by carefully recording all such cases can we hope to learn their true character.

State Hospital, Ashland, Pa., August, 1884.

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*Ueber Neuritis bei Herpes Zoster. Von A. Dubler, Virchow's Archiv, June 6, 1884, p. 195, et seq.

*Da Costa, Med. Diagnosis, vi. ed., p. 175.

†Hughlings Jackson, London Hospital Reports, vol. ii.

‡Dr. Turkwell, Brit. For. Med. Chir. Rev., 1867.

SOME OBSERVATIONS ON THE TREATMENT OF COMPOUND FRACTURES OF LONG BONES.*

BY J. H. WOODWARD, M. D.

During the time which you have kindly allotted to me, I propose to discuss a subject with which, I am fully aware, the general practitioner has but little to do. But, notwithstanding the fact that compound fractures are comparatively rare injuries, it may be the lot of some of us to treat one or more of them within a short time. The physician, summoned to such a case, will need all the resources available to enable him to rescue his patient from impending death. Not only is life threatened by every such injury, but, in many instances, the patient must recover, if recover he may, to endure through all his existence the misfortunes incident to the loss of a limb. There are fewer amputations performed now than in former days; not because serious injuries are less frequently sustained, but because limbs that were then sacrificed may now be saved. The treatment of this class of cases, as every one knows, has been modified within the past decade.

It has been my good fortune to witness the results of both the old and the new. It has been my good fortune to observe the effects of a variety of kinds of treatment; and, sad as it may have seemed from other points of view, it has been fortunate for my own instruction that I have been able to observe the fatal issue of a number of cases managed according to methods popular with many surgeons of eminence. On account of these considerations, then, I fain would justify myself to you for drawing your attention to the following observations:

With few exceptions, the subject chosen has been left for discussion to men who have grown gray in the profession.

Much that there is to be read in relation to it has emanated from the reflections of the older surgeons connected with one or more of the great Metropolitan hospitals. But, speaking from my own experience, which I am sure accords with that of a large number of the younger men, I must record it as my conviction, that many of the directions insisted upon by them are not, and never can be, satisfactorily or safely followed in private work, amid the surroundings which are generally present. It is all very well to order a house-surgeon in a well-equipped hospital to see, for example, that discharges from a wound are cleared away three times during the day and as often during the night. It is all very well to impose upon him directions for treatment that will keep two or more trained assistants busy night and day. In hospitals there are many to assist and many to watch every change in the case. But in private practice, even in the homes of the rich, how different are the surroundings! and how futile the attempt to carry out there all the necessary details of those methods! The visiting surgeon to the hospital does not realize how great is the amount of work performed in the execution of his orders. It falls to the lot of the younger men to know all the drudgery of the institution; and, with certain restrictions, it becomes proper for them to lay bare their thoughts.

So much by way of preface, gentlemen, and now, with your permission, we will enter upon the subject before us.

Clinically, we may roughly classify compound fractures under three divisions, namely:

1. Cases in which primary amputation is necessary.

2. Cases in which amputation may be delayed until conservative treatment has been faithfully tried.

3. Cases in which the injured member may be saved—the question of amputation arising, if ever, only when unavoidable poisoning of the blood has begun.

1. Cases requiring primary amputation.

Oftentimes it is not difficult to decide whether the patient must submit to amputation. Those injuries which fracture the bones, lacerate the soft parts, rupture arteries and nerves, and leave the extremity attached to the body by mangled tissues, present no questions respecting the nature of the treatment to be adopted. The sole deliberation called for by them is upon the selection of the proper time for the primary operation. It is the general opinion of surgeons that amputation should not be performed during the state of shock. In the vast majority of cases, the wisdom of that rule nobody will attempt to gainsay. But there is a class of cases in which the presence of the injured member prolongs and deepens the shock. There are other cases in which troublesome hemorrhages from arteries too small to be found in the mangled tissue, renders it imperative to apply the tourniquet. In the latter set of cases, if we were to wait always until the patient had rallied, the tourniquet must remain in position for hours. In both sets of cases, we should not wait more than two or three hours. During that time stimulate the patient by the hypodermic method; and, hav

*Read before the Rutland County (Vt.) Medical and Surgical Society.

ing delayed as long as the condition of the limb will permit, operate as rapidly as possible. When the hemorrhage is not serious, even though the main arterial trunks are lacerated, the tourniquet need not be used. Of course, the lacerated vessels should be ligated. A wet antiseptic dressing may be made to compress the oozing surface, and, if necessary, the surgeon may wait twenty-four hours before operating.

2. Cases in which amputation may be delayed until conservative treatment has been tried.

The second class which we have made, includes those cases of compound fracture which test more thoroughly the skill and patience of the surgeon. Every detail in the history, every thing about the fracture that can be ascertained by the most careful examination, must be studied attentively and judged upon its merits. The age, general health and habits of the patient must be given their share in the evidence pro or con. Then the surgeon may decide whether conservative treatment should be attempted; and that decision must be made in the knowledge of the dangers that must be averted, and with sufficient confidence in the methods to be employed.

The nature of the causes of these fractures determines a wide difference in the cases. In the majority of instances, a compound fracture produced by direct violence is much more serious than one produced by indirect violence. When direct violence is the cause, the skin, muscles, fascia, blood-vessels, nerves, periosteum, and bones are contused to a greater or less degree, and that always affects the process of repair. Sometimes the fracture is comminuted. Sometimes the wound in the integument is small, but the tissues beneath the skin are so badly contused and, perhaps, lacerated by the sharp fragments, that a case which, to an inexperienced eye, may appear to be an ordinary one, is, in reality, one of the gravest kind. This contusion should be looked for, and if found, the extent of it should be carefully estimated. With it is frequently associated undermining of the integument, making pockets beneath the skin, sometimes in the muscles, and sometimes in the intermuscular spaces. It is as important to explore the wound for them, as it is to examine the fractured bone itself.

Serious hemorrhage in cases of compound fracture is common enough; but, in the majority of cases, the hemorrhage should not alarm the physician. The bone bleeds more or less and there is generally venous hemorrhage that may make some "show" of being serious, but it will cease without any interference in a little while, after the deformity is reduced. Even wounds of large veins need not determine you to amputate.

The following quotation from Billroth's Surgical Pathology (p. 212) will give you his opinion of the importance of injuries to nerves and blood-vessels in this class of fractures:

"Large nerve trunks are rarely torn in fractures, and when they are, it does not seem to have much effect on the cure; and experiments on animals, as well as observations on man, show that bones may unite normally in paralyzed limbs. Injury of large venous trunks, as of the femoral vein, causes hemorrhage, which may be readily checked by a compressing bandage, it is true, but may prove dangerous when the blood effused between the muscles and under the skin begins to decompose.

Rupture of the arterial trunk of a limb occasionally leads at once to considerable arterial hemorrhages; but this is not a necessary sequence; for, as previously shown, a thrombus quickly forms in the crushed artery, so that we do not always have excessive hemorrhage. But, if from the nature of the hemorrhage we recognize the rupture of an artery, according to principles already laid down, we should either attempt to ligate the artery at the wound, or else at the point of election. Rupture of the femoral artery with fracture of the femur is found by experience to be followed by gangrene, and is an imperative indication for amputation, while in a corresponding injury of the arm recovery may result or gangrene may follow. In fractures of the forearm or leg, even if one or both arteries be ruptured, recovery may take place.

Furthermore, there are on record three cases of simple fracture, in which diffuse aneurism formed, and in which the femoral artery was ligated. The patients recovered perfectly. Petit ligated the anterior tibial artery in a similar case, and the patient recovered. These facts are positive evidence that serious injuries to blood-vessels do not always afford a sufficient justification for the removal of a limb. [See Ashhurst's Encyclopædia of Surgery, vol. iii., pp. 162, 163.]

Laceration and contusion of the soft parts may be great enough to indicate imperatively a primary operation. The periosteum may be stripped from the fragments to such an extent, or it may be so seriously contused that it would be futile to delay amputation beyond the state of shock. To save a limb that will heal in such a condition that it will not be a serviceable member is not good surgery. But we should hesitate to condemn a limb on such

ground; for it is far better to fail in attempting to save a limb by conservative surgery than to amputate unnecessarily. These considerations must be borne in mind and influence our decision respecting the treatment of these cases. Experience with the healing of wounds will tell pretty nearly what result may be expected. The statistics collated years ago are not reliable now. In order to see the merits of a bad compound fracture and decide how great is the hope of a satisfactory termination, it is necessary that the surgeon should know what may be accomplished by the modern methods of dealing with wounds. Nature will accomplish more, with a little judicious assistance, than we are accustomed to think.

And I am confident that in many doubtful cases the surgeon will not regret having postponed an amputation to try faithfully the conservative antiseptic treatment.

Suppose a compound fracture of the tibia; the fracture in the tibia comminuted moderately, the upper and lower portions of the shaft separated by a long oblique line of fracture, the one overriding the other; the soft parts of the anterior and outer side of the leg, presenting a large contused wound extending into the muscles; the fibula fractured, but not compounded; both arteries intact. Your imagination can hardly lead you astray as you attempt to form a picture of such an unpromising case as that. Many surgeons would have amputated the limb at once. It was the most serious compound fracture of the leg that I have ever seen managed conservatively. Dr. F. Lange, however, saved the limb by means similar to those I shall describe later on, and taught many of us a startling lesson in the treatment of such cases.

[And here pardon me a digression. There is no surgeon in New York who has done so much for the recent advance in the surgical treatment of a great variety of cases as Dr. F. Lange. The older surgeons, as well as the younger, are indebted to him for more than will ever be acknowledged. He needs no eulogist, however. It was he who taught us in Bellevue Hospital all that we know that is most reliable in the aseptic management of all sorts of wounds. From Bellevue that knowledge spread to other hospitals, until now the journals contain articles showing how well or how imperfectly the lesson has been learned elsewhere. Other men have claimed the honor of bringing about this great change, but to Dr. Lange is due all the glory of initiating an advance so great and so brilliant.]

Having determined to attempt to save the limb, what method of management should you select? I do not know what the opinion of the profession in this country may be, in regard to the causation of the various accidents which befall many wounds. Whether you believe in the power of germs (bacteria, micrococci, etc.,) to poison, by their activity, the wound or the patient's blood, I do not know. My own belief in relation to this subject is clear enough. And daily observations, made through a considerable period, have uniformly strengthened my conviction, that the theoretical conclusions and classical results of the treatment based upon them, are scientifically associated. In the majority of instances, the bad behavior of wounds is due to the action of micro-organisms. Septicæmia, pyæmia, and allied affections are always the consequence of their activity. And suppuration, which is too often a serious burden for the patient, also *generally* depends upon those organisms.

You may dissent from this opinion, but I do not believe that any one will attempt to maintain that the treatment based upon the germ theory is not followed, when conscientiously and intelligently carried out, by results more brilliant and more uniformly excellent than any other sort of treatment can boast of. Whether by virtue of the contagion of fashion or the force of conviction, surgeons seldom dress a wound now-a-days without employing some antiseptic or other.

The various methods set up against the aseptic method are all antiseptic more or less. And in some notable instances the prominence accorded to the antiseptic furnishes an explanation of the success attained.

Prof. T. M. Markoe published an article in the *American Journal of Medical Sciences*, for April, 1880, entitled "Thorough Drainage in Treatment of Wounds." He employed that method in a number of compound fractures, and the patients all recovered very satisfactorily indeed. But they did well *because* the cases were managed antiseptically. His treatment is an efficient antiseptic treatment. In private practice, however, and in the country especially, it could not be attempted without exposing the patient's life unnecessarily. Methods which permit that healthy suppuration which produces "laudable pus," are objectionable, because they permit that drain upon the patient's vitality to take place. Suppuration that was formerly regarded as laudable may now be regarded as at least unnecessary.

In the *Journal* of the American Medical Association for June 21, 1884, you will find an article on compound fractures. The author cites 144 cases

but his, like statistics in general, are very deficient in many important respects. I have seen the method he advocates applied in his own wards. It is an antiseptic method, but it is not aseptic. And it is a just criticism to offer the fact that his patients uniformly manufacture more pus than do those of any other surgeon who visits Bellevue Hospital. Further objections might be urged here, but since they are mentioned incidentally at another part of this paper, it is best to postpone all discussion of them until a more convenient time.

The practice of sealing the wound in compound fractures with cotton and collodion, or with cotton saturated with blood and dried, is familiar to every one, and is, I believe, quite popular.

In the Roosevelt Hospital, New York city, that practice has been tried more extensively than in any other institution of the sort that I am acquainted with; and, I am sorry to say, it has been attended with success, even in some very unpromising cases. Such success is misleading. I remember very distinctly a compound fracture which was sent to Bellevue one night from Roosevelt Hospital. The patient was delirious, with a temperature of 102°. He was a German, who had been accustomed to drink a pint of beer daily. For that reason his delirium was said to be due to acute alcoholism. I do not question the diagnosis. The following evening the apparently elaborate dressing was changed, and it was discovered that the wound had been sealed. The position of the fragments was exceedingly bad, chiefly because it had not been possible to keep the patient quiet. He had been delirious two days only, and had been violent a much shorter time. It did not seem possible to any of us that the movement of the fragments could account for the condition of the limb, which was so bad that it seemed inevitable that the greater part of the integument on the anterior surface of the leg must slough away. The wound through the skin was a small one, and that fact may have deceived the surgeon. On the third day the house-surgeon operated upon the case in the presence of two surgeons well-known in New York city. Although the general and local condition of the patient had improved since his admission to Bellevue, the limb at this time looked so unpromising that surgeons of large experience remarked that, a few years ago, amputation would have been performed without a question. The house-surgeon enlarged the wound, sutured the bones with silver wire, and finally, in order to relieve tension, he made two long incisions on either side of the leg from its lower third to the popliteal space. The most strict antiseptic precautions were observed, and a closed antiseptic dressing applied. The progress of the case after this was very satisfactory indeed. The temperature-range was favorable all the time, the patient's local and general condition improved rapidly and steadily, and now, more than six weeks after the operation, he is out of danger and his fracture is quite firmly united.

The sealing process in this instance caused retention of blood and serum. And no splint, by itself, could hold the fragments in proper position even under ether. It was the general opinion of all who saw the case, that the bad behavior of the fracture was chiefly owing to the treatment adopted at the outset. The patient's marked improvement in every particular, which ensued directly after the case was operated upon, is confirmatory evidence that our judgment was sound.

I remember another compound fracture of the tibia, due to direct violence, presenting a small wound communicating with the fracture. It was treated by sealing. The temperature range in this case was never satisfactory, and after one or two weeks the fever rose so high that the sealing was removed.

Thorough antiseptic precautions were taken to disinfect the wound, which was then dressed antiseptically, but was neither enlarged nor drained. The patient in a few days became apathetic, then delirious, and finally died, after a short illness, of septicæmia.

Very few cases of compound fracture are suitable for the practice of sealing. It is unjustifiable to seal any wound produced by direct violence. It is unjustifiable because, unless the wound be enlarged and free drainage of every part of it provided for, one is apt not to thoroughly disinfect a certain number of cases. In a wound rendered aseptic, sloughing may take place without danger of blood-poisoning. But, in contused wounds that are not aseptic, there is suppuration, and, too often, decomposition of the discharges. This sealing process is unsuited to all cases in which the bones are comminuted, and all in which there is much hemorrhage. Since the method favors retention of blood and serum, which, by their presence, increase the tension and consequently the danger of inflammation, and since there are other methods which protect the patient more thoroughly against the consequences of fermentation of the wound, it seems to me that the practice of sealing compound fractures should be universally condemned, and discarded altogether.

In all cases some method of treatment, consist-

ing in the use of antiseptics, should be relied upon. Perhaps it is true that a certain number of wounds are not infected, and do not require to be *dis*infected. But I have never read of, nor have I ever been told, the means by which any one may select them. The greater the care with which you make the primary disinfection, and the more scrupulous your attention to all the details of the aseptic-antiseptic treatment, the more satisfactory to every one will be your results.

The treatment that I am about to describe affords, when properly carried out, nearly perfect protection against septicæmia, pyæmia, erysipelas, and every other form of blood-poisoning. It either prevents all suppuration in the wound, or reduces it to insignificant proportions. It prevents inflammation of all sorts, and it is most comfortable to the patient and surgeon. The former is not depressed and exhausted by a febrile movement, nor is he irritated or frightened by frequent manipulations about the wound. The surgeon must be watchful, but he may be pretty confident that everything will terminate to his satisfaction. Now and then a case does badly; and, as a rule, the surgeon may blame himself for it.

Generally speaking, it is altogether best to anæsthetize the patient before attempting to dress one of these serious cases. The same rules for administering ether hold good for these patients as for others. Of course, stimulate the patient until the shock has passed away, and then the anæsthetic may be administered without incurring any special risk.

Every instrument, every sponge, in short, everything that may touch the wound, should be thoroughly purified of all septic matter. And, excepting when in use, they should be kept immersed in $\frac{1}{30}$ carbolic solution. The limb should be placed on a rubber blanket arranged so that the water will run into a bucket and over the blanket. Just prior to beginning the thorough examination of the fracture, you should spread towels, recently wet in $\frac{1}{1000}$ solution of corrosive sublimate. The operator and his first assistant should thoroughly cleanse their hands with a nail brush, and disinfect them both in the beginning and after handling any unclean thing (as bedclothing, etc.) A basin containg $\frac{1}{40}$ carbolic solution should be within easy reach for such purposes.

(*To be continued.*)

—Fraulein Giuseppina Cattani has recently passed her medical examination at the University of Bologna *cum laude*. Miss Josephine is a pioneer among Italian medical women.

Hospital Reports.

NEW YORK HOSPITAL.

CLINIC OF PROF. WILLIAM H. DRAPER.

Reported by W. H. Seelye, A. M., M. D.

Cerebro-spinal Meningitis.

Patient is a boy 15 years of age, a German, single, and a glass-finisher by trade. Was admitted January 9. Both parents are subject to attacks of rheumatism, but they have five other children, none of whom have ever had it. Patient occasionally uses beer and stronger drinks, but not to excess. Has never been exposed to gonorrhœal or syphilitic infection. Three years ago he received a hurt upon the left knee, but it did not trouble him much, and he thought it of little consequence. Since then he has enjoyed good health until three months ago, when he had an attack of rheumatism in the ankle-joint, which became swollen and painful. In May last, however, he thinks he had fever and ague, and he says that this returned at the time of his rheumatic attack three months ago. Every day for three weeks he had a chill, followed by fever and sweating, which caused him to become weak and greatly prostrated. After this he got better and went along well until last Friday, when he was seized with an excessive pain in the front part of his head; and soon after he began to vomit, and he continued vomiting at frequent intervals all that night. The vomiting was markedly projectile in character. The bowels have not moved since. He has had a moderate cough, but a constant and intolerable headache has been the symptom of most importance, and he says that it has driven him almost crazy. About a half day after these symptoms began, he noticed a stiffness about the muscles in the back of the neck, which has steadily increased until he can now not move his head without great pain. He sometimes sees things double. Two days before his admission his head was so much drawn back in a state of opisthotonos that he says he could not see his own toes. On admission his pulse was 112, respiration 32, and temperature 104.2°. His prominent symptoms since he came in have been nausea, vomiting, groaning with the intensity of the frontal pain and a cough. Besides there was found a mitral regurgitant murmur. The vomited matter was greenish, and contained mucous and biliary ingredients. At times his mind wanders, and he has a mild delirium. A good deal of the time he lies in a stupor, but from this he can easily be aroused. He has a dry cough and a dry and sore mouth. The muscles of the neck are so rigid that he cannot turn the head to the left, nor bend it laterally without great pain. There has been a slight amount of external strabismus, which is constantly increasing. He is most delirious at night. The conjunctiva upon the left side is markedly congested. The knee, elbow, hip, and ankle joints have become stiff to some extent. There are some dry rales and other rhonchi heard upon auscultating over the lungs. The urine is acid, with a specific gravity of 1029, and contains urates, but no albumen.

Gentlemen, there is nothing of special import-

ance in this history until we come to the time when he suffered from an attack of rheumatism in the ankle-joints, about three months ago. From that, and from the daily attacks of fever, he suffered for three weeks. Then there was an interval of fair weather for a little time. But upon Friday of last week he was seized with the onset of the disease from which he is now suffering, in the shape of a severe frontal cephalalgia, nausea, vomiting, and stiffness of the muscles at the back of the neck; and at one time opisthotonos was so extreme that, as he expresses it, he could not see his toes. He was brought in here upon the ninth of this month with a temperature of 104.2°, a respiration of 32, and a pulse of 112. When he came in he was suffering, as he had been from the beginning, from extreme headache, nausea, and vomiting, and from tenderness in the back of the neck, and from extreme pain whenever any effort was made to flex the head upon the trunk or to turn it towards one side. He is delirious at times and soporose at others. But the delirium is not active, and he can almost always be easily recalled to consciousness by speaking to him. It is not therefore, a violent delirium. There is still another special symptom here, and that is a disposition to grimace, which you have probably already noticed while standing here at his bedside. When I disturb him a little by touching him upon the forehead you observe that there is not merely an expression of pain, but a knitting of the brows. And this, with an occasional twitching of the lips and a movement of the nostrils, has been noticed as a striking objective sign ever since he came in, and it is a common symptom in this disease. Also note the character of the temperature, pulse, and respirations since he came in. There has been about all these vital signs a marked irregularity. He came in with a temperature as high as 104.2°, but this was partly due to the agitation produced by his removal: it fell the day after to 102.3°, and has not risen since above 103.6°. The variations in the temperature do not follow any regular course such as is observed in the daily variations in the essential fevers. But there is great irregularity occurring two or three times in the twenty-four hours. For example, to day at 6 a. m. the temperature was 101.2°, and at 9 a. m. 101.6°, and at 1 p. m. 101.8°; while yesterday at one time it was 102.6°, and in the evening 101.3°. It is sometimes higher in the morning, and not so high in the evening, and again it is sometimes lower in the morning and high in the evening, and there is no regularity about it. And the same thing is true of respirations. At the time of his admission on the ninth, they were 32 per minute, and later 34, and on the tenth they were 16, and yesterday 32, and to-day they are 28. The pulse also varies a great deal. On his admission it was 112, then 100 the next day, and 104 the next, and at noon to-day 100. And I have no doubt that these same variations in the pulse are observed even in the quarter minutes. So the variation does not seem so marked in the record as it really is. Now this irregularity in the vital signs is one of the characteristic features of this disease; for his disease is a meningitis which involves both the cerebral and the spinal meninges, and it involves a locality in which the irritation affects the centres which control the respiration, temperature, and pulse. Another very interesting and characteristic feature which we have here, is the arthritic lesion. Whether the articular disease of three months ago was of nervous origin, and one of the prodromata resulting in this malady, or not, I am not prepared to say. But since he came in, he has had a rheumatic affection of the knee-joint, and it is not at all improbable that he will have other joints affected in the same way before he gets through. These articular affections occurring in the course of cerebro-spinal meningitis constitute one of the most interesting features of the disease, and they are apparently so far a demonstration of the theory of the spinal origin of articular lesions. You all doubtless know that this is a point about which there is now considerable discussion going on, as to whether articular rheumatism is a disease having a spinal origin. There are some things which seem to point to some such association. For example, in Potts' disease it is commonly noticed that the joints below the seat of the spinal lesion are the ones to suffer, and in locomotor ataxia this same peculiarity is noticed, and in acute diseases of the membranes of the brain and spinal cord, you not infrequently find in some epidemics the occurrence of this articular complication.

There is another sign which is common in this affection, but which he does not present, and that is a cutaneous lesion. This disease has also been called spotted fever, from the fact that when it has occurred in epidemic form an eruption more or less extensive has commonly accompanied it. This eruption varies a good deal in its characteristics. The most striking peculiarity is its petechial character, and the spots are sometimes discolored by a cutaneous hemorrhage, forming blood-stains, and it sometimes simulates the maculated eruption of typhus fever. Or the eruption may be in the form of broad patches of ecchymosis; or sometimes there may be an erythematous rash simulating that of scarlet fever or measles. So we have really, when we come to study the cutaneous lesion of meningitis on a large scale, a polymorphous eruption, so to speak. But there is always more or less tendency for it to assume the hemorrhagic form.

Now as there is considerable variation in the constancy of the articular lesions, so there is also in the cutaneous lesions, and these objective signs are not invariably present. You may see many cases in which there are no cutaneous or articular symptoms, or either may be present and the other absent. It is probable that these variations are determined by the location of the central inflammatory lesion. There is probably some nerve-centre the irritation of which produces cutaneous disturbances just as there are centres which when irritated provoke articular lesions.

The special interest of this case is in the fact that it illustrates the important characteristics of this malady, in the cephalic pain, and the stiffness of the muscles in the back of the neck, and in the moderate degree of delirium and the soporose condition, and the irregularity of the pulse, respiration, and temperature, and in the tendency to involuntary twitchings of the muscles of the face. He lies, as you see, with his head a little inclined to the right, and he resists

any attempt which is made to turn his head to the left, and pressing upon the back of the neck or making any effort to flex the head upon the chest causes him severe pain.

There is another symptom in the history of this case which I wish you to note, and that is the nausea and vomiting. This is a frequent, but not invariable accompaniment of this disease. But it has been a troublesome complication here, and has interfered somewhat with the treatment, so it has been necessary to use the hypodermic method altogether for the administration of medicine, and the rectum for the food and nourishment.

The treatment adopted in this case is the one which for the past two or three years we have been accustomed to use here, and which has given some degree of satisfaction; but I must confess that from its frequent failures to produce any benefit there is some reason to doubt whether its success in those cases in which it has seemed to succeed is a genuine illustration of its therapeutical effects. Ergot, you know, is supposed to have some influence in controlling the circulation in the cerebro-spinal cavities, and in accordance with that theory it has been administered in such cases as this. But I am not prepared to speak as regards its utility. It is one of those remedies, the value of which is at present under discussion. It certainly has some extraordinary effects upon certain nervous diseases, where its utility is explained by its effect upon the circulation. It may really act by controlling the circulation, or it may act in some other way. But that it does frequently act favorably in cerebro-spinal affections there is no question. I only have some doubt as to its utility in this disease, because where it has been tried its effects may have been modified by other drugs, which have usually been administered with it. Again, there is no question but that there is in all acute diseases a tendency to recovery, which is more or less successful independently of any remedies whatever. So we should receive the evidence of the utility of any medicine in acute diseases with some caution. In these cases "post hocs" are not always "propter hocs." I would treat this disease with ergot now, though, perhaps, in a year from now I would not; for new remedies are constantly being tried, and something promising greater success may be introduced within a year which will entirely supersede this one. This diversity of remedies for a single disease has been especially noticeable in the history of the treatment of rheumatism.

Fashion sometimes favors one drug and sometimes another; and the success of any treatment, so far as we are able to judge, should not be accepted without considerable doubt. For we can not say certainly that the result is due to the treatment.

Apoplexy.

This, gentleman, is the case you saw last week (see page 201) of the man who had aphasia in connection with hemiplegia. When you were here he was in a state of semi-consciousness, and we were not able to arouse him sufficiently to make him speak, though there was not a condition of sound coma. I told you that probably by the time you came again he would have come out of this state of semi-unconsciousness, and we should then know whether he would have what is a common complication of right hemiplegia, namely, aphasia. You now see that he has aphasia, and he only mutters unintelligible gibberish to all questions which are asked him. He understands perfectly what you say, and when asked to raise the right arm he lifts the paralyzed arm with the sound one. This is a very characteristic gesture of hemiplegia.

He has a slight degree of fever: but this is not an uncommon sequence of apoplectic attacks, and it is noticed as a rule that on the third or fourth day after a cerebral hemorrhage a mild degree of fever supervenes, which has been ascribed to the inflammatory irritation which takes place around the clot. This man's temperature was 102.3° yesterday afternoon, and this morning it was normal, and since then it has been rising up to the present time.

He is receiving no treatment other than attention being paid to the food, and to the emptying of the bowels and bladder.

You remember that I told you that he had the triad of cardiac hypertrophy, granular kidneys, and sclerosed arteries, as is common.

General Dropsy.

The next patient is 19 years of age, born in the United States, a student, and single, and was admitted to the hospital last evening. His mother, when living, had occasional attacks of rheumatism, and his father is now alive and well. There is no history of cardiac or pulmonary disease, or of dropsy, in his family. The patient has never had malarial fever, or rheumatism, or gonorrhœa, or syphilis. Five years ago he had diphtheria, and this was followed by pain and swelling of the knee and hip joints, and the swelling spread down the whole thigh. He complained chiefly of the pain in his right hip joint. He never had any fall or other injury to account for it. For the past five years the pain in the right hip has been severe and constant in character, and has been worse at night. He has been treated for this by electricity, and by local applications of every variety. One year ago suppuration began to take place in the hip-joint, and an abscess formed which finally opened upon the upper part of the outside of the right thigh. Pus has continued to be discharged ever since, and there are now two or three discharging sinuses at this point. He says no pieces of bone have ever come away with the discharges. The head of the femur used to sometimes slip upwards out of its socket, but this dislocation could easily be reduced. The right leg has gradually become atrophied until it is now only half the size of the left. He has been subject to dyspepsia, and would often have attacks of diarrhœa after any slight irregularities of diet. He has not been troubled with piles. For the past three weeks he has been costive, but for the last three or four days he has had a diarrhœa from taking some pills. Three weeks ago both feet and legs became swollen, and he became troubled with a cough and shortness of breath, and a feeling of oppression in the chest, and with pain in the lumbar region, and with attacks of vertigo. He noticed upon rising in the morning that his face had a puffy appearance, and this was

especially marked just under the eyes. He had no œdema anywhere before three weeks ago. But now, besides the general anasarca, his scrotum and penis are infiltrated enormously. He can move his right leg better than he could a year ago. On his admission his temperature was 98.7°. His urine was of an amber color, and acid reaction, and had a specific gravity of 1.018, and was one-tenth albumen, and contained fatty hyaline and epithelial casts of various sizes.

Gentlemen, the interest of this case begins with the attack of diphtheria, which he says he had five years ago. But he is not very clear as to the nature of this attack, and so I asked him if it might not have been scarlet fever, because this malady which came on soon after is more commonly a sequel of scarlet fever than of diphtheria. I have never seen a case of scrofulous bone-disease coming on after an attack of diphtheria, but I do not say that this may not occur. He says that soon after the diphtheria ended he had pains of a rheumatic character in the hip and knee of the right side. But this was really not so much rheumatism as a morbus coxalgia, as it is called. And pain referred to the knee-joint is one of the common symptoms of an irritation in the hip-joint. There has always been some embarrassment of movement in this hip-joint ever since the trouble began, and there has been pain extending from the hip down to the knee. He says that he was obliged to walk on crutches until a year ago, and since then he has used a cane. This disease finally terminated in the production of an abscess a little below Poupart's ligament upon the anterior and outer portion of the thigh, and the sinuses leading from this are still discharging. The disease in the hip-joint we are not however concerned with, except in so far as it relates to the causes of the disease from which he is now a sufferer. He comes into the hospital for relief from a general dropsy; and the characteristic features of a general dropsy are very well illustrated here. The lower extremities are very markedly swollen, and the scrotum is greatly distended with fluid, and the penis is much enlarged and distorted, and has the characteristic corkscrew appearance which is often seen as the result of œdema, and there is general anasarca of the whole body to a marked degree. There is considerable fluid in both pleural cavities, but I do not get any satisfactory evidence of fluctuation in the abdominal cavity, though there may possibly be a certain amount of fluid there. Now we are to determine what is the cause of this general dropsy.

Upon physical examination, I find no alteration in the heart-sounds, and no evidence of any considerable cardiac hypertrophy. The apex beats inside of the nipple-line and in the fifth intercostal space, and the area of præcordial dullness is not increased, and the valves are not insufficient. So we can not attribute this general dropsy to any disturbance at the centre of the circulation. I find considerable splenic enlargement, but no particular change in the area of hepatic dullness, and there is no enlargement of the abdominal veins, and nothing, therefore, indicating any obstruction in the portal circulation. Now, therefore, having eliminated the cardiac and hepatic causes of dropsy, we yet have left the renal explanation. The urine has already been examined and has been found albuminous, and to contain an abundance of casts of all varieties, and the amount passed has been small. From these facts I think it is fair to infer that he is the subject of a parenchymatous nephritis and probably, also, of a certain kind of degenerative change which is not inapt to occur in connection with chronic suppurative conditions. The lardaceous kidney is the regular result of protracted suppuration. And patients with hip-joint disease and Potts' disease, and who have abscesses which continue to discharge for a long period of time, and especially abscesses which are due to necrosed bone, are not inapt to suffer from this amyloid form of degeneration. In the dropsy which occurs in connection with this form of kidney disease you will always notice a more or less anæmic condition of the patient. And so you see that this man has a pale skin and waxy lips, and I suspect that this dropsy comes from the anæmic and watery condition of the blood, which prevents those interchanges between the tissues and the blood, which depend for their activity upon the healthy state of the blood and the tissues.

The treatment of such a case depends upon the carrying out of two indications, namely, to improve the quality of the blood, and to increase the eliminative power of the kidneys and the supplementary functions of the skin and bowels. You observe that the doctor has bandaged these limbs. And it is probable that from this simple measure, in connection with rest in the recumbent posture, there would be a considerable diminution in the dropsy. But this elimination will be increased by the administration of diuretics, and by paying attention to the diet. And this is a better plan than to employ extreme diaphoretic measures, and it is also best at present not to exhaust him by excessive purgation. The occasional administration of diuretics and laxatives, and the employment of pressure and of good food and ferruginous tonics to improve the quality of the blood, is the best plan of treatment. And with this combined treatment of pressure, food, medicine, and tonics, you will probably see an improvement in a short time.

His present condition is a perilous one, because it is liable to give rise to dropsical effusions in locations where they may do mischief. It is quite safe for a fluid effusion to collect beneath the skin or within the peritoneal cavity, but it is not so safe to have it fill the pleural or pericardial cavities, where it may interfere with the action of the lungs and heart. And when you come to the subarachnoidean space, you see it needs but a slight amount of œdema to cause a great deal of mischief. So it is important first of all to improve the general condition of the patient by nutritious food and iron. And this is better than to exhaust him by violent purgation and diaphoresis, which may disturb the stomach and so defeat the principal object of treatment, which is to improve the general nutrition.

—The authorities of Vienna have sent a commission composed of two physicians and three sanitarians to Toulon and Marseilles, for the purpose of investigating the cholera epidemic.

Medical Societies.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

Thursday evening, February 14, 1884. The President, Dr. Tyson, in the chair.

Aneurism of the Left Ventricle.

Presented by Dr. W. E. Hughes.

To the kindness of Dr. M. B. Musser I owe the clinical history of this case, and the privilege of presenting the specimen to the society.

Mr. P., æt. 58 years, healthy, with the exception of slight pain in the region of the heart on vigorous exercise, was attacked September 20 with left hemiplegia. Motion was completely lost, sensation somewhat impaired, but by no means lost. The attack was rather sudden, and was preceded for some days by slight dizziness. There was no loss of consciousness. After treatment lasting over more than a month, he is so far recovered as to be able to walk with the assistance of a cane, when he was seized one night, while in bed, with a frightful attack of angina pectoris. During the next two or three days the attack was repeated several times, and at the end of that time there was a very plain double pericardial friction sound heard over the whole cardiac area. From this time on the anginal attacks were neither so frequent nor so violent as before. He fell back dead, November 15, while sitting up in bed to take a glass of water. Before the pericarditis had developed, the heart had been carefully examined, with the result of finding no murmur. The area of cardiac dullness was enlarged, and the heart's impulse weak and diffuse. The pulse was weak, ranging from 75 to 80 in the minute, and very little accelerated during even the severest angina. The urine contained a small amount of albumen. No microscopic examination was made. There was at no time any œdema. Autopsy 36 hours after death. Body very fat. Rigor mortis moderately well developed. Abdominal and thoracic organs decomposing rapidly. Brain is larger than the average, very heavy, and much convoluted. All its larger arteries are atheromatous, in places converted into rigid tubes, but nowhere is there any interruption of their lumen. No lesion of the brain substance. Some opacity of the pia mater, more marked over the right hemisphere anteriorly. In the meshes of the pia mater a large amount of straw-colored serum, most abundant about the motor areas on the right, and here the serum is tinged with blood, though there is no true clot. Very little serum in the ventricles. Lungs are congested; no lesion of their substance. About a quart of serum in the left pleural cavity; less fluid in the right, and firm adhesions over its upper half. Universal pericarditis. Cavity of the pericardium is almost obliterated by easily torn adhesions; where it is not obliterated, there is a small effusion of flaky, sanguinolent serum, and the pericardium is ribbed by a deposit of lymph. Heart is large, left auricle dilated, ventricle enormously dilated and hypertrophied, its wall one and a half inches thick; right side very little changed. In the left ventricle, involving the interventricular septum and the wall about the apex, is a saccular dilatation capable of holding at least two fluid ounces, developed by a giving way of the heart wall. This cavity was filled by a firm old clot, containing a cavity as large as a filbert, filled with grumous pus. The endocardium in the aneurism had been totally destroyed, and the clot was in places firmly adherent to the exposed and thinned muscular tissue. In the anterior wall the tissues had completely given way over a very small area, and the rupture was filled by the clot, which projected slightly into the pericardial sac. A similar condition existed in the septum, the clot here projecting one-half inch into the right ventricle. Owing to the clot filling these ruptures, there was no communication between the cavity of the left ventricle and that of the right ventricle, or of the pericardium. Heart muscle is fatty. Aorta is slightly atheromatous, and its valves rather rigid, though competent. Other valves healthy. Coronary arteries not atheromatous. Liver enlarged, congested, slightly cirrhotic. Kidneys enlarged, congested, cortical substance increased in volume, small spots of fatty degeneration, capsule strips off easily.

Dr. Bruen thought it was of great interest to note that the location of the aneurism was in the septum towards the apex. This was an unusual site, because when due to ulcerative endocarditis, as was probably the case here, the aneurism is usually situated at the base of the heart, about the attachment of the aortic valves. He had seen a case three or four years ago of aneurism of the heart, the result of ulcerative endocarditis, which was situated at the apex, but it extended towards the left, and did not affect the septum. In this case the pericardial cavity was completely obliterated at the site of the aneurism, where the pericardium formed the aneurismal wall. I tapped at this joint for a pleural collection, but only withdrew of blood when I desisted. Instead of doing harm the tapping afforded relief, and the pleural and other dropsical effusions were absorbed, the patient dying fully two years after the operation.

Dr. Tyson thought that the disease being situated at the point, it rather pointed to endocarditis of the cavity than to the ulcerative form. This had resulted in the formation of one of the so-called tendinous spots, which gradually yielding the aneurism had formed. The rupture might have been of some standing, as these interventricular ruptures are stated to be not very dangerous, and compatible with considerable prolongation of life.

Dr. Hughes said there really had been no communication between the heart-cavities as the opening was blocked up by a clot which was evidently old.

Pernicious Anæmia.

Presented by Dr. W. E. Hughes.

George G. C., white, æt. 45 years, a clerk was admitted into the University Hospital, February 4, in an intensely exhausted condition, with a history of an illness lasting over two and a half years. He had lived for the last twenty years along the banks of the Potomac in the midst of malaria, and had had ten years ago intermittent fever lasting two months. His habits were all regular, and he denied any venereal taint. For the last three or four years he has been much

worried by family and business affairs. His father and a paternal uncle and aunt died of apoplexy, his mother and all her brothers and sisters of phthisis; of his own generation all the members were perfectly healthy. He was unmarried. Till he went into the army during the war, he was well and strong; while there he had an irregular malarial fever, from the consequences of which and of exposure, he never thoroughly recovered. Two and a half years ago he was attacked, without any obvious cause, by diarrhœa, and though his appetite and digestion remained good, he lost flesh and strength rapidly. His urine at this time was much increased in quantity, and was said to contain sugar. The diarrhœa continued for some months, and he became reduced almost to a skeleton; then it ceased, the urine fell to its normal quantity or even below, and he regained much of the flesh he had lost, though his strength and general condition remained far below par. After some little while of this apparent improvement, he again commenced slowly to fail. Till within three months the functions of the gastro-intestinal organs were apparently well performed; since then he has had some slight heaviness in the epigastrium and flatulence soon after eating a hearty meal, and the bowels have shown a tendency to constipation. Since last June he has been unable, from intense weakness, to perform any manual labor. There has been no hemorrhage. On admission, he was too weak to raise himself in bed, intensely anæmic, the whole cutaneous surface pale straw-colored, the veins showing through as pink lines, the mucous surfaces scarcely distinguishable from the skin, and moderately emaciated. There was no œdema. The heart action was excessively weak, with the apex beat in the usual position, and over the body of the heart was heard a soft blowing systolic murmur, lessened in intensity by firm pressure with the stethoscope. Over the jugulars and the lateral sinuses was heard a remarkably distinct venous hum. With the exception of a slight failure of eyesight, the special senses were normal. He answered questions intelligently but slowly, as though too tired to think rapidly. In the lower extremities he complained bitterly of a feeling of soreness, saying his legs felt as though they had been beaten with a stick. In twenty-four hours he passed one quart of urine, acid in reaction, no albumen, no sugar, specific gravity 1012. Two days afterward, he was weaker and had lapsed into a mild wandering delirium. Examination of the blood gave 665,000 red corpuscles and 6,000 white corpuscles to the cubic millimetre. The red were rather pale, exceedingly variable in size, some of them being twice as large as normal and others very small, and many of them tailed, and otherwise irregularly shaped. Examination of the eye-ground was rendered difficult by his delirium, but no retinal hemorrhage could be detected. He died February 8.

Autopsy (notes by Dr. Formad) *Three Hours after Death.*—No rigor mortis. Moderate amount of soft, flabby adipose tissue, especially beneath the peritoneum. Blood pale, everywhere fluid, no clots even in the heart. The marrow in the tibia, humerus, and sternum was red; the fat in a great measure being substituted by leucocytes and forms intermediate between white and red blood-cells, and a few giant cells. The heart was rather small and very pale, valves were normal. The lungs contained a few calcified nodules in the apices, and were universally adherent to the chest walls and diaphragm. The bronchial and mediastinal glands were enlarged, and some of them calcified. The liver weighed three pounds, and was pale and anæmic. The spleen was normal in size and rather congested. The pancreas was rather diminished in size and indurated. In the left kidney are a few depressed cicatrices not unlike old gummata. Kidneys are with this exception normal and anæmic. The stomach shows some evidence of chronic gastritis. No enlargement of any lymphatic glands other than those noted. Nervous structures were not examined.

Dr. Formad said that the marrow, especially of the upper extremities, showed in a marked degree the typical currant-jelly appearance first described, he believed, by Drs. Pepper and Tyson.

Dr. J. H. Musser said that some of the clinical features of the case were unusual, especially the absence of retinal and other hemorrhages. The heart, too, is usually fatty, and he had thought that medullary bone-changes were unusual, the text-books on pathology containing such statements. He brought the matter forward, as he would like to have some light thrown on such discrepitant statements.

Dr. Bruen thought that the bone-changes occurred more frequently when the case was idiopathic than when there was a malarial history, as in one case seen by him.

Dr. Tyson said that the description of pernicious anæmia in the pathological text-books was very vague, and no mention was made of bone-changes such as described by Dr. Pepper and by himself in Virchow's *Archives* some years ago. This paper seems to have been entirely overlooked.

Dr. Sidney Roberts had had the opportunity of examining the fractured femur of a woman suffering from this disease, when he noted appearances identical with those presented by the humerus before the Society this evening.

Excision of the Shoulder-Joint.

Presented by Dr. C. B. Nancrede.

Anne M., æt. 17 years, was admitted to the Female Surgical Ward of the Episcopal Hospital, May 14, 1883. One year ago last May she fell down stairs and struck her shoulder. She was unconscious for a short time, but was soon able to walk home. The arm did not become inflamed, and seemed, to the patient, well. Nine months after the fall she noticed pain in the shoulder, and an elevated papule formed near the joint, which was opened at the dispensary. This relieved the pain, but left a fistulous tract discharging healthy pus. She attended the dispensary until the 14th of last May, when she was sent into the house, Dr. Seltzer, the assistant surgeon on duty, having touched dead bone with the probe. After admission, she had pain from time to time, gradually increasing in intensity until shortly before operation. Other free openings for drainage were made by Drs. Simes and Kelly. The probe detected an apparent sequestrum with the humerus head.

Diagnosis.—Epiphyseal abscess and strumous disease of the joint. The operation showed complete destruction of the joint, a carious and denuded humeral head, with an abscess about the epiphyseal site containing a sequestrum. The glenoid cavity was denuded of cartilage and toughened. The portion of head and shaft such as you see were removed, while all the glenoid cavity was cut away with the gouge forceps, except where the long head of the biceps was attached. Further details of the operation are unnecessary. The patient was practically well at the end of two weeks.

Excision of Astragalus.

Presented by Dr. C. B. Nancrede.

Elvira ———, æt. 9 years, mulatto, a patient in the Children's Surgical Ward of the Episcopal Hospital, received some slight injury of the right ankle-joint about one year ago, since which the usual symptoms of strumous arthritis have been noted. About two months since, Dr. Packard freely opened the articulation and inserted an oakum seton. Temporary benefit ensued, but February 13, 1884, I found the bone so diseased as to demand excision. This was effected with great readiness by a semicircular incision upon the outer side of the joint, whereby the peroneal tendons were exposed, their sheath partially opened, thus admitting of their being drawn to one side, and the ligamentous structures of the astragalus easily divided. The bone was partially anchylosed to the under surface of the tibia, and nearly all of its tibio-fibular cartilaginous surfaces were bared and carious. All the other tarsal bones seemed perfectly healthy.

Specimens from a Case of Extensive Trephining of the Skull.

Presented by Dr. Nancrede.

These specimens, consisting of nearly the whole right squamous plate of the temporal bone, the inferior angle of the parietal, and a portion of the frontal—in other words, the anterior two-thirds of the temporal fossa, from the orbital plate nearly to the temporal ridge, and from the external angular process of the frontal to a line posterior to the external auditory meatus—were removed by me from a man this day, who had been struck by an iron lever, which caught his head between it and a large beam. Although the depressed area must have been fully an inch deep, yet he walked into the Surgical Dispensary of the Episcopal Hospital, presenting apparently neither motor nor sensory disturbances; pupils and tongue normal. He was at once sent up to the Male Surgical Ward, and I proceeded to trephine, cut away the overhanging shelf of sound bone with the "rougeur," and thus elevate and remove over a dozen fragments of bone. The dura mater seemed uninjured. As the specimens show, the middle meningeal artery must have been torn, and fortunately twisted in removing the fragments, as it was completely surrounded by a bony canal. One branch in the meninges was tied with fine cat-gut ligature, and the wound, as well as a deep scalp cut on the opposite side, were dressed with mercuric bichloride.

EDITORIAL DEPARTMENT.

PERISCOPE.

Abuse of Medicines.

Dr. R. H. Gunning tells us, in the *Edinburgh Medical Journal*, June, 1884, that he believes strongly in the proper use of medicines, as anodynes, emetics, purgatives, diaphoretics, diuretics, etc., but he is also sure of much abuse of them. In 1834, while attending a provincial infirmary, he was struck with the recovery of patients given up to die. The medicines, especially mercury, iodine, and iodides, would be suspended, and the nurse have orders to treat the patient kindly before dying. Immediately recovery would occur! This impressed him, and ever since in practice he has studied whether medicines were doing good or harm. He always held, and still holds, that homœopathy is chiefly the non-abuse of medicines. In the time of Dr. Black and Professor Henderson, of Edinburgh, when this question was once publicly discussed, he challenged its advocates to try 100 cases without medicine and 100 cases treated *secundum artem* against 100 treated homœopathically. He affirmed that, in the first case, the result would be as good as in their 100 cases, and that in the second mode there would be more success. The challenge was not taken up.

In Brazil his success was in cases treated by others. He merely suspended medicines, and put the patient upon hygiene, science, and common sense, correcting ignorance, neglect, and bad habits as to food, air, exercise, baths, etc. His success in chronic cases was great, and people declared that he must have used medicines, and very strong ones, too, for he could not have made such cures otherwise! Some selected cases, further on, will be examples of this abuse of medicine, of diet, and of the horizontal position.

Emetics, purgatives, anodynes, etc., relieve symptoms, but do not go to the root of the matter—error in diet, dress, habits, ventilation, etc. As symptoms recur they have to be repeated. This was the English system of "dose and cure" of the glutton or the beer-swigger, only to "dose and cure" him again. The pills, potions, and powders were the general practitioner's chief income, more than from *honorariums*. But homœopathy, with its metaphysics and paradoxical wonders, and hydropathy, with its hygiene and appropriated science, have done much to correct this abuse of drugs.

Mercury is a good medicine, in its place and in careful quantity, as is iodide of potassium. They will destroy abnormal exudations or organization, and the germs of syphilitic taint, but carried beyond this object they will debilitate and destroy

the body itself. Quinine is a good tonic and specific, but in large doses it is most pernicious. And why in big doses, if small ones will serve? What deafness and loss of sight has it not caused? He has known a child made deaf and dumb with one large dose. He has seen delicate patients take fifty grains in a day and succumb, whose stamina were not equal to ten grains. Small repeated doses can do all, he believes, that large doses do, without doing the mischief.

At first when yellow fever appeared in Rio, the deaths were few when an emetic or castor oil were given early, and the case was left to careful nursing. Since then, and now, a large part of the mortality is from so-called scientific or guessing and heroic treatment.

So with chloral and chloroform—both good agents when carefully used. He knows little of chloral in practice, but he has studied chloroform, and he believes few accidents would occur if it were well understood. When Sir J. Simpson introduced it into practice he made many experiments on dogs and rabbits, and was convinced that it acts directly on the capillary circulation in the lungs, and that death occurs after the manner of drowning when taken too long or too much. If this is so, then it is all-important not to continue its operation too long. A person under water so many minutes may recover, but when so many minutes more it is fatal. The assistant who gives chloroform should understand this, and be most watchful. He should note the quantity used and the time, and it should only be given *on the operating table*, and when all is ready for operating. Thus the time is shortened all possible—the great point. It should not be applied and withdrawn at first, but allowed to have its effect at once. Inattention to this wastes much chloroform, lets the air disengorge the circulation in the lungs, reawakening the patient, and saturates too much the body. A good simple plan is the piece of surgeon's lint laid over the nostrils and mouth, and wetted sometimes if needed. If overdone, fresh air and artificial breathing are indicated, the start for reaction being in the lungs, not in the heart. He could easily restore dogs apparently dead by tracheotomy.

He concludes by mentioning some cases which will show the influence of these four circumstances, namely, diet, position, hot water, and suppression of drugs.

1. A young slave woman had a chronic ulcer on the shin, of seven years' standing. Various doctors had been consulted. Iodide of potassium and calomel were used in succession till most of her teeth were lost, in the belief that she had a syphilitic taint. Caustics and ointments were used externally. The ulcer looked hardened and desperate, and he concluded that, besides the irritating effect of the said medicines, externally and internally, the limb had not had due rest. He simply suspended the medicines, ordered a linseed poultice to keep soft the ulcer, and had her strictly confined to bed. In six weeks, more or less, her health was better, and the ulcer was cicatrized. Here the health was improved, no doubt, from suppression of medicines, but the cure of the ulcer was mainly due to diminished congestion. In short, she had been previously treated without due attention to position, etc.

2. Next, a gentleman consulted him about a large ulcer on the anterior inner part of the thigh, of thirteen years' standing. The whole limb was swollen and anasarcous. He had been the round of the doctors within a large circle. He thought the ulcer had been treated without due attention to position, and declared he would not treat him without a solemn promise that he would keep absolutely in bed. He started him with a dose of comp. powder of jalap to assist the riddance of the anasarca, and to convince him that he was using medicine, for medicine they must have. And, without more than a linseed poultice, diminished diet, and horizontal position, he was well in a couple of months or so. He saw him ten years afterwards, quite well.

3. A gentleman patient suffered from an obstinate stricture of the urethra of some years' standing. He would not allow cutting of any kind, and the surgeons in the city who had attended him were unable to pass any sound. The urine was passed by several openings under and about the scrotum, which was ulcerated, and nearly the size of a man's head. He was ever up and on his feet, washing and passing urine, and he saw a good chance of bettering his state by removing all this source of congestion and exudation. He ordered him, several times a day, a very hot hip-bath to soothe the parts (for nothing soothes like hot water), and then had him put to bed, with strict injunctions not to rise except for real necessity. He made him cross his legs, not to let the large tumor depend, and dressed the raw surface with simple ointment. He also lowered his diet, to facilitate absorption of the exuded matter, and allowed him to drink much rice-water to produce mild urine, as salted, strong urine, irritates the rawness of the urethra and fistulous openings. In a week or so, the swelling was down, as by a charm, the fever gone, and the parts again almost natural. He found he could get his smallest sound into the stricture. In the course of a day or two more he got a very small bulb-pointed one through. By-and-by, he passed other sizes, up to the largest, when the fistulous openings closed, and a complete cure was effected. This was done by keeping him merely horizontal, and the tumor elevated, not dependent. The soothing hip-bath, the reduced diet, and the diluted urine all helped, but the main thing was position, neglected by others more dexterous in manipulation than himself, but less cunning about the importance of position, hot water, and lowered diet.

This same gentleman returned in a similar condition, after more than ten years, declaring that the surgeons of his city could not pass the sound to dilate, and that he could not submit to any incision. He was treated as before; he returned home in two months or so, again cured.

He gives another case. A vicar, looked upon as a saint far and near, had a pimple on the upper part of his penis, behind the gland. His brother-in-law, licensed in Italy, and another, a graduate of Paris, treated him. Caustic was applied, but only inflamed the part more. Then they assumed that it had a syphilitic taint, and gave him mercury till the gums and all his bones were sore. The caustic was continued, and resulted in a subcutaneous fistula. Into this yel-

low wash was injected, and sloughs came away. The more sloughing the more injections, till the fistula reached under the pubic arch. The member got immensely enlarged, and also the glands of the groins. Then it was called cancer, and no hope of a cure could be given by them. The poor vicar made his will, and took the last sacrament of the church. Considered a very saint in the province, the lamentation was great at the prospect of losing him. An English doctor from a distance was called in. Going to dine with a large landed proprietor, and meeting his English collague, he asked to see the patient. He said he could only think of amputation, but that he did not mean to operate on the vicar. When at dinner a note came to him from a devoted friend of the holy priest, wishing him to see him and not let him die. He said he could not go so far, having duties at home. His host said he must go, as the vicar was his cousin. Horses were got ready, and they galloped over the Campo twenty miles by moonlight, in the cold time of the year.

When he saw the sick man, he thought him poisoned with mercury and iodide of potassium internally, and externally by yellow wash. He did away with all, had warm flannels got, and a soft mattress to keep him warm instead of his hard bed and charcoal fire, filling the room with carbonic acid. He gave him a very warm bath with his own hands. With this comfort, and that of warm clothes and a soft bed, and the suppression of irritating drugs, he slept, for the first time for long. He injected warm water instead of yellow wash. The sloughing ceased, and the fistula closed, and the swelling everywhere diminished. In less than two months he was saying mass in the parish church, and the cure was regarded as a miracle.

A large part of this cure was the suppression of irritating, poisoning drugs; but the hot water, and strict lying position, were all great factors in the result.

These are illustrations of what position, the non use of drugs, and the use of warm water and diet, do in medical cases. He gives a recent case, if not of the abuse of medicine, at least of its non-usefulness.

All know how the greatest statesman of the age (Gladstone) has suffered from gastritis and torturing gastrodynia. The routine of mere scientific prescriptions could do nothing for him. At length, in the hands of Dr. Schweninger, of Munich, he has been fortunate. This gentleman has discerned the case better, and enforced strict diet and a general change of regimen, and the great chancellor is again well and at work.

In conclusion, more attention should be given to hygiene, and less trust put in drugs.

The Hypoglossal Nerve in Connection with Syphilitic Glossoplegia.

The *London Med. Record* tells us that in the Berlin *Charitè Reports*, Band viii., 1883, Lewin treats of the above. Amongst 50,000 cases of syphilis he found nineteen with gummatous glossitis, and three in his private practice, all these twenty-two being affected with paralysis. The histories of two patients are given in full; one suffered from hypoglossal paralysis on one side, with symptoms almost like those of bulbar paralysis, and was cured by sublimate injections. The other presented atrophy of half the tongue, with nodes at its root; deviation of the point to the diseased side (so that it scarcely projected beyond the teeth); failure in raising it to the hard palate; difficulty in masticating, in swallowing, in speaking quickly and for long, and in phonating the letters *d*, *t*, *l*, *n*, *r*. There were also lowered and delayed taste-perception on the left side of tongue; with lowered perception of movement, position, temperature, pain, and electric irritability; salivation, and lastly, a great paleness of that side. *Post mortem*, two gummatous foci were found in the skull; one between the dura mater and the bone to the left of the vertex, the other upon the hypoglossal nerve itself. This nerve, anterior to the condyloid foramen, and partly within it, was embedded in a greyish-white jelly-like gummatous mass. The root-paths of the nerve in the medulla oblongata were unaffected; the trunk alone was involved. A complex of veins existed about the nerve as it entered its canal, like a small cavernous tumor; this evidently arose from the venous circle normally found around the nerve there. The nucleus of origin was normal.

Lewin comments thus upon this case:

1. The *motor paresis* of the tongue was due to the paralysis of its muscles (the genio- and styloglossus, the longitudinal—superior and inferior—and transverse strata, and the genio-hyoid).

2. The *want of taste* is ascribed to pressure by gummata upon the peripheral ends of the glosso-pharyngeal in the circumvallate papillæ. Lewin is thus of opinion that the chorda tympani holds its gustatory fibres only from the glosso-pharyngeus (by the following route: petrosal ganglion, tympanic plexus, small superficial petrosal, otic ganglion).

3. The *salivation* is explained as a reflex act, most probably through the glosso-pharyngeal nerve.

4. The *local anæmia* was the result of compression of the lingual nerve, which, according to Vulpian, holds vaso-dilator nerves for the tongue.

5. The *stuttering or stammering* might be caused either by lessened size of the tongue, or by compression of the fibres of origin of the hypoglossal nerve by the vertebral artery (Willis, "freno injecto circumligans"), or lastly, from pressure of the swollen circulus venosus upon the nerve at the condyloid foramen.

In the historical sketch the various views of the functions of the hypoglossal nerve, from Galen down, are given. Longet says it is only sensitive over the great cornu of the hyoid. Of late years, anatomical search has been made for any nerves which might afford sensory fibres to the hypoglossal. These are detailed thus in the anatomical section. Some authors have thought that the sensory fibres are derived from a small posterior root, provided with a ganglion, like a posterior spinal nerve. Lewin remarks that such a root does not occur in man, and also contends against the view that the superior cervical ganglion sends sensory fibres to the hypoglossus. The anatomical relations of the hypoglossal with the cervical nerves, the vagus, and the lingual nerve are fully detailed.

No satisfactory conclusions from anatomy being

at hand, Dr. Lewin, with Dr. Holtzer, made experiments upon dogs with the following results:

1. The peripheral end of the hypoglossal nerve contains sensory fibres. 2. In most cases these are not derived from the lingual; but (3) arise from fibres accompanying the nerve-trunk. 4. Between the descending branch (descendens noni) and the anastomosis with the lingual, there pass sensory fibres, some from the lingual, others from the hypoglossal. 5. Lingual nerve-fibres descend also in the descendens noni. 6. No sensory fibres pass from the cerebral end of the hypoglossal to the descending branch. 7. Sensory fibres arise in the last-mentioned, apparently from the cervical nerves. 8. Fibres from the lingual nerve (on the distal side of the descendens) run backwards along the hypoglossal to its exit from the condyloid foramen. 9. The hypoglossal itself has no sensibility from its root down. 10. Sensory nerves travel with the hypoglossal (independently of the above-mentioned fibres from nerves elsewhere, by anastomosis) immediately after its exit from the skull; either from the vagus or from the cervical region of the spinal cord.

Sea-sickness.

In the course of an article in the *British Med. Jour.*, July 26, 1884, Dr. Astley Gresswell says:

This complaint varies greatly in degree. Some never suffer from it; they are, however, in a decidedly small minority; some suffer severely at first, but quickly acquire toleration: others apparently never succeed in wholly overcoming the effects of the movement of a ship at sea. We may mention that it occurs in some birds, and is known in many quadrupeds. Most children in health quickly acquire toleration. Women suffer perhaps more generally than men; and it is rare to meet a woman who, though a great traveler by sea, does not suffer severely when a vessel is freely pitching. It is common, also, to meet men who, though great sea-travelers, suffer somewhat when a vessel freely pitches; the customary pipe is not taken, the appetite is in abeyance, and there is a decided preference for the recumbent posture. The suffering is most marked when there are both pitching and rolling, or, as some say, wriggling. The voyager generally quickly becomes adapted to rolling when occurring alone, but not so readily to pitching, which is the movement that longest retains its influence; the symptoms also are the more severe the greater the angle through which the vessel pitches, so that, for instance, the occupants of stern-cabins suffer more than those of cabins amidship; and, moreover, they are more severe when standing than when sitting or lying. Pitching would, by virtue of the law of inertia, cause sudden changes in the amount of fluid contained within the cranium. During the descent there would be some addition to the intracranial fluid-pressure, and during the ascent some reduction of it. In rolling, again, similar alternations of pressure doubtless occur, but they would not be so great, for a ship generally rolls through a much smaller angle than that through which it can pitch.

Pitching would also cause many other changes in the body; it would, for instance, cause sudden slight tractions upon the mesentery, small omentum, and suspensory ligament of the liver, in consequence of the inertia of the small intestines, stomach, and liver; and one may be tempted to suppose that, in this way, pitching may cause reflex vomiting. It would perhaps act similarly upon the aorta, by reason of the inertia of the heart. If, however, pitching cause sudden changes of intracranial fluid-pressure, we might expect to find vomiting associated with it. Anæmia of the brain causes vertigo, nausea, and vomiting. These symptoms are present in cases of hemorrhage; they also occur on suddenly taking the erect posture, and especially is this the case with anæmics and convalescents; a convalescent typhus-patient will sometimes vomit while being helped to sit up in bed; and a patient rendered anæmic by hæmatemesis will very probably vomit if raised, so that, if raised before the vessels have thoroughly healed, the latter may be opened up afresh. Thinking that sudden changes of intracranial fluid pressure had to do with the symptoms of sea-sickness, I tried the administration of ergot and digitalis, hoping, by raising the blood-pressure, to reduce the effect of pitching upon the intracranial fluid. I gave these drugs freely to as many as a hundred and ninety persons suffering from sea-sickness; and, in very many cases, they apparently acted remarkably well, some (especially lads) requiring no more than one or two doses. I should say that chloroform also was almost always given. It may be premature to suggest a *rationale* as to why sudden changes of intracranial fluid should be attended by nausea and vomiting; it may be owing to a disturbance of the coördinate action of the higher cerebral centres, or of the lower more automatic centres; it may be that it acts upon these centres by disturbing the perilymph or the endolymph.

The peculiar sensation in the chest and abdomen when swinging, or at the sudden start or pull up of a railway carriage, may be attributable to change of mutual pressure of parts within the abdomen and chest. Swinging often indeed causes sickness; but the movement of swinging differs greatly from that which is undergone in a ship when freely pitching. In pitching, there may be such sudden change from ascent to descent, that one feels as if left in the air; and, again, such sudden change from descent to ascent, that one feels as if about to pass through the deck. And it is, I think, just this fact of sudden interruption of the movement that constitutes the difficulty to be overcome on a ship; moreover, it is just at these times, and often only at these times, that great sea-travelers experience nausea.

This view of the etiology of sea-sickness may be objected to on the ground that quadrupeds suffer from it. Pitching would, however, act on the intracranial pressure of the quadruped, when standing, in the same direction as, though to a less degree than, it would in the case of man.

Whether, however, the etiology here advanced be correct or not, the drugs above-mentioned seemed to act so well as to justify, I have thought, these few remarks. It may be well to add that some irritants have a marked effect in checking, at any rate, the vomiting of sea-sickness; and of these, the most useful, perhaps, is tincture of capsicum; spiritus ammoniæ aromaticus also is of value.

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ACUTE TRAUMATIC MALIGNANCY.

Some two years ago, we had occasion to call attention to a condition of affairs where, owing to some inherent peculiarity of constitution, some tumor-favoring diathesis, an injury that, under ordinary circumstances, in a healthy person, should heal kindly, will rapidly run into the state of malignant disease.

Mr. Richard Barwell, in his introductory remarks in the paper to which we then alluded, says: "The cases on which the name is founded made a great impression on my mind, leading me to think that occasionally under the stimulus of severe irritation the tissue elements, which under favorable circumstances would assume only the additional activity necessary for repair, may exhibit a more prolific cell-germination, culminating in a rapid form of malignant disease in one of those forms, whether named myeloid or round-celled sarcoma or encephaloid cancer, which consists of little else than heaped-up cells and their progeny."

The fact that such unfortunate and unexpected changes do take place sometimes has been made repeatedly evident to us, and it seems to be a subject well worthy of further investigation and elucidation. Therefore are we pleased to note that in the *Lancet*, July 26, 1884, Dr. Lambert H. Ormsby contributes more information on the subject. Before relating some cases, he gives the results of his experience as follows

"In the following cases it will be found that malignant tendencies rapidly developed after the receipt of local injury. I would, however, be inclined to think that, without some inherent malignant constitutional tendency, a local injury would not be followed by anything more than some slight temporary benign irritation and inflammation necessary for the healthy reparation of the part. For it would appear, according to Billroth, that the development of tumor depends upon two factors: 1. The inherent tumor-forming diathesis. 2. Local irritation, which may be either inflicted suddenly or may be of long-continued duration.

"As already mentioned, in healthy individuals we find local injuries, such as wounds and blows, merely go through the benign and natural processes sufficient for repair, such as inflammation,

ulceration, suppuration, and cicatrization, and such injuries produce no bad constitutional or local effects whatever. On the other hand, in patients with a constitution having a hereditary tendency to tumor diathesis, small skin wounds and other slight injuries are rapidly followed by a very fast-growing malignant tumor at the original seat of injury. From this, then, it would seem that although the tumor diathesis may be present in the body of a given individual, the condition may be harmless for a certain limited time, or for a very considerable period, as it requires another factor to complete the process of malignant development, and such factor, it would appear, is frequently contributed by a traumatism or other local irritation of one kind or another; and should the latter factor of local irritation be wanting, no malignant development takes place.

"Take, for example, the lower lip, a very common situation among certain classes of epithelial cancer to make its appearance. In early stages, and up to a certain point, I would think that only the tumor diathesis was present—in fact, that it was in a pre-malignant condition. To this add the factor of continual local irritation by means of the heated stem of a short clay pipe, and you have epithelial cancer very rapidly developed. Also, in malignant tumors of the breast, the tumor-producing diathesis may be present for a considerable time, and no malignant development take place until a blow or other injury is received at the part, and rapid enlargement and growth follow."

COMMITMENTS TO LUNATIC ASYLUMS.

An important case in England recently brought up for criticism the method of procedure in committing persons to insane asylums, and the judges condemned quite severely the means often taken by interested persons to secure commitments. The suit was against Dr. Forbes Winslow, the alienist, by a Mrs. Weldon, the person whose insanity was alleged. The charges were of assault and battery in attempting to carry out the commitment, and of libel in writing to Mr. Weldon that she was a proper subject for incarceration. The defense interposed by Dr. Winslow was, that he had acted under the lunacy statutes in attempting to take Mrs. Weldon to the asylum, and that he had written the letter as a physician, without malice, and it was therefore a privileged communication.

Dr. Winslow was successful in his defense on the first trial, but this judgment was finally reversed on appeal. It appeared that Dr. Winslow was the proprietor of the private asylum where Mrs. Weldon was to be confined, and he was one of the two physicians who made the examination required by law as to her sanity. The court therefore held, that as he would receive compensation for her confinement, he was interested in giving such a certificate as would enable him to take her to the asylum. He was not, therefore, a disinterested person, and no one should be deprived of liberty where there was any question as to the possible motives. The court did not decide that Dr. Winslow had acted improperly, but that the facts warranted the submission of the case to a jury which had been refused by the trial judge. It also appeared that the method of examination was peculiar and improper. The law required two separate and independent examinations of the patient, but the two physicians who gave the certificate went together to the house, and after having an interview together with her, took turns in stepping out so that each might make what would be called a separate and independent examination.

Under these circumstances it was held that a jury should have decided as to the propriety of the course taken by Dr. Winslow, and as this was not done, the judgment must be reversed.

WHO SHALL PAY PHYSICIANS EMPLOYED TO ATTEND THE POOR?

A physician who renders his services to the public poor, or in any capacity where the compensation is to be paid from the county or city treasury must see to it that his employment is from the proper authorities, or else he can not recover the value of his services. He may act in perfect good faith, but if the appointment is not from the source which the law recognizes, he must secure his pay, if he secures it at all, from the persons who employed him.

This appears from a recent case in Iowa, where the following question was submitted to the court: "When the board of supervisors of a county in

which there is no poor-house, employs a convenient and competent physician to furnish to all the poor persons of the county all medicines and medical aid that such poor persons may require, while such physician is so employed, and ready and able to furnish such medicines and medical aid, may the trustees of the township in which the physician resides disregard such employment made by the board of supervisors, and employ other physicians to furnish medicines and medical aid to the poor persons of said township who make application to them therefor, and bind the county for the payment of medicines and medical services rendered or furnished by such physician employed by the trustees?"

The circumstances of the case show that the Iowa law provides for the care of the sick poor by the trustees of the township until the supervisors provide for such care, but does not make provision for any conflict of authority between the trustees and the board of supervisors. It seemed that the supervisors had a regularly appointed physician, ready to attend to all cases, and the trustees, instead of calling on him, employed another physician, and the latter after rendering the services desired, sued the county for his fees. At the first trial the physician was successful and obtained a verdict; but on appeal, when the above question was submitted to the higher court for decision, it was held that the verdict must be reversed. The ground of the decision was that the township trustees could not bind the county for medical services when there was a regularly appointed physician whom they might employ, but did not want to.

Notes and Comments.

Antipyrin.

The reports concerning the antipyretic effect of antipyrin accumulate, and prove that the remedy does not only cause a decided and prompt reduction of temperature, but has also the great advantage of not being accompanied or followed by any of the disagreeable effects of quinine.

Antipyrin is best administered in hourly doses of 32+32+16 grains, so that within two hours the whole dose of 80 grains is taken. The reduction of temperature varies from 2 to 6 degrees, and sets in gradually. As soon as the effect of antipyrin has ceased, which usually happens within five hours after the last of the three doses mentioned, the temperature continues stationary for an hour or two, and then slowly ascends to its former height, if meanwhile no more doses of antipyrin are administered. In a case of tubercular phthisis, with hectic fever, where the temperature rose every afternoon at three o'clock to 104½°, the first dose of 32 grains of antipyrin was given at 12 m., the second of the same quantity at 1 p. m., and the last of 16 grains one hour later. The temperature at 3 p. m. rose but to 99½°, and continued at that height till 8 p. m., when it again ascended to 100½°. If a fourth dose of 32 grains was administered at 6 p. m., the temperature declined still more, until it reached at 8 p. m. 98°, when it again gradually crept up to 99½°. No nausea and no tinnitus aurium were observed.

Recently Dr. C. Rank reports, that the drug occasionally causes nausea and vomiting, if administered internally (*Allg. Med. Centr. Zeit.*, 52, 1884). He therefore made use of it by the hypodermic method, and found it, in a series of fifty cases, not only to answer admirably well, but to have a still prompter and more decided effect than if given internally, but also never to produce any disagreeable symptoms. As antipyrin dissolves in cold water but sparingly (1 : 3), and as 32 to 64 grains must be injected under the skin to obtain the full antipyretic effect of the drug, Dr. R. made a trial with hot water, and discovered that 16 grains of antipyrin dissolves in 8 minims of hot water, and that the remedy does not precipitate when the solution has cooled down. After having been kept in a room for a period of eight days, this solution was still clear. One or one and a half syringefuls of it suffices to produce the antipyretic effect of antipyrin.

The injections were usually made in the region of the glutæus muscles, and with the exception of a very slight and transient pain, no local symptoms showed themselves at the place of injection, no inflammation, hardening or formation of pus. Where internally, eighty grains are necessary (32+32+16 grains administered hourly), R. succeeded with one hypodermic dose of one, or at most one and a half syringefuls of his solution. According to his experience, the maximum of decline of temperature happens about three hours after the injection, and continues from six to eight hours.

It is well known that with one or two doses of sulphate or muriate of quinine, of thirty grains each, we may obtain a similar antipyretic effect; but quinine has the drawback in such doses generally of inducing vomiting, and often tinnitus aurium, besides producing not seldom other more dangerous symptoms due to congestion of the brain. That antipyrin, while possessing, if possible, a still prompter antipyretic effect—more decided and more lasting—has none of these disagreeable symptoms, makes this drug so valuable. To these facts may be added, as of not less importance, the facility with which antipyrin can be subcutaneously employed. Lastly, it is but half as dear as quinine.

The Treatment of Pernicious Intermittent Fever.

Dr. W. H. Reed reports an interesting case, which yielded to treatment, in the *College and Clinical Record*, August 1, 1884:

His treatment was as follows: Immediately a hypodermic injection of one-sixth grain of morphiæ sulph.; hot sand-bag to lumbar region; one pil. podophyllin comp., and two grains of quiniæ sulph., in pills, every two hours, until twenty grains were taken. He was sent for hurriedly, with the statement that his patient was dying. On his arrival by her bedside, he found her in a sinking condition; in the meantime she had had several convulsions; was now at times in a low delirium, muttering inaudible and unconnected sentences, and picking at the bed-clothes. Her countenance was relaxed, tired, worn, and haggard; skin somewhat cooler, and pulse almost imperceptible; heart sounds feeble; respiration slow and gasping. The pain had left the back, from the application of the sand-bag. He immediately stimulated her freely with whiskey, which at first produced retching, but not vomiting; then he was informed that on two occasions previously she had vomited blood. He ordered dry heat over her stomach, which successfully allayed further vomiting and retching, thereby enabling her to retain all medicine administered. A strong milk punch was given at intervals during the night, and the quinine pills continued as before ordered. Next day he found his patient much improved; she was lying quietly in bed, her mind clear and buoyant, but she was much exhausted and debilitated. The delirium passed off about midnight, and her bowels moved freely toward morning. Her skin was almost normal in temperature, and but slightly jaundiced; heart sounds regular, but slightly feeble; respiration normal; no thirst; tongue coated with a rather heavy fur; she ate some prepared gluten and milk for breakfast. He prescribed—

℞. Hydrargyri chloridi mitis, gr. ij.
Pulv. ipecac., gr. ij.
Pulv. ingluvin, ʒj. M.
Fiant chartæ viij.
Sig.—One to be taken every two hours.

He also gave her ten-drop doses of Fowler's solution three times a day. When he saw her again two days later, his patient was out of bed, with skin comparatively clear; appetite returned, and she was commencing to feel strong again. At the septenary periods he prescribed twenty-four grains of cinchoniæ sulphas. One week later he diminished the Fowler's solution to five drops three times a day. Two weeks later he saw his patient; she was feeling exceedingly well, with no symptoms of a recurrence of the chill.

Regulation of Diet.

As illustrating the great importance of this all-important question, we are glad to quote the following remarks from Dr. R. H. Gunning (*Edinburgh Medical Journal*, June, 1884):

The function which influences all others most is digestion. This all right, all is right, and *vice versa*. Cures, after operations, are accomplished by nutrition; and this will be good, or the contrary, as the digestion is good or the contrary. This subject of digestion and nutrition should be well understood by surgeons. The preparing a patient for an operation, or treating him after, hang much on this. Whatever dexterity a surgeon may have, he should also understand physiology well to have success. He may fail sometimes from neglect of the simplest dogmas of physiology. A friend and myself, when abroad, had many cases of cataract. We did the operation in the same way; he better than I, for I had no gift of hands. He lost very many of his cases, and mine succeeded. He said, one day, he could not understand this. I replied, "It is simple; you let your patients *eat and drink* as they and friends like after the operation; while I starve mine for one or two days, till the wound is healed and the retina is safe." A full stomach or improper food will soon befool the best-done operation. I have cured serious fractures without fever intervening merely by semi-starving the patient. In my own case, when shot in the head, I abstained from all but water, or a little tea or dry toast, for days, and had scarcely pain and no fever or erysipelas. After days I used stewed prunes, potatoes mashed with salt butter, to be simple and laxative. I took no wine and no

meat for weeks, and a remarkable cure was the result.

In all cases, medical or surgical, attention must be given to the digestive organs, to see that no peccant or irritating matter exists, and that they be carefully watched afterwards.

I once treated a lad for fracture of both thigh bones, a bullock-car having passed over his limbs. I set the limbs, and kept him semi-starved for days. Only gruel or weak chicken broth was allowed. He had no fever, and got round beautifully. On another occasion the car passed over him and killed him. In short, let all ingesta be in the smallest quantity, and of mild quality, to avoid inflammation. Spirits in every shape are injurious.

Phosphorus in Craniotabes.

That phosphorus, administered internally, greatly influences the nutrition and the growth of bones, has been conclusively proven. This remedy would find, therefore, its main indication in those diseases of the bones due to malnutrition, and specially frequent in childhood. But considering the poisonous action of the drug, and its great danger in children, Dr. Fred. Betz, in Heilbronn (Memorabilien, 4 Heft, 1884), resolved to try its local application. There was one other reason inducing him in children to discard the internal use of phosphorus; that was the fact that we do not possess any criterion by which we might recognize the limits of physiological poisoning, as the œdema of the eyelids, the ophthalmia, the gastric pain, and the diarrhœa, are the warning symptoms, for instance, in arsenious acid.

To a number of children suffering from craniotabes B. applied a salve of phosphorus, rubbing it into the integument of the head. "The results," says he, "were more striking than those following Karsowitz's internal medication. The softness of the occipital bone ceased after a few weeks; the sutures became more prominent, and the fontanelles smaller, while the size of the head greatly diminished. Another remarkable phenomenon was the luxuriant growth of the hair, which not only became denser and longer, but also thicker. The children lost their restlessness, their insomnia and psychical excitement. Two children, that were besides affected with laryngismus stridulus, became quieter and livelier, and the seizures ceased."

In conclusion, B. recommends the local application of phosphorus in the very beginning of the disease, while he does not think so well of its efficacy in general rachitis, though being certain of its absorption by the skin. We ourselves have considerable doubt regarding the correctness of Betz's observations, for such cases often spontaneously improve—*vix medicatrix naturæ*. Still it can do no harm to try the local application of phosphorus in the cases indicated. A series of experiments instituted by those that have plenty of such cases under their charge, and made with the view of determining the effect of the treatment, would soon decide its usefulness or uselessness.

Chorea as a Complication of Pleurisy.

Several cases have been reported where after intra-pleural injections for empyema, fatal epileptiform seizures have occurred. From an English exchange we note that the subject has again been brought under notice by Dr. Weill, of Lyons, who records a case where hemi-chorea was apparently excited in the same way (*Revue de Médecine*, July, 1884). A young man, twenty-four years of age, whilst on military service, was attacked with left-sided pleurisy, for which paracentesis was performed. Empyema followed, necessitating drainage and injections, and it was noticed that the left arm became weak immediately after the operation. A year later a second operation was performed, and six months afterwards M. Lépine, under whose care the patient was, deemed it necessary to have portions of the second, third, fourth, and fifth ribs resected. Two days after this operation the left upper limb became the seat of involuntary movements, and shortly after the left lower limb also. These movements were of a choreic character, and were associated with some hyperæsthesia of the hand and a certain degree of ataxy in the lower limb. The condition was attributed to the pleural irritation produced by the antiseptic injections acting on the spinal cord, and thence affecting in a reflex way the limbs of the same side. This idea of reflex irritation proposed by M. Lépine seems to M. Weill a very reasonable hypothesis, and it would appear as if there were functional and pathological connections between the innervation of the pleura and that of the limbs of the same side, especially of the upper limb. The occurrence of radiating pain in angina pectoris, and of the shoulder pain in hepatic colic, are instances of a similar kind; and the fact that besides the severe and fatal convulsions excited by intra-pleural injections, there have also been recorded numerous instances of hemiplegia associated with like pleural conditions, justifies the notion that in the present case there is an example of chorea excited by the same path.

Veratrum Viride in Puerperal Eclampsia.

Of the various remedies recommended for this disease, we would certainly imagine, reasoning theoretically that veratrum viride was the most dangerous. But Dr. H. W. Brown writes to the *Obstetric Gaz.*, July, 1884, that although he has only used it in six cases, yet he feels sure that these cases prove the efficiency of the remedy, and show that the fears entertained by the profession as to its deadly poisonous effects when given in large doses are unfounded. We will give one of his six cases as illustrating his method of administration:

"March 10, 1884, I was called to Lynchburg, Ohio, by Mr. L., to see his wife in puerperal convulsions. His first wife had died two or three years previous of the same disease, under the chloroform and morphia treatment. As a matter of course, the family were very much alarmed at the second case. When I arrived, I found the case in charge of Drs. Kleckner, of Lynchburg, and Marsh, of Dodsonville. She had had some three or four convulsions, and was very restless and nervous, barely comprehending anything that was said to her. She had been in labor five or six hours, with no progress. The os was not dilated at all, but pains were severe. I recommended ninety drops of Norwood's tincture, which was given under protest by Dr. Kleckner. This was repeated at intervals of thirty minutes, only in smaller doses (about sixty drops each time), until we gave four or five doses, when she vomited and was thoroughly relaxed. In our anxiety concerning the convulsions, we had forgotten to ascertain whether or not the os was dilated. I made an examination, and, to my surprise, the head was presenting in first position low down. We delivered immediately, and our patient went off to sleep with pulse down to fifty. She needed no more treatment, and is well and hearty now.

Algid Collapse.

In *La France Med.*, Hallopeau, under the name of algid collapse, describes a condition characterized by partial or general coldness of the body, accompanied with prostration. He regards the condition as the opposite of what occurs in fevers, and that it is due to an opposite state of the vasomotor nerves to that which is present in fever. The condition is specially observed in cases where the abdominal viscera are the seat of violent irritation, as in cholera, irritant poisoning, intestinal strangulation, and injuries to the abdomen. The lowering of the temperature usually begins in the extremities and face, and may be confined to these parts, but may become general. The contraction of the capillaries in these parts, and the consequent diminution in the amount of heat thus lost, would lead to the expectation that the internal temperature would be raised, which is not generally found to be the case, and this is explained on the supposition that there is a concomitant diminution in the activity of combustion. The pulse is small; the heart sounds are very feeble. The integuments are pale or cyanotic, and covered with a cold perspiration. There is often a degree of dyspnœa not explicable by respiratory lesion. The urine is diminished, and is often albuminous. There are muscular cramps; and the patient suffers from vertigo. He holds that the condition is due to the irritation of the sympathetic centre by the nerves going from the affected part, and through the sympathetic the calibre of the arteries is diminished; that by this means there is venous engorgement and deficient oxidation in the lungs, etc. He believes the condition is not to be explained by a general affection of the circulation, but is due to local disturbances in the circulation and the *calorification;* and this, he thinks, is proved by the symptoms of the collapse being limited to certain parts, particularly the face and extremities.

Hyperosmic Acid in Neuralgia.

In Tübingen, as well as in Kiel, experiments have recently been made to determine the action of hyperosmic acid (*Deutsch Med. Zeit.*, July 7, 1884). This drug was first recommended in malignant tumors, into whose parenchyma the acid was injected. In both localities the result has been nihil, the inflammation ensuing exerting no influence on the malignant character of the new growth. As well known, Dr. Winiwarter was the first to bring the remedy to the notice of the profession.

Dr. Neuber, in Kiel, accidentally employed the hyperosmic acid in several cases of peripheral neuralgia, which had not yielded to other drugs. He reports three cases where a daily subcutaneous injection of the acid was employed. He made use of a one per cent. watery solution, of which from four to six drops sufficed for each injection. Selecting the locality most affected by the pain for the hypodermic application of hyperosmic acid he found that in each of the three cases of neuralgia, though they were of stubborn character and had thus far withstood every possible treatment, the effect of the acid was magical, the pain after a few applications ceasing, and in no instance returning. The injections themselves were

neither very painful, nor followed by suppuration, nor accompanied by poisonous side effects.

There are many cases of superficial neuralgia which apparently are incurable until some new remedy is tried, to which they at once yield. The more physicians report such cases, the sooner will the conditions be determined, under which each anti-neuralgic remedy may be expected to act promptly.

Trephining on Account of Necrosis.

A boy, æt. 15, was said to have suffered in May, 1882, from typhoid fever. Soon after, a swelling was noticed in the left occipital region. July of the same year, an abscess developed itself in the same place, and was opened. December 6, the patient entered the hospital of Dr. A. Kine, in Moskow (Lyctopissj chirurg. Obschtschestwa w Moskwe, 7, '83, Russ.). K. discovered at the border between the left temporal and the occipital bone a fistula, sounding which he felt the bone denuded of its periosteum, and at the same time observed a pulsatory motion of the pus at the bottom of the fistula.

The abscess cavity was laid open, when there appeared a necrotic piece of bone of the size of a silver dollar, showing in its centre a perforated place as large as a pea, through which the dura mater could be seen, also covered by a caseous formation. K. made the diagnosis of tubercular ulceration of the occipital bone, and determined to perform trephining. The whole piece of necrotic bone was removed with the chisel, also a piece of the dura mater. Drainage was established and a Lister-bandage applied. Cure by first intention took place, except at the opening for drainage, where again a fistula formed, which did not close until September, 1883. The cicatrix consists only of dense areolar tissue, dense and strong enough, however, to serve as a bony covering. No hair has grown at the place.

The patient was presented cured to the Surgical Society of Moscow.

The Transmissibility of Bovine Tuberculosis Through Milk to Young Animals.

This subject, which has been receiving considerable attention lately, is discussed by Dr. Francis Imlach in the *British Medical Journal*, July 26, 1884, who concludes from his experiments that healthy young animals carefully selected and tended, may be safely fed with the milk of tuberculous cows without the rapid development of tuberculosis. Only in two monkeys was there evidence of tubercle, and the disease is too common amongst them in England to allow us to ascribe its development to infection by milk. Of the ultimate results of such feeding it would be unsafe to make any assertion, for extensive observations would be necessary in order to avoid numerous obvious fallacies. The investigations carried on in Berlin under the superintendence of Virchow having left this question unsettled, it would be a great boon to the medical profession if Mr. George Fleming, who has so ably and so forcibly drawn attention to it, or some other veterinary authority with facilities and skill superior to what any member of our profession can be expected to have, would subject this great problem to a practical test.

In Vienna, New York, and elsewhere, efforts have recently been made to suppress the sale of milk from tuberculous cows by legal enactment. Though the observations above recorded do not suggest that a healthy child in a comfortable home would be hurt by the occasional ingestion of such milk, it would be rash to conclude, without further observations, that tubercle might not thus be engendered in an ill-fed and ill-clad child, with an unhealthy heritage and a digestive mucous membrane eroded by frequent diarrhœa.

Hypo-nitrous Acid a Remedy in Cholera.

Dr. Roman de Luna has published the following observations (Arch. d. Pharm., June, 1884,) which he made during the epidemic of Asiatic cholera in Madrid, and last year in Manila.

The infectious element of cholera contaminates the atmosphere, and thus infects persons and inanimate objects. The infection takes place solely by the respiratory passages, and especially during the period of rest, *i. e.*, while the individuals are asleep. The microbe acts mainly on the blood corpuscles, prevents the formation of blood, and thus causes a kind of suffocation, at last ending in death. The sole remedy for cholera patients in the cold stage consists in the inspiration of air, which is cautiously mixed with the vapor of nitrous acid (subnitric acid—unter salpeter säure).

In the cases reported by L., two or three inhalations generally sufficed to produce a great amelioration of the threatening symptoms and to induce reaction, and a few hours later the patients were free from danger. As a preventive remedy, L. recommends, therefore, the fumigation of inhabited rooms twice daily, every morning and night. During the terrible epidemic of Asiatic cholera in Manila last year, of the 300 men working in the mint of Manila and exposed to the influence of nitrous acid vapors not a single one be-

came affected with cholera—a fact which, considering the spread of the disease in that locality, would, if true, be almost convincing of the preventive and curative action of nitrous acid.

Calculus in a Boy Aged Five Years.

To a recent meeting of the Medico-Chirurgical Society of Edinburgh, Prof. Chiene showed a calculus from a boy aged five years, who had been sent by Dr. Hutchinson, of Cockermouth, with the history that he had very frequently to make water during the day and night. On November 14 of last year, under chloroform, a small sound was with difficulty passed into the bladder. A grating sensation was felt as it passed through the membranous urethra. No stone could be detected in the bladder; but by the rectum a stone was felt lying in the membranous urethra. A staff was then passed as far as the calculus, an incision was made in the raphe of the perineum, and the membranous urethra opened into. An attempt was then made, with the finger in the rectum, to push the stone out of the wound, but it now slipped back into the bladder. An incision was then made through the prostate, and the stone was removed. The thicker end of the stone was in the bladder, the other end forming a mould of the membranous portion of the urethra.

Fœtal Movements in the Diagnosis of Pregnancy.

Dr. Theophilus Parvin (*College and Clinical Record*, August 1, 1884,) says that they must be movements which you see or feel, not that you are told of, in order to have any value. Now it is generally easy if these movements do not occur spontaneously in the course of your examination by palpation and auscultation, to cause them. The fœtal ovoid is adapted, accommodated, to the uterine ovoidal cavity. Change the shape of that cavity by pressing the hand firmly upon the uterus, so that the accommodation is, for the time being, lost, and the fœtus moves for the purpose of restoring it. He thinks very probably this pressure has made the fœtus uncomfortable, and it moves to find a comfortable position. Uterine contractions may be excited by this pressure, and fœtal movements follow them. The one word which explains the position which the fœtus occupies in the womb, and the most important of the mechanical phenomena of labor, is the word *accommodation*.

"Take your Forceps with You."

Dr. H. V. Sweringen, of Fort Wayne, Ind. (who is well-known to our readers), contributes an article with this caption to the July number of the *Obstetric Gazette*, for the purpose of warning all physicians to be very particular always to carry with them to every labor case their forceps. It is well to issue such a warning occasionally, because on account of the very large proportion of cases of parturition that terminate spontaneously, the physician is very apt to leave his forceps at home, feeling that the chances are against his being obliged to use them, and if his home is far from his patient, and the demand for instrumental interference becomes very urgent, the patient may die before the forceps can be procured. Such a case has happened to Dr. S., and he concludes his article by saying, "I verily believe, that if she had been delivered *promptly*, with the forceps, immediately upon or before the appearance of her first convulsion, her life would have been saved. I close as I began, *take your forceps with you always.*"

Treatment of Nasal Polypi.

As a valuable contribution to the therapeutics of this unpleasant condition, we are glad to note that Dr. Richardson, in the *Asclepiad*, recommends the use of sodium ethylate in the treatment of nasal polypus. The caustic agent is applied by means of a probe made of soft cotton-wool, twisted into shape on the points of a pair of forceps. This cotton probe is saturated with the ethylate, and then plunged into the substance of the polypus. On removing the cotton it commonly happens that the patient can expel the whole mass of destroyed polypus, in a semi-fluid form, by blowing the nose sharply. A second application ought to be made with a view of destroying the base of the polypus. The mode of action is said to be sufficiently clear. The ethylate is decomposed by contact with the water of the polypus into caustic soda and alcohol; the latter coagulates the albuminoids, and the former acts as a powerful caustic. With the exception of some burning pain, no unpleasant effects seem to follow the use of this method.

Cold Ablutions of the Feet for Cold in the Head.

The following simple measure is highly recommended by Dr. Prokop Popoff, of Siberia, who states in the *Russkaia Meditz* that in more than 300 cases of acute and chronic rheumatic coryza he used it with great success: Twice daily (in the morning on rising, and at night on going to bed) for two days the patients are ordered to wash their legs from the sole up to the knee with ice-cold water, and to subsequently rub the washed parts with a dry towel, or a piece of rough linen

or cloth, until a vivid redness and feeling of warmth appears. The whole procedure takes not more than five minutes. No other measures or precautions are required. A striking improvement follows already on the next day; in fact, the improvement is usually so great, that many patients content themselves only with one day's treatment, regarding themselves as cured.

Bacterial Urethritis.

From the *Lancet* we note that the number of varieties of inflammation of the urethra cannot properly be regarded as less than the number of inflammations of any other mucous surface. It has long been recognized by surgeons that intense urethritis is not necessarily of gonorrhœal nature. Neisser and others have described a micrococcus as the cause of gonorrhœa. Aubert has for some time past made a systematic examination of urethral discharges, and in three instances has found, instead of gonococcus, a rod-shaped microorganism. He has traced a resemblance between these bacteria and those found in pus from ulcerative balanitis. Although Aubert is inclined to regard the presence of the bacilli as indicating a different variety of urethritis, he wisely abstains from giving his positive adhesion to this view.

Injury of the Head, followed by Temporary Blindness and Anosmia.

Before the Ophthalmological Society of Great Britain (July 4, 1884), Mr. Spencer Watson reported the case of a man who threw himself out of a window a height of forty feet from the ground, and was taken up in an unconscious state. He regained partial consciousness, and then became violently delirious. After the swelling of the eyelids had passed off, he was found to be absolutely blind, and ophthalmoscopic examination revealed engorged optic discs. Loss of smell was also noticed at this time. In a few days the sight improved, and at the end of six weeks was quite restored. The anosmia, however, remained. The probable cause of these losses of sensory activity was a hemorrhage in the middle and anterior fossæ.

Pathology of Miliary Tuberculosis.

Careful observations have proven that the introduction of any poisonous material in the blood, and acting as a foreign body in the tissues, (as mercury, etc.), is always deposited in the parenchyma of organs, in the form of tubercles, being small emboli. Dr. C. Benda, at the last meeting of the Berlin Physiological Institute, demonstrated that tubercle-bacilli, if forced into the circulation of animals, was carried along until they reached the capillary vessels in the tissues, where they were deposited like emboli. We have thus an explanation why in miliary tuberculosis so many different foci are found in various organs. The further our investigations progress, the more certain appear the microzymes as pathogenic elements of infectious diseases.

Pruritus Vaginæ.

Dr. Hach stated at the Riga Medical Society (*St. Petersburger Medicinische Wochenschrift*, March 22), that, in a very obstinate case, in which various external and internal means had been employed in vain, he had met with complete success from dusting the mucous membrane of the vagina with iodoform. Beyond slight redness of the vagina, no diseased appearances were observable. Dr. Rulle stated that he had often employed iodoform balls in this affection, but had derived better results from the watery extract of opium, and small injections of cold water. He believed that this pruritus often arose from a slight dilatation of the rectum, just above the sphincter ani, which gave rise to detention of fæces there.

Correspondence.

A Case of Alopecia Areata.

Eds. Med. and Surgical Reporter:

There has lately come under my notice a rather severe case of this rare disease; and inasmuch as it may present some features that will bear on the etiology of this affection, I thought it would be well to report it.

A man, aged about 40, of full, plethoric habit, while talking to me one day, removed his hat, and said, "Doctor, what do you call that?" His scalp was perfectly destitute of hair in any shape or form. Upon further observation, I found that the *whole body*, including eyebrows, eyelids, face, axillæ, and pubes, was in the same condition. He remarked: "One year ago the first of last May, I was as hairy a man as you would see anywhere, with a full beard that reached to my waist." If there is a single hair on his body now, I failed to find it. The history is this:

For several years he has been afflicted with supra-orbital and occipital neuralgia, as well as an occasional spell of lumbago. He absolutely denies syphilis, and I have every reason to believe that he has never had it, not being able to find any indication of it in any part of the body. His general health is good. Has never had any severe sickness; and I might say has had no sickness at all, having been strong and hearty all his life. He has never had any skin disease in his life, except scabies when a boy. The present difficulty dates from sometime in May, 1883. It commenced by the falling out of spots of hair,

first on the temples, and gradually passing around to the occipital region; then commencing on the brow and passing backward to complete the scalp; then the eyebrows and eyelashes, the whiskers, and finally that on the rest of the body.

This all occurred inside of three months. After the hair had fallen out, lanugines appeared, but also dropped out quickly. He has been treated by many of the best-read physicians of this vicinity, mostly upon the anti-parasitic plan, but all treatment has absolutely failed.

The conclusions I draw from this case, and the result of treatment, are:

1. The possibility of its origin being a nerve disturbance, causing impaired nutrition; and,
2. That it is not parasitic.

George A. Stuart, M. D.,
Scranton City, Iowa.

News and Miscellany.

Incidents in the Life of a Great Man.

As serving to set a good example for us all to follow, from the *Scientific American* we note that in a memorial sketch contributed to the New York *Medical Journal* by Dr. W. Gill Wylie, on the life and works of the late Doctor J. Marion Sims, many interesting facts and incidents in his life are given. We omit what the writer says of Doctor Sims' professional work, and confine our extracts to the biographer's testimonial of his deceased friend's personal habits and methods, which carry with them a good example for others to follow:

"He was truly master of himself. Vices he had none, not even of the smallest kind. The animal in him was completely under control. His habits and his appetites were always guided by his reason. I have known him, day after day, and month after month, rise at seven, take a simple breakfast, consisting of a glass of milk and Southern hominy, bread and butter, and sometimes an egg. At eight enter his carriage, and make a few morning calls on severe cases. At nine return to his office and see patients till one or one thirty, take a simple lunch of steak, potatoes, etc. At two enter his carriage, visit patients, operate, etc., returning home usually about five or six, write letters, and at seven take a plain dinner of one kind of meat and vegetables. He never took wine, nor coffee, nor tea, nor condiments of any kind. At the table he was usually talkative and playful, talking about the topics of the day, the theatre, of which he was very fond, etc. After dinner he usually wrote letters and did light work, reading journals, etc., or passed his time with his family or friends in the drawing-room. About nine thirty he would usually go to his bedroom, where he read or wrote, sometimes lying in bed until midnight, when he would retire for the night. It was always marvelous to see him so continuously and persistently intent upon his work. He had a habit of writing down ideas at night, by means of a pamphlet, the edge being placed on paper so as to guide his pencil without a light.

"When one was familiar with his capacity for endurance, his power for concentration, his unbounded enthusiasm, his deliberate, persistent, painstaking work, backed up by his unselfishness and undaunted moral courage, it was not surprising to witness his success. His motto as a boy was: 'Duty before pleasure.' Later in life, he needed no motto; it had become a habit for him to do what he thought was right. Difficulties, obstacles, and troubles were as nothing to him when once he had made up his mind to act. He went directly at a thing, and he kept at it until it was mastered. It was this great painstaking and persistent work that made things so clear and so definite to him, and enabled him to express his ideas so lucidly. It was also this power that developed his self-reliance and his moral courage, and made his instruments and his methods of operating so near perfect, that those who claim to improve or to modify them, are merely working backward over the same ground that Marion Sims traveled over in perfecting them. His was the inductive method, or working and perfecting method—a developing method. He cleared away complications, and gradually simplified ideas and instruments, till they approximated the truth and the best.

"He was no idle dreamer; he never wandered into intangible mysticism; there was neither confusion about his work, nor indefiniteness about his aims.

"His mind was always aggressive, progressive, receptive, and ingenious. He was a leader—*a practical genius.*"

The Lithophone.

Mr. James M'Kenzie Davidson, with the assistance of Professor Alex. Ogston, of Aberdeen, has invented and described in the *Lancet* a new instrument which is termed a "lithophone," and is to enable surgeons to hear a stone in the bladder. The instrument is a common sound so arranged at the handle as to admit one end of an elastic tube, the other end of which is inserted into the operator's ear. Prof. Ogston and Mr. Davidson have employed their "lithophone" in clinical teaching, and found it very useful. But we think (says the *Edinburgh Medical Journal*), notwithstanding all they say in praise of their instrument, that the method long ago introduced and used by the late Mr. Spence, of placing a thin, round, flat board on the handle of the sound, is better. By this method the presence of a stone in the bladder can be made distinctly audible to the operator and to a number of bystanders at the same time. Prof. Ogston recommends the "lithophone" as simple and convenient. Mr. Spence's sounding board is both simpler and more convenient. Professor Ogston mentions a case in which the "lithophone" was useful in discovering a stone in the bladder. The calculus, when subsequently caught in a lithotrite, was found to be nearly half an inch in diameter. We humbly submit that such a calculus ought to have been readily felt.

The Habits of an Ovariotomist.

Dr. R. Stansbury Sutton, of Pittsburgh, Pa., who reports ten abdominal sections, with nine recoveries, in the *Obstetric Gazette*, July, 1884, concludes his article by saying: "In all my opera-

tions I have but one assistant, and permit but few spectators. I am not mixed up in general practice, neither is my present assistant, Dr. Stone. My former assistant, Dr. Rahouser, very superior in such work, has kindly stood aside on account of his general practice. Zymotic disease practice and abdominal surgery in my judgment are not compatible. My building has proved too small for abdominal and pelvic surgery. That I might indulge in cervical and perineal surgery, as well as in the less profitable abdominal work, I have erected a separate building on my lot, over one hundred feet from the present building. This new building is especially adapted for abdominal work, and will be used exclusively for this purpose."

Items.

—In the *London Med. Times*, July 26, 1884, Dr. R. Clement Lucas reports a case of peri-nephritic abscess cured by drainage.

—Upwards of one and a half million have visited the International Health Exhibition during the two months it has been open to the public.

—In the *London Med. Times*, July 26, 1884, Dr. C. J. Krickenbeck reports a case of gunshot wound of the colon and base of left lung, with recovery.

—In the *College and Clinical Record*, August 1, 1884, Dr. Lloyd Norris Horwiz reports an interesting case of carcinoma of the pancreas, with secondary involvement of the liver and stomach.

—Moreau de Tours, the celebrated French alienist, whose aphorism, "Le genie est une névrose," made the groundwork of his great work on La Psychologie Morbide, is dead at the age of eighty.

—An apparently authentic account is given of the birth of four living male children by a woman named Mrs. H. W. Pullman, who resides near Eureka, Mo. The mother had previously given birth to triplets.

—Mrs. Juggins: "I always have said it, and says it again—nobody need be ashamed of their origin." Mrs. Muggins: "Jest so, my dear; a little drop in moderation is as good as medicine, and there's nothink orrid about it."

—The Hospital of Jesus, in the city of Mexico, is said to have been founded and endowed by the conqueror Cortez. The government has recently confiscated the property, on the plea that the terms of the founder's will had not been complied with.

—The Emperor of Austria has just conferred upon Hofrath Dr. Carl Langer, Professor of Anatomy in the University of Vienna, the *Ritterkreuz* of the Order of Leopold. This high distinction, in acknowledgment of the merits of this learned savant, indefatigable teacher, and able referee of the Minister of Public Instruction, has given great satisfaction in professional circles.

—Dr. Roussell, the inventor of direct transfusion, has, we are informed from Paris, resumed his former experiments on the hypodermic injection of the salts of copper, which he regards as a prophylactic against cholera. He has also constructed a new apparatus by means of which large quantities of albuminous fluids may be applied hypodermically in the algid stage of cholera.

—On Tuesday, Dr. John S. Billings, of the army, tendered to the International Medical Congress, in session at Copenhagen, an invitation to hold its meeting of 1887 in Washington.

OBITUARY NOTICES.

JOSEPH J. WOODWARD, M. D., U. S. A.

Dr. Joseph J. Woodward, Surgeon U. S. A., died August 17th, near this city. He was born in Philadelphia about 1832, and graduated in medicine from the University of Pennsylvania in 1853. After remaining a short time in private practice in this city, he entered the army, where his valuable labors in connection with the Medical History of the War and the organization of the Army Medical Museum, together with his numerous contributions to our science and literature, have given him wide-spread reputation. Two years ago he was elected president of the American Medical Association, but owing to ill health, on account of which he went abroad, he was unable to take his seat.

DR. C. W. CHAMBERLAIN.

Dr. Charles Walter Chamberlain, Secretary of the State Board of Health of Connecticut, and a member of the National Board of Health, died in Hartford, August 21. Dr. Chamberlain was born in Providence, R. I., July 22, 1844, and was a son of the Rev. Charles Chamberlain. He was educated at Brown University and the College of Physicians and Surgeons in this city, graduating from the latter institution in 1871. He made a specialty of laryngology, and established himself in Hartford. He was Secretary of the State Medical Society in 1876, and contributed to the transactions of that year two papers upon throat diseases, and in the following year a third paper on a similar subject. In 1877, Gov. Hubbard appointed Dr. Chamberlain Examining Surgeon for the soldiers in the State Hospitals. He was also for a number of years Examining Surgeon to the United States Pension Bureau, and was well known throughout the country as a distinguished sanitarian.

QUERIES AND REPLIES.

EDS. MED. AND SURG. REP.—

Please answer the following ethical question: The family physician is out of town. Another physician is called to attend a member of the family. While in discharge of this duty, the lady of the house is about to be confined. He is requested to visit her room, remains with her a couple of hours, when the family physician returns. Now, whose patient is it? Should not the physician called surrender the case? What fee is he entitled to? Was he right in remaining through the confinement, then letting the family physician give her subsequent attention, and charging full fee, while the family physician received nothing? I have consulted several of our oldest physicians, and they think he acted wrongly. E. W. C.

Maryland, August 20, 1884.

Ans.—We agree with the opinion of your oldest physicians. EDS. MED. AND SURG. REPORTER.

P. W. V. desires to know which of the sulphur springs is best for a dyspeptic who is troubled with flatulency, constipation, and piles. The White Sulphur in Virginia has been tried, but found to contain too much *gas*.

THE

MEDICAL AND SURGICAL REPORTER.

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

SOME OBSERVATIONS ON THE TREATMENT OF COMPOUND FRACTURES OF LONG BONES.

BY J. H. WOODWARD, M. D.

(*Concluded from page* 229.)

Having finished these preliminaries, the surgeon should scrub the injured limb with a brush and soap-suds. This cleansing should be very thorough. The wound-region should then be thoroughly washed with sulphuric ether. Finally, wash the same part with a saturated aqueous solution ($\frac{1}{20}$) of carbolic acid. A solution of corrosive sublimate ($\frac{1}{1000}$) may be used for the same purpose. Constant irrigation of the wound and its vicinity with $\frac{1}{1000}$ corrosive sublimate solution should be commenced at this stage, and continued until the surgeon is ready to apply the dressing. Two assistants should be at hand to keep the limb perfectly quiet during all manipulation of the wound. It goes without saying, of course, that as little unnecessary movement of the fragments as possible should be permitted.

You are now ready to make a careful examination of the case. You study every feature of it, and weigh everything, something after the manner previously sketched. A disinfected finger should be passed into every part of the wound to examine the fragments, to ascertain whether the bones are comminuted, the character of the deformity, the condition of the periosteum, the extent of the laceration, the condition of the arteries—in fact to ascertain the condition of everything in that region of the body. Should you decide to be conservative in your treatment, the hints that will be given as we proceed may prove to be satisfactory guides to the fortunate recovery of the patient. They are offered as the outcome of observations extending through a considerable period of time, made both upon cases that were in our own wards, and also upon those under the care of other surgeons connected with Bellevue Hospital.

The wound should be cleansed of dirt, loose bone-etc., and washed again and again with $\frac{1}{1000}$ solu, tion of corrosive sublimate. The solution should be forced with a syringe into every crevice between the fragments, into every cranny of the wound. Sometimes it will be necessary to enlarge the original wound in order to accomplish thorough disinfection. No surgeon should hesitate to cut as extensively as necessary. Then reduce the deformity perfectly, if possible, and direct the assistants to maintain the fragments in good position, observing at the same time the degree of muscular tension in the limb. If the deformity be readily reproduced when the traction is discontinued, it will be difficult indeed to apply splints in such a manner that they will perform their function. That is true especially in cases of oblique fracture of the bones of the leg and arm. In such cases, it is best to suture the fragments with two or more silver wires. That operation should be done with care, lest the periosteum be unnecessarily injured. The silver sutures may be cut short to remain permanently in the wound, or they may be cut so long that the twisted portion may project through the skin. I have not seen an instance in which silver sutures have done the patient the least harm, and I know that

they have often assisted materially in the cure of the case. In compound fractures of the humerus, when there is much difficulty experienced in maintaining the fragments in good position, the silver suture should be used invariably. I shall not soon forget one such case which was not operated upon, although the indications were clear enough. The wound healed remarkably well, the patient did not have a rise of temperature higher than 99½°; but the result was anything but flattering. For the fracture did not unite, and anchylosis, that, under the circumstances, could not be prevented, became so marked that the patient's whole extremity is absolutely worthless. I am thoroughly convinced that the disastrous result was owing to the failure to wire the fragments together.

Frequently, counter-openings should be made for the passage of drainage-tubes. Disinfected rubber tubes, with fenestra should be inserted at such points and in such numbers that retention of discharges becomes an impossibility. They should be fastened by an antiseptic silk suture and cut even with the surface of the skin.

It will be necessary to pass by other details in the management of the wound, to speak of the dressing that should be applied. The object in view is two-fold:

1. To prevent the entrance of germs and provide for the discharge.
2. To secure immobilization of the fragments.

TO PREVENT ENTRANCE OF GERMS.

Irrigation of the wound region, having been constant until the time for dressing has arrived, is discontinued. The whole surface of the wound is then sprinkled lightly with iodoform, and covered with disinfected, protective or rubber tissue, which has fenestræ opposite the drainage tubes. The protective should be thickly powdered with iodoform. Then apply loose antiseptic gauze to the wound, and pad the whole region as thickly as the probable amount of discharge may demand. The fragments are now firmly held in perfect apposition and an antiseptic bandage is applied to the limb to bind on the gauze with equal pressure and moderately tightly. If the injury be at the lower part of the leg, then this dressing would extend from the toes to just below the knee. If the gauze is applied properly, it alone will furnish considerable support, and it will absorb discharges very nicely. Now take several long strips of tin, which have been roughened by punch-holes, and mould them to the leg and foot. They should be long enough to extend from the toes to the knee-joint. These pieces of tin must be perfectly aseptic also. Having moulded them properly, bind them in position with an antiseptic bandage. Thus will be formed a pretty firm support.* Thick as it is already, the antiseptic dressing should be re-inforced by a liberal quantity of antiseptic cotton, which should be properly secured by antiseptic bandages.

TO SECURE IMMOBILIZATION OF THE FRAGMENTS.

The contiguous joints, flexed to the proper degree and padded with cotton, must be immobilized by the splints. Suppose for convenience of description that the tibia and fibula are fractured. The best external splints for such a case are an anterior and a posterior splint, which extend from the toes to the upper third of the thigh, and are made with cheese-cloth and plaster-of Paris. For making such splints, the following suggestions will prove to be reliable.

For the anterior splint, cut three layers of cheese-cloth long enough to pass from the toes to the middle of the thigh, and wide enough to cover one-half the circumference of the foot, leg, and thigh. Three more layers of cheese-cloth are cut of the same length as the first, but about one inch and a half narrower. Finally, three layers of cheese-cloth two inches wide, of the same length as the former, are prepared. For the posterior splint, cut five or six layers of cheese-cloth wide enough to cover one-half the circumference of the foot, leg, and thigh, and long enough to extend from the toes to the middle of the thigh. Of course, in measuring these strips allowance must be made for the increase in circumference of the limb made by the dressing and padding. Having prepared the cheese-cloth, a plaster of Paris cream should be made. To prepare this, take the best plaster that can be obtained, and be sure that it is free from dirt and moisture. Into a basinful of quite warm water, in which a handful of salt has been dissolved, stir the plaster slowly until a moderately thick cream is made. The anterior splint should be passed through the cream first. Saturate the widest pieces of cheese-cloth first, and lay them upon the limb and smooth them down nicely, and then saturate the second three layers of the anterior splint with the plaster cream, and apply them to the limb. Finally, saturate the narrowest strips with the cream, and lay them upon the median line of the former layers, and smooth all down nicely, and add more plaster with the hands. If you intend to suspend the limb, iron rings should be passed

*Dr. W. F. Fluhrer was, I believe, the first surgeon to suggest this use of tin strips.

upon the narrowest strips of cheese-cloth before they are applied to the other layers. The posterior splint is now put through the plaster cream and saturated with it; then it is applied to the posterior surface of the foot, leg, and thigh. The manœuvres must be performed with celerity, or the plaster will set before the next step in process is taken. Such an accident endangers the value of the splint, which is apt to crack at important points, and be weakened thereby. Having placed the anterior and posterior strips upon the limb, they should be held in proper coaptation and bound upon the limb by plain crinoline bandages, which have been moistened. Of course, any description of bandage may be used instead of crinoline, but the latter when dry is quite firm, on account of the starch contained in it, and is, therefore, better than the ordinary muslin bandages. The limb may be held by assistants for a few minutes until the plaster is dry, or it may be supported on pillows; after the plaster has set, the limb may be supported by slings passed through the iron rings."—[See *Medical News*, December 1, 1883, p. 598.] It is important that the limb should be raised to a higher level than that of the body, and the splint must be allowed to harden with the knee-joint slightly flexed.

Some surgeons favor the roller bandage splint, which encircles the dressing. Sometimes fenestræ are cut opposite the wound. There are several good objections to that sort of splint. In the first place, I saw one patient bleed to death because the hemorrhage was concealed by the plaster, and was not discovered until the patient was beyond all hope. When fenestræ are cut of sufficient size to enable you to apply a reliable antiseptic dressing, the splint is very materially weakened, and, furthermore, the limb is apt to swell when the plaster is cut away, on account of the inequality of pressure, and cellulitis is not an uncommon accident. Moreover, the splint soon becomes loose and therefore useless. Bracket-splints are not worth the trouble of manufacturing. In cases treated with them the fracture is almost certain to heal in a bad position, on account of the backward bowing of the limb. The splint that I have described and recommended may be used again and again. It always fits the limb; it is light, porous, and neat.

The subsequent management of the case should be intelligently studied. The antiseptic dressing may, in many instances, remain in position without change for two or four weeks. If the wound have been rendered aseptic, if drainage have been thoroughly provided for, if the dressings have been properly applied, there is no danger braved by permitting the limb to remain in the first dressing a very long time. During the first month at least, in a bad case of this sort, the patient's temperature should be accurately recorded four times, at regular intervals, every twenty-four hours. The patient's pulse should be studied attentively also. His diet for several days should consist of fluids, especially milk. And the action of his bowels and kidneys should be properly attended to. At the end of two weeks the dressing may be changed, but not earlier, unless there be some positive indication for it. A positive indication for redressing the case would be a high temperature, 102° Fah., which could not be reduced within twenty-four hours by a full dose of cathartic medicine. It is not uncommon for patients to have a temperature of 101° or 102° for two or three days after the first dressing. But the patient ought not to feel that temperature very much; and the thermometer should not register as high as 102° Fah. constantly for twenty-four hours. As early as the third day, the temperature should not be above 100° and should fall gradually below that point and continue to remain below it. Very frequently a little morphine will reduce the temperature, and very frequently light doses of quinine, gr. iij. to gr. v. t. i. d., will effect the same result. Small doses of tincture of aconite every half hour will often be efficient. If by these means the fever be reduced and does not recur again when the medicine is taken away, the wound need not be examined.

This method of dressing cases is new, I think, to this part of the country. You may find that you can hardly be satisfied to wait, so persistent will be the desire to see the wound. But I am sure that nobody will regret having exercised judicious patience.

The criticism that will most readily occur to one's mind at this point will probably be that the dressing which has been described is not only one that may be applied only by exercise of considerable care and attention to minutiæ, but that it is expensive; and both statements would be true. Nevertheless, the dressing is the most practicable, the safest, and the most satisfactory one, of a large number of different dressings that I have intimate practical acquaintance with. We were perfectly satisfied that it was by far the best method we had tried. A sufficient reply to the first criticism would be, obviously, that it is not possible in the practice of our art—confessedly the most difficult of all arts—to attain excellence, amid circum-

stances that threaten danger, by means that favor ignorance or sloth. Clinical experience, confirming theoretical prediction, has proven beyond all reasonable doubt, that the aseptic-antiseptic treatment of wounds of all varieties is the most scientific, and, therefore, the best. As regards the expense of the dressing, it is apparently large, not really so, for it is changed only at long intervals.

Stimulants are nearly always necessary at first, and tonics are indicated later on. But the constitutional treatment, although very important, need not be so vigorous as in those cases that are subjected to other kinds of local treatment.

The same thorough antiseptic precautions already described must be observed whenever the case is re-dressed, including constant irrigation with corrosive sublimate solution. The same care in every respect must be taken. It may not be agreeable always to be so watchful, but in the end it pays.

Many compound fractures will heal very slowly, delayed union must be anticipated very often, and non-union, especially of fractures of the humerus, need not surprise any one. Necrosis of the ends of the fragments, causing exfoliation of bone, will be expected in the majority of bad cases. When contiguous joints are involved by the wound, anchylosis, generally of the fibrous variety, will ensue, and must be treated early by as vigorous passive motion as the condition of the parts will permit. In old people, anchylosis is very readily developed in healthy joints, and should receive special attention. Should it not be practicable to move the joints sufficiently, on account of the complaints of the patient, the surgeon must administer an anæsthetic and proceed with the treatment. For in such patients, when anchylosis becomes well-marked, it is very seldom managed successfully.

In spite of all your care and skillful attention a number of this class of compound fractures will not do well. And having attempted faithfully the conservative treatment you must amputate the limb. The advent of blood-poisoning must be noted the instant it becomes manifest, and, should it become unmanageable, it is imperative to amputate early, before the patient is much weakened by the disease.

With this imperfect sketch, I must leave the second division of our subject, and hasten to a conclusion. I do not wish to encroach upon your time and patience much further. To enter upon an exhaustive discussion now, would be indeed most serious business. I must, therefore, content myself and perchance delight you with a very brief reference to the third class of compound fractures. Cases which I would group in this category are, as a rule, the least dangerous to life and limb of all compound fractures of long bones. The wounds are small, and the fracture usually a result of indirect violence. The soft parts are only moderately lacerated, the larger arteries, veins, and nerves uninjured. In a certain number of cases, some difficulty will be experienced in reducing the deformity. A sharp fragment may project through the skin and cause trouble. But enlargement of the wound, or resection of the bone, will remove every obstacle in many cases. Antiseptic precautions should always be observed in accordance with the description given at another part of this paper. Even though the wound be small, it communicates with the bone, and is large enough to admit myriads of bacteria. We should not relax our vigilant attention because the case is not a desperate one. Even the most trivial compound fracture, we must always remember, is a dangerous injury.

All wounds compounding fractures when due to direct violence, should be enlarged, and drained by a tube or by strands of antiseptic catgut twisted together. Small wounds, due to indirect violence, should be treated in the same way. Then, no anxiety need be felt lest there be retention of blood or pus. When the femur is fractured and the external wound is small, always enlarge the wound in the integument and fascia lata liberally, and drain the deeper parts with a rubber tube. In corresponding injuries of the arm, a similar plan should be adopted. Sometimes in cases of this class it is best to wire the fragments together. The indications for that operation have been given already. You may hesitate to perform such an operation in cases in which it is positively indicated. If you do so, beware!—for, sooner or later, you will have trouble on that account. Wiring bones together will not positively ensure union of the fracture, but it will secure many patients against non-union. In compound fractures of the humerus, if the splints will not hold the fragments properly, there is no excuse, now-a-days, for refusing to suture them together. The wound should be dressed antiseptically in the manner already described. The gauze and plaster splint may be used. I prefer to use plaster of Paris splints, for they may be so perfectly fitted to the conditions present. The limb should not be put up in the roller-bandage splint until the wound has healed, or the danger of secondary hemorrhage is past. When the wound has become a superficial ulcer, or when it has dwindled down to a sinus, during

the stages of necrosis, it is often advantageous to use the roller-bandage plaster of Paris splint. But, for reasons already given, I prefer not to cut fenestræ in the splints. When it is necessary to use a close-fitting apparatus, and also to dress the wound every three or four days, a light plaster splint, reinforced by thin pieces of tough wood, meets the indications excellently. The general management of the patient during the early weeks is the same for this as for the former set of cases. But these cases give rise to less anxiety, for they do well when properly managed.

Time will not permit me to attempt a more thorough discussion of the subject now. For taking leave of it at this point, however, I need make no apology. But, I trust that I have given some hints that will assist you in an hour of anxiety and doubt, and be then an abundant compensation for the patient attention awarded me to-day.

THE IMPEACHMENT OF THE BODY.

BY GEORGE L. BEARDSLEY, A. M., M. D.,
Of Birmingham, Conn.

Cervantes noted that "every one is as God made him, and oftentimes a good deal worse." To this couplet might be joined another, that our physical structure was of more moment to the Creator than it has ever been to ourselves, and that we have made our souls the worse for its crucifixion. There are institutions ably endowed and widely revered, that have to do with the manufacture of creeds, the dissemination of tracts and the exhortation to holy conduct; but very few of our philanthropists are seemingly aware of the possible depreciation or wreck of any faculty save the moral. An odd enterprise would that be of establishing here and there stations with employees to talk on pepsin, to labor with stomachs abandoned to depraved desires, or to apply the balm that oozes from hot venison or a juicy rib-roast to a penitent vegetarian. No herald of the good news how to be saved the gnawing weariness of indigestion has yet sailed from any port, and the fear is firm that before the griefs of a wayward stomach become a fit tea-table topic, or the wails of a valetudinarian are examined with a twentieth of the earnestness that waltzing or lawn-tennis is studied, Hygeia and her serpent will have donned sack-cloth, and the race irrevocably given over to the laying on of oily hands, the exorcisms of a seventh son, or a fellowship with spooks.

It is a query to not a few why they have a body, and the longer they look thereon the greater they picture the martyrdom of the soul. Could they have officiated at their own conception, they would mayhap have disowned the gizzard. This contempt for the body or indifference to its fruition or content, is a platitude that seems to be fathered by the same asceticism that generally makes "the good die first." Maurice tried to die by inches to intensify his sanctity, and no man before the time of Raphael was called pious who broke his fast. The "fathers" had grave doubts whether one could pat his belly and have any hope of being admitted into the galaxy of seraphs. To rank among the children of light required a reduction in weight, protracted exposure to hardships, an unsavory diet. Fuller, in his "Holy and Profane State," speaks of one of "a lean body and visage, as if his eager soul, biting for anger at the clog of his body, desired to fret a passage through it." One is inclined as he delves into the memoirs of the various paragons of the church to murmur that Juvenal's maxim was not read on the Mount.

It is not on record that any of these early saints were successful in discharging at will their mortal encumbrances. Not a few discovered that the paroxysms of a pinched stomach did not stimulate to holy living. It began to be less a heresy to occasionally measure inspiration by nice digestion—faith was found to ripen into "passionate intuitions" after a holiday of humor, or a ragout of rabbit. Luther thought bowling not incompatible with his sallies on error, and methinks the ale he drank fired his zeal for reforming the abuses in the church. Who that reads of Calvin can hesitate to trace the acrimony of his teaching to his sour stomach, or is not sure, after listening to Beecher in his talks about the life beyond, that this divine must have had toothsome steak and waffles for Sunday breakfast, and gained in grace among the Berkshire hills. The sallow dominie, the pallid statesman, and the abstemious nun, are ill-selected to give a fillip to purity, loyalty, or charity. Before the ruddy Hosmer, the stalwart Parker, and the burly Choate, the disciples of Pythagoras stand rebuked. Not by the cadaverous, grunty, and hungry Plotinus can a philosophy be evolved that is worth translating. The genius that is the guest of a body built up on oatmeal and turnip will wilt in the heat of dispute on deductions, or flag in the search for new creations. Irving was a happy writer because the administration of his internal republic was successful. Burns sang his most winning lays before the aromatic haggis and amid the hilarious cotters; and who dares believe that Humboldt could have grown so massive in

his generalizations and conceptions if fed on hard tack and sausage?

The list is not complete; the evidence is not all winnowed, but 'tis safe to strike an average and aver that in *belles-lettres*, commercial avocations, or the several professions, those who do the most good or exemplify the ideal nobleness of culture are not those who cripple the body, or are chary with the larder, or believe in a protracted Lent. If the various gynasiums for the Nous could be furnished with a painting of Jerome by Carotto, or if on our parlor-tables there could be scattered vignettes of Lord Bacon, bareheaded, in his saddle, defying the storm, a worthy service would such sketches render. They would hint to us to intersperse the daily plodding for the dollar and the anxious brooding on the morrow with yachting, cribbage, minstrelsy, and, mark you! with creature comforts, the messes that are highly nutritive and equally poculent, a roast of antelope, perhaps, or a delicious bouillon, followed by St. Paul's allowance of sherry (prescribed by a physician). It may be that there is no soul that is not worth a bid, but if the essence tallies at all with the impressions of its environment, paradise ought not to be gained by some spirits until they have sojourned somewhere and done penance for a miserly expenditure on the body. This by way of plaisanterie, but, with seriousness, it is a prejudice with us that there is as much of honor to a finely-developed body as to a graceful use of language, a spirited imagination, or well-bred manner. If we are to look for fresh or frequent creations in the region of the speculative or the contemplative, we must pay heed to digestion, add greater richness to fibrin, register the pulse less, be liberal in living as in giving or thinking. The athlete honors the Creator, and a well-fed body is an admirable propagandist of the greatest of the three virtues, charity. Would there were more *bon vivants* among us—not cormorants, not gourmands, not prize devourers of quail, but those who believe in a diet that tickles the palate and does not tax the gastric tubules too severely, solid and savory dishes, with a dessert of mirth and music—those who are not insane in eating, but sensible as to what they ought to eat; those who are not epicures because full to contentment, but connoisseurs of digestion.

It is American to complete a repast as rapidly as possible—a galloping consumption at dinner-time is among the national disorders. The "nooning" is a serious interruption to money-making, and haste to consummate this recreation distinguishes the toilers after lucre. Scarcely one in ten who patronizes a restaurant thinks of the pleasures of the service. They truly eat just to exist; and could they with a share of glory forego the needs of daily aliment, they would be abstemious. From this long spun-out procession of fast eaters is recruited the army of dyspeptics, snarlers, and pessimists, that haunt the fireside or roost on the accountant's desk.

It is surely not the tax on muscles nor the sapping of the nerve by thinking that makes us permanently gray or unduly fretful. The blanched cheek and withered palm and flabby leg are not witnesses of an overworked physique. The hod-carrier and the master of the spade sleep sweetly and find a green old age. No painful study nor self-communings about coming troubles interrupt the luxury of their living. Nothing is suffered to defer the season set for a meal. The Englishman gets his avoirdupois because of his bread and cheese, and jolly soul, the risus ambilis, the merry ditty or racy yarn, and the mug of beer restore the equilibrium, that intent devotion to business may have upset, between his liver and his wits. No feuds are fed, no hasty mastication is observed, no solicitude about some precarious lead mine is let loose at an inn. Johnny Bull may to us typify the braggart, or shadow the consciousness of individual worth, but albeit he puts to shame the ideas that obtain with us how to extract the sweets there are in living. The gout may embarrass him, but it seldom worries his neighbors as does the profile of a crusty vegetarian. Who ever heard of a dyspeptic Teuton? A honestly-bred Dutchman can never trace the outline of his spleen, and somehow has no use for a gall-bladder. These chubby fellows are the best customers at the stores of nature. At the table they tarry long. The dishes may to us be palling or of poor assortment, but they excite precious little commotion after a long acquaintance. Whatever a German eats, contributes to his good and growth, because of its serene digestion. To hurry him at a luncheon would be to engage his contempt. Their festivities are as protracted as they are frequent, and never abridged for business. The nappy lager stills anxieties about Western Union margins, and the hot sauer-kraut revives the spirits of a German broker disheartened at the C. C. C. & I. quotations. Seldom does a Dutchman feel a nerve snap; he curries no favor with blue pill or pepsin, and turns the last quarter of the race as sturdy as he entered.

Not until sentiment and æsthetics are so modified as to anticipate the cultivation of the physical graces, merry-making, and the perfection of

the cuisine in every family, will the logic of healthy living be divined. The stomach must be rated an honorable institution, and when "its solid stroke tells the being what's o' clock," its faithfulness must be handsomely rewarded. The table d'hote must be hailed equally as a rise in Erie stock. Business and other varieties of labor must alternate with picnics, and junkets, with symposiacs and minstrelsy—detectives must be hired to ferret out frauds on the stomach, and furnished with search-warrants to explore the commissariat of subsistence in every family for trichinæ, glucose, and sour beer—in every quarter the alarm must be sounded against saleratus bread and pugnacious doughnuts, and the doctrine of total abstinence from unctious sausage and cohesive pie-crust vehemently enunciated. Let a regimen be general that ministers to the cheery symmetry of mind and muscle, let the culinary art be amplified and the larder stocked through the aid of a nicer appreciation of the fitness of its contents, let jolly digestion obtain as a correlate to the happy expansion of genius, and the parlor will fast cease to be an infirmary, and a ruddier set of saints will appear, whose wit, vitality, and usefulness, will not swoon in the afternoon of the "chase for fame."

Hospital Reports.

NEW YORK HOSPITAL.

CLINIC OF PROF. WILLIAM H. DRAPER.

Pneumonia.

The next patient is a young man nineteen years of age, a German, single, and a grocer by occupation. He was admitted last evening. His family history is negative as regards pulmonary and rheumatic diseases. Patient had an attack of acute articular rheumatism eight years ago, but has had no subsequent attacks. Three months ago he exposed himself to venereal infection, and he contracted a chancre on his penis, and this was followed by the formation of a bubo in the left groin which went on to suppuration, and this is still discharging. He also has phimosis. He has been in the habit of drinking four or five glasses of beer a day, but does not use strong liquors. Has never had malarial fever. Four days ago he was exposed to the cold, and shortly after he had a severe chill, and this was attended with headache, and followed by fever and a perspiration. There was no vomiting. The next day he began to cough, and had a sharp pain in the right side, and he discharged a clear frothy mucous expectoration, and complained of shortness of breath.

Gentlemen, here is a young and vigorous man struck down in full health with an acute inflammatory disease, the nature of which you might easily recognize from the appearance of his face and the character of his breathing. As a picture of acute pneumonia, you could scarcely imagine anything more vivid.

There is nothing in the personal history which has any special bearing upon his present disease, except that eight years ago he had an attack of articular rheumatism. There is a prevalent idea that croupous pneumonia is more apt to occur after, or in connection with, an acute articular rheumatic attack. This idea has arisen from the fact of the frequent association of croupous pneumonia and rheumatism in the same patient; for there often seems to be a tendency to an alternation of these two diseases. This man was taken ill suddenly on last Sunday with a chill, fever, and headache, and pain in the right chest. And he was brought in last night with a temperature of 105.2°, which rose at one o'clock this morning to 106.3°, and it continued throughout the night at 106.3°; and at 6 a. m. it was at 105.6°, and at 3 this p. m., 106.7° This is a condition of hyperpyrexia, or of extreme high temperature. Anything above 106° is certainly a hyperpyrexia. And with this high temperature is associated a respiration of 60 and a pulse of 128. And these are conditions which are beyond the limits of safety laid down by Wunderlich as the safety points in pneumonia. This is the fourth day of the disease, and he is now entering upon the fifth day. Since he was brought in he has been taking quinine hypodermically as an antipyretic. Fifteen grains were administered at nine o'clock this morning, but it does not appear to have had any pronounced effect. Now, there is one thing about this high temperature to which I wish to call your special attention. This is a very high degree of temperature, and it is one in connection with which you commonly see symptoms which are not present in this man. It is usually accompanied by more or less cerebro-spinal irritation, which is evidenced by convulsive movements of the clonic description, and by subsultus, and there is very apt to be a low muttering delirium. But this man's mind seems to be perfectly clear, and he has no delirium either at night or throughout the day, and he shows no evidence of spinal irritation, and there is no subsultus. And the absence of these evidences of cerebro-spinal irritation, I think, makes this very high temperature in his case an object of less concern than it would be otherwise. Still it is a symptom which should excite the gravest apprehensions under any circumstances. Again, you notice that his respirations are very rapid, being sixty to the minute. Now we shall find when we come to examine him that the disease here is in the upper part of the right lung. And a pneumonia in this location, even though not as extensive as a pneumonia at the base of the lung, gives rise to a great deal more disturbance of the respiratory function, and it is a more serious locality for a pneumonic lesion than at the base. This man is perspiring freely, as you see, and his tongue and lips are moist, and this, with the absence of extreme prostration and of any cerebro-spinal symptoms, constitute a very striking feature in this case, and is a departure from the ordinary. The affinity of croupous pneumonia to acute inflammatory rheumatism is shown in the tendency of both to a hyper-

pyrexia; and excessive acid sweating is, as you know, a common feature of acute inflammatory rheumatism. Excessive sweating is certainly a feature here, and it has an acid reaction to litmus paper, which it turns red.

Upon percussion here, I find marked dullness upon the right side just under the clavicle, and I suppose the signs of consolidation are more marked behind. Upon auscultation, I get distinct bronchial respiration and bronchial cough above, and abundant dry friction rales in the lower portion of the right chest in front. There is always with pneumonia a certain amount of pleuritis, and there is never a pleuritis without some adjacent pulmonary consolidation.

The question of treatment here is one of very great importance. This very high temperature presents the indication of greatest moment. A hyperpyrexia you must try to control with every agent at your command. So very energetic means must be adopted in this condition. It is for the relief of this condition that cold effusions and cold bathing have become generally adopted. And I suppose that there is no measure which has so immediate and so marked an antipyretic effect as a cold bath which is gradually cooled down from a temperature of 80 or 90 degrees to 50 or 60 degrees, with the patient in it. In this way you can reduce the bodily temperature 5 or 7 degrees in a very short space of time. There is no better illustration of the exhausting effects of a high temperature than is witnessed in those cases where this high temperature is suddenly checked by the cold bath. I have seen patients suffering from an acute rheumatic fever, tremulous with spasm of all the muscles, and with low muttering delirium and a dry tongue, put in a bath of 80°, which was then cooled down to 50°, and the temperature having been reduced 5° or 6° in as many minutes, they were then put back into bed with the muscles perfectly steady and the mind illuminated so that they would answer questions. And I have then seen the cerebro-spinal irritation return with the rising temperature, and again made to disappear by the use of the cold bath. And in several instances patients have been snatched from the jaws of death by the energetic application of this cold water treatment of high temperature. There is no remedial agent that I know of which can be so much relied upon to reduce the temperature promptly and efficiently as the cold bath. But I confess that I cannot say that it is perfectly safe to put a patient with pneumonia into the bath. I never dared to do it, but I don't know but that we ought to have courage to try it. Yet those cases where it has been tried are not very conspicuous for their success. So I should not resort to it here. There are other antipyretics which may be employed. Quinine has signal and specific powers in the high temperature of malaria, and I think it also has a good deal of power in the high temperature of croupous pneumonia. In many instances I think I have seen it produce very decided effects, but it does not seem to have accomplished much here. But quinine is not the only antipyretic we have. Salicylic acid is another, and it is especially valuable in rheumatic affections and in the hyperpyrexia of rheumatic fever. I am inclined, in view of the association in this case of previous attacks of rheumatism and this pneumonia to try it here, and possibly it may have more effect than the quinine. We will therefore put him on doses of twenty grains every two hours.

A CLINICAL LECTURE DELIVERED AT THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

BY WILLIAM GOODELL, M. D.,
Professor of Gynæcology in the University of Pennsylvania.
Reported by WILLIAM H. FOX, M. D.

Carcinoma of the Cervix Uteri.

GENTLEMEN: While waiting for our patients to be made ready, let me say a few words to you in regard to cancer of the neck of the womb. We have two cases for treatment to-day, and let us consider first as to the best operation to be performed.

Some gynæcologists advise total extirpation of the uterus, and this is a good operation, provided you see the patient before the uterus is fixed; but unfortunately the onset of this disease is not attended by any pelvic pains and aches greater than those evoked by ordinary uterine troubles, and they are disregarded. You therefore generally find the uterus fixed either by cancerous infiltration, or by inflammatory exudation. This puts extirpation out of the question. The operation by extirpation is far from being free from danger; some patients die on the table, and others die in a few hours from shock, hemorrhage or peritonitis. The mortality is large, and even if the woman should recover, the disease is very likely to return. Now is the physician justified, knowing the peril of the operation, and knowing the likelihood of relapse, in performing the operation? I for one am still in doubt on this point. I performed this operation last fall; the womb was freely movable and was easily extirpated per vaginam.

In the operation of extirpation by the suprapubic method, the recti muscles are found tense and the womb low down; it is a difficult operation at best, almost impossible in a fat woman, and beside, one runs the risk of including the ureter in the ligatures, a misadventure always ending fatally. The operation per vaginam is easier in performance if the parts are sufficiently lax. The vagina is incised around the cervix, and stripped off. The anterior and posterior cul-de-sacs are opened. To facilitate this, a strong ligature is passed through the cervix, by which the womb is dragged down and pulled backwards and forwards as required. An obstetric crochet is passed into Douglass' pouch and hooked over the fundus, which is now pulled down through the wound into the vagina. A ligature is next passed through the fundus of the retroverted womb, and traction made on it. This brings the broad ligaments within operative reach. One of them is ligated en masse. It is then transfixed by a double ligature, tied, and cut off close to the womb. The other broad ligament is tied and severed in the same way, leaving the ovaries and fimbriated extremities of the oviducts behind. A very few stitches close the vaginal roof, excepting the point where the ligatures come out, and the vagina is packed with absorbent cotton, thickly covered with iodoform.

My patient died from peritonitis on the third day. I do not know why, for every antiseptic precaution possible was taken. So, as I said before, I am still on the fence. A couple of years ago I appointed a day for the same operation on another patient, but on the day before the woman went off into uræmic convulsions, and albumen in large quantities was found in the urine. I, of course, did not operate, although the poor woman, who clung to life most desperately, begged and implored me, by tears, by prayers, and by the most piteous entreaties, to remove her womb. It was a very sad case, and I shall never forget it.

The operation I prefer is to remove as much of the cervix uteri as possible, by incising the vagina at its junction, and stripping it up as far as possible without wounding the peritoneum, or the blood-vessels which lie in the broad ligament. This denuded cervix is then cut off with the curved knife of Paquelin's thermo-cautery, and the stump is then well charred by the platinum button. This, in the majority of cases, makes a very effectual oblation of the diseased parts, for fully one-half to two-thirds of the womb is removed. The success attending this operation is great; and sometimes the surgeon will be rewarded, as I have been, by a cure. One cannot always perform this operation, for the extent of the disease, or the peri-uterine exudation may make it impossible; but I think it is the best, and it is certainly not very risky.

Three times I got into Douglas's *cul-de-sac*, but no bad results followed. In my last case I did not find it out till I saw the intestines gleaming through the wound. I sutured the parts with silver wire, and the lady made a good recovery without any bad symptoms due to the accident.

The patient whom I now bring before you is the one I examined two weeks ago in this clinic, and you all will remember the free bleeding which took place from the gentle touch of my finger. Generally the hemorrhage is very free, sometimes dangerously so during the operation; but by injections of undiluted vinegar, and by working rapidly, one can ordinarily avoid an excessive loss. Yet a friend of mine, a very able surgeon, lost a case on the table from hemorrhage.

In one of my cases the hemorrhage came from an artery as large as the radial, and matters looked squally; but I succeeded in seizing the vessel with a pressure-forceps. At first I intended to leave it on for forty-eight hours, but finding that the vessel could be pulled out somewhat, I ligated it by twisting a silver wire around it. Wire was used instead of silk, because the latter could not be tied in so confined and deep a place as the bottom of the wound. Bleeding usually ceases when the sound tissues are reached. This patient is a multipara, and I wish to impress on you one point as important. A cancer of the cervix, in my experience, always occurs in women who have borne children, and not in virgins or in sterile women. This is owing to the fact that the raw and irritable surface of a torn cervix, with ectropion, presents all the circumstances favorable to the development of cancer. So, if a woman who has borne children, comes to you with a history of uterine hemorrhage beginning after the menopause, you will suspect at once that she has had a lacerated cervix, which by constant irritation has degenerated into cancer. Malignant disease of the body of the womb does occur, but it is rare, and in my experience is generally a sarcoma, and is a disease more peculiar to old maids and to sterile women. I often ask the question in the final examinations: what should your off-hand diagnosis be, were a lady, past the climacteric and the mother of several children, to come to you with a history of uterine hemorrhage? The correct answer is, "*Cancer of the cervix uteri*," and am always vexed when I do not get it, because it is a practical question, and one which I harp on very frequently in these clinics. Another question which I ask is: supposing an old maid or a sterile wife, approaching the climacteric, comes to you with a history of menorrhagia, what should you suspect? The answer is: Some benign growth, such as fibroid tumor, polypus or fungous vegetations of the endometrium. It might turn out to be a cancer or a sarcoma of the body of the womb, but that would be exceptional. Benign growths are the rule in such cases.

In the case before us, the disease has advanced too high up, and the peri-uterine exudation or infiltration is too extensive, for me to amputate the cervix in the way which I have described, and I must remove it in another way. With the fingers of my left hand, so as to keep a clean right hand —the obstetric hand—I tear away as much of the fungous mass as possible, and, to prevent hemorrhage, as rapidly as possible.

(*To be continued.*)

Medical Societies.

CHICAGO MEDICAL SOCIETY.

Dr. D. A. K. Steele, President.

Regular meeting August 4, 1884.

Dr. J. H. Etheridge read a paper on

The Etiology, Pathology, and Treatment of Cholera.

The following abstract of the treatment in the paper, contained along with the discussion, is herewith presented:

The treatment of cholera to-day is changed but very little from what it was sixty years ago. Innumerable attempts have been made to change and improve it, but all have been to little or no avail. A better idea can be obtained of the new efforts in trials at improving cholera remedies perhaps by giving the treatment of three score years ago, and afterwards giving briefly an enumeration of the various additions to treatment recommended from epidemic to epidemic than in any other way.

"Calomel certainly comes next in order, and when employed in proper doses with the assistance of opium, and more particularly in the early stage of the disease, seems to be equally effective among natives as venesection among Europeans, in arresting its progress.

The outline of treatment alluded to is to administer 20 grains of calomel, and to wash it down with 60 drops of laudanum and 20 drops of oil of peppermint in 2 ounces of water, and to support the warmth by external heat, the hot bath, and hot friction, and internally by cordials."

Thus wrote Dr. James Johnson in 1824, in his classical work on "Tropical Diseases."

The discussion this evening will indicate how much substantial progress has been made beyond that of sixty years ago. *Then* the idea seemed to be "to start the bile"—as the expression then was—and afterward to quiet with opium and support the powers of life. Are we much in advance of this treatment in 1884? *Nous verrons.*

The epidemics succeeding 1817 seemed to call out the following remedial agents. The writer finds mention made of none of them prior to the dates accompanying them. The mere enumeration of them will suffice to show how lamentably fatal cholera has been, and how helpless medical skill is in rescuing human life from this scourge. Many remedies that we now see heralded in print as new and wonderful in curing cholera are very old. Many remedial measures are mentioned in these lists which provoke a smile of pity or of incredulity.

The epidemic of 1826–27 called out the following named agents as useful in curing cholera: carbolic acid, hydrocyanic acid, nitro-muriatic acid, alum, antimony, arnica, bismuth, buchu, cauterization, chlorine, counter-irritation, cupping, enemata of cold water, gold chloride, oxygen, purgatives, sodium chloride.

The epidemic of 1832–34 brought out the following named remedies. The lengthy list of agents is perhaps explained by the fact that the epidemic was a terrible one in its severity and mortality: Sulphuric acid, albumen, alkalies, ammonia, bandaging, baths of hot air, baths of nitric acid, baths of sand, baths of vapor, belladonna, bile, bladder injections, blood transfusion, cinchona, coffee, columbo, copper sulphate, creasote, diuretics, electricity, evacuants, enemata of narcotics, enemata of salines, enemata of tobacco, guaco, hæmospasia, horse-radish, ice, inhalations, injections—venous—saline, ipecac, iron, juniper berry oil, lead, ligature, lime water, milk injection—venous, musk, nitrous oxide, oil cajuput, oil croton, percussion—tapping on the abdomen, salines, stimulants, strychnia, sudorifics, tourniquet, turpentine, water—cold.

In 1848 the following remedies were brought forward: Hydrochloric acid, anæsthetics, arnica, camphor, capsicum, carbon, carbon bisulphuret, chloride, chloroform, ergot, ether, gunpowder, hydrotherepie, matico, metals, naptha, napthaline, silver nitrate, silver oxide, sulphur, cold, zinc oxide, zinc valerinate.

The epidemic of 1854 brought out the following named remedies: Alcohol, calcium chloride bath, cider—hard, cinnamon oil, eupatorium, garlic, movement, oil castor, potassium permanganate, quassia, sugar, vaccination, water injection into the peritoneal cavity.

The following named remedies were suggested during and following the epidemic of 1865, '66: Carbolic acid, nitric acid, nitrous acid, air—insufflation of, amyl nitrite, calabar bean, chloral, chlorodyne, coca, dosimetric treatment, hypodermic injections, magnesia sulphate, potassa liquor, spinal ice-bags, water—hypodermically, wine—lavements of woorara.

The only untried remedies suggested in 1873 were sulphurous acid, antimony, chloralum.

In the discussion, which consumed nearly three hours, Dr. I. N. Danforth gave the pathology of cholera from studies and researches of the disease. Every organ of the body, said he, is more or less affected, but there are three lesions that are apparently uniformily present, namely, the blood, intestinal canal, and in the kidneys. This, I say, appears to be uniform. The blood in the early stage becomes thickened and may not flow; it is sometimes stationary, and is filled or invaded with microbes, or other living organisms; they are not related to the causation of cholera, and the same variety is not always found in the blood, in the intestinal canal, or in the discharges. Cholera is not produced by any specific germ. The blood loses its watery portion with great rapidity and to great extent. In 1873, during the localized endemic of cholera here, he investigated specimens of the discharges of the intestinal canal from both ante-mortem and post-mortem cases, and in each he found vast numbers of micrococci, and other low organisms, but he is sure they had nothing to do with the causation of cholera, but that there was formed a nidus for their development.

Ziegler, Lieber, and La Barra, or La Blat, according to Ziemssen, assert the same thing to be true, and that they are incidentally there, and "spring up" in the intestinal fluid; or, in other words, it is a field for them.

The speaker demonstrated his remarks by illustrations on slides from portions of the intestinal canal and fluids that he had mounted. The first drawing represented a piece of the intestine about the middle of the attack of the disease, and showed a grouping of cells and granular matter. Some authors state that the intestinal epithelium is not discharged until after death; but I am positive they are thrown off before death as well, that the canal is stripped of its epithelial coating while the patient is living, or that the villus is stripped off; or, if you choose to state it, the villi are stripped from their coating of cells.

A specimen of the ileum was shown, representing a portion of it from about ten inches above the valve, and the cellular coating of one of these villi specimens of Peyer's glands were shown, and illustrated their swollen or distended condition, with a group of cells and many nuclei.

The whole surface of the lining of the intestine becomes very red, or of a bright pink color, and ecchymotic patches form. The arteries are less distended, but there may be formed an enormous amount of stagnant blood in the intestinal canal.

The Lesion of the Kidneys.—At an early stage of the disease the organs undergo a rapid fatty change; they become enlarged; so too does their cortical portion. This acute fatty change rarely ever becomes chronic should the patient recover (he was sure it did not become so if the patient died). The liver, the spleen, the brain, and spinal cord, may sometimes become hyperæmic; doubtless they become so quite often. Now these changes do not throw a great deal of light upon the cause of cholera, if any at all. Indeed, we have not arrived at the cause. Those writers and authors who state that there is a specific cholera germ, but do not state what it is, are not positive. Koch believes he has discovered the germ, but his experiments to prove it thus far have been futile. Lesions occur in the small intestine, the rectum included, due to an invasion

of germs or a virus, of which we do not know as yet what it is, and its effects further determine to the emunctory organs and affect depuration. First, the intestinal discharges, and on that ground the blood loses its watery and saline element, and the kidneys fail in their function.

Dr. W. T. Belfield, regarding a special organism, he would first state his knowledge upon this subject was in one sense second-hand. He would endeavor to recapitulate briefly Dr. Koch's discoveries whilst he was in Egypt and India. There is constantly present in the wall of the intestine an organism that is easily recognized by reagents and stains, that are never present in the blood or any of the organs of patients who die from other diseases or causes. However, this does not prove that this organism is the cause of cholera, or that the cause of relation exists as it does in some other infectious diseases, notably one or two as will be mentioned later. The association may be explained in one or two or three different ways. Of course, it may perhaps be a cause. To decide this (a matter quite impracticable or unlikely) would be to inoculate a human being, to produce the disease by separating the organism from the juices and transmitting it to a healthy human, the same as a healthy animal can be inoculated with anthrax. Koch states that there is a specific germ that is constantly associated with cholera, and that no other germ is present; but when he applied the crucial test of separating that organism and endeavored to inoculate dogs, cats, and white rabbits, his experiments failed. But on the other hand this does not prove or disprove that there is a specific germ to cause cholera, for none of these animals will take cholera. They are immune from the disease, although there may be certain domestic animals that will contract the disease. The bacillus alluded to by Koch, as he asserted, is always present and distinguishable from other organisms, and they rapidly multiply. In relapsing fever are found other low organisms. The spirillum is always present in the acme of that disease. I think the germs that exist in choleraic discharges are in the relation of association only. Regarding their natural history, they flourish most in a slightly alkaline fluid, and acids destroy them, and are or should be a principal adjunct to the treatment of cholera.

Dr. John Bartlett, upon invitation, gave the results of some interesting experiments made in 1874, on a fungus, and his deductions therefrom, which are as follows: The fungus undergoes phases of development; first it is a cell (come vaselis), and is the active agent to alter and impair the blood and tissues. This, we suppose, is ultimate. In ague it is a cell in a developing fluid, but does not rest as a cell. It aggregates and deteriorates tissues. These cells form a certain crystalline something. This crystalline substance is not lifeless; it puts forth buds; these set forth a fluid; it is homogeneous; it apparently is nothing, yet it is a protoplasmic fluid, and there exists a cell form of material crystalline substance—a bud—a fluid which is protoplasmic and cells form again identical to those that were first formed. The cells, too, may be inert and not self-multiply, the protoplasmic fluid is not recognized in the blood, invisible atoms become visible atoms. Dr. Koch's experiments thus far have given unsatisfactory results. He may demonstrate the micrococcus, or bacillus, so that it can be seen with the naked eye. Protoplasmic fluid is not recognizable by the aid of the microscope until cells are developed.

Dr. C. G. Smith stated that there seemed to be many points to settle at this time relative to the contagiousness of cholera; all the old theories in this respect seem to be changed. Years ago he made up his mind that it is highly contagious; he had been surprised to see a woman with the experience of Florence Nightingale pronouncing against this theory. Some physicians state, it is scarcely necessary to take any special precaution to prevent contracting the disease. Some French physicians, it is reported, were so enthusiastic upon this, that they have tasted—drank—the discharges from patients dying of cholera, and did not take the disease. In 1854, he believed, it had been demonstrated that the discharges were contagious. Not when they are fresh, but when it ferments and has decomposed. The whole history of the disease proves its communicability. In India moisture and filth propagate the disease, and it becomes started on the grand march along the great lines of travel around the world. This it does not quite do, for he never heard or knew of an outbreak of it in Australia. This looks to him as though the scourge could be "stamped out" by vigorous executive quarantine measures, and we should quarantine ships before they reach this continent, where there are lurking suspicions of cholera aboard; for if the disease should come here and travel along our railroads to cities not along the sea-board, it is a much more difficult matter to "wipe it out." In the last epidemic in this city there seemed to be a focus of cholera at Butterfield and Thirtieth streets, and twenty cases of cholera "sprung up" at once. The inhabitants were removed, the houses were fumigated, and the other premises were cleaned and purified, and the disease was immediately "stamped out." It is a malignant poison, and finds its way into the intestine, and nature makes an heroic effort to rid the system of it, by profuse perspiration, pouring out of serum, all of which is analogous to an eruption. The result of the morbid symptoms is purging and vomiting, thickening of the blood, want of urinary secretion by failure of the kidneys to act, appearance of cramps, etc., etc., until a final stage of collapse and death is reached.

A letter was read from Dr. John H. Rauch, Secretary of the Illinois State Board of Health, as follows:

"SPRINGFIELD, ILL., July 29, 1884.

"*Dear Doctor:* I am in receipt of your letter of the 24th inst., asking if I have any sanitary suggestions to make for the benefit of the society and the protection of the health of the city, in view of the possible danger of an epidemic.

"As a matter of public policy, I think it better that such suggestion with reference to Chicago should originate with Dr. De Wolf, and in my judgment he is doing all that he can with the resources at his command. The Chicago Medical Society, however, may strengthen his hands morally, and possibly help to increase his material discussions, as are proposed. The condition of the river, and especially of the South Fork, is a

matter of the utmost importance to Chicago in the event of a cholera epidemic—and, indeed, at all times. Sixty thousand cubic feet per minute, transferred from the river to the canal, will keep the former clean and harmless; will prevent the possibility of pollution of the water-supply at the crib; will affect 66 per cent. of the South Fork, and will so dilute the sewage as to make the canal unobjectionable to the communities along its banks. To secure this transfer requires two things: 1. That the pumps at Bridgeport be operated to their full capacity. 2. That the waters of the Des Plaines river be prevented access to the South Fork through the Ogden ditch.

"If the society can achieve this, it will render a most important service to Chicago; will help De Wolf in his arduous work, and earn the gratitude of 150 miles of cities, towns, and hamlets along the canal and Illinois river.

"Very truly yours,

"JOHN H. RAUCH."

Dr. C. W. Earle stated that men of his age had not passed through epidemic cholera, as a physician, he could therefore say nothing regarding it from experience, and preferred to hear what our older brethren had to state in this respect. Regarding the differential diagnosis of infantile diseases he could, were it germane to the subject under discussion, add something. Or, were Asiatic cholera present, infantile diseases could be discussed simultaneously. He thought diseases of children, especially the summer bowel difficulties they have, should concern us more at this time than cholera. He would at an early date, if desired, say something as to how a remedy may be devised to diminish the great mortality among this class of our population.

Dr. N. S. Davis was invited by the president to give the history of differential diagnosis, and his treatment of cholera and cholera morbus. He stated that he felt embarrassed to discuss a subject of this kind before the society. As the time for doing so was limited, and he was afraid that he would consume more time than belonged to him, and to do so hastily would prove unsatisfactory to himself, as well as to others. He had studied cholera in epidemic form clinically, in a large degree, since 1849. In the city of New York, where he lived at that time, it prevailed pretty extensively. He remained there until the epidemic subsided, and administered to those afflicted with the disease for twenty-one days and nights consecutively. He has seen more or less of epidemic cholera when it has appeared here since that time. During the fall of that year he removed to Chicago, and we had it here also during the summer of 1850, '51, and '52. In the summer of 1853, Chicago was clear of cholera, and there was no semblance of the disease, but in 1854 it "broke out" again. The first case appeared in the western portion of the city on about the 20th or the 24th day of April. Cases "sprang up" disjointedly in different parts of the city every three, four, five, or six days during the months of May and June, and eight or ten deaths a day occurred during the last days of June (although the newspapers stated to the contrary). He then gave a number of interesting reminiscences, how the authorities quarantined down the Illinois river to prevent the disease entering Chicago from the interior of the State. In 1866, when it again appeared, he pushed his last resources to prevent its becoming epidemic, and quite exhausted his powers of vision to discover the power of its contagion. He kept the alvine discharges of patients who had the disease for one or two weeks to discover this, and had in his possession now drawings that he made at that time. So far as the disease is concerned there are a half dozen different varieties of germs; they are accompaniments of the disease. And every variety of disease having a degenerative accumulation of natural cells in the tissues, is invested or accompanied by some form of germs. Wherever there is a deteriorative change of living organic matter, or where dissolution is reached, no matter what the disease is, germs are present, not as causes but as accompaniments. They are uniform, and are accompaniments of the effects of the disease. Some writers may produce the disease by inoculation, but he had not known of this being done. In 1848 he recalled two instances of steamships crossing the ocean; they came in about the same length of time as vessels do now; perhaps, though, it required a day or two longer. But cholera does not come with the tide of travel, although it spread over Europe during that year. One of the vessels was destined for New Orleans, the other bound for New York. The latter was quarantined, as two or three emigrants on board were attacked with the disease. They were taken on shore to a boarding or lodging house on Washington street that contained 400 others. Yet cholera did not spread; it "died out" at quarantine. This occurred in either November or December of that year. The vessel bound for New Orleans arrived there, and cases of the disease appeared on board the ship *ere* she got within 500 miles of New Orleans. The vessel was not quarantined, and the result was cholera developed furiously in that city. In the spring of 1849 it "started up" again in New York, and spread over the country, although vigorous measures were pursued to "stamp it out." This cannot be done, however, and we must look to see it "die out." It will not prevail for more than one or two seasons in succession as a rule, although in this city, during the years 1849, '50, '51, and '52, proved an exception. Regarding the theory of germs and propagation of the disease, during the year 1854 no one disinfected the discharges. There were no cess-pools but what some of the dejecta were emptied in, and these, too, were not disinfected. Yet cholera did not appear in Chicago again until 1866. Of course, though we should exercise vigilant sanitary precautions, for the disease cannot flourish in an elevated position where there is an abundance of fresh air and pure water (the Kætskill mountains were mentioned as a point of illustration, where the disease cannot obtain a foothold), yet the disease was prevalent in Europe in 1865. We anticipated its coming to this country and visiting this city the year following, and many of the timid ones made their arrangements for getting out of the city early, and he advised any physician who was afraid of getting it, or if he believed it to be contagious, to remove when it makes its appearance. It began during the latter part of June, but not very vigorously. A few deaths occurred every day during

this month and throughout July. In August it rained nearly every day, and excessive moisture does not help to increase its virulency or prevalence. The result was cholera entirely disappeared. The agriculturists held their annual State fair during the first week in September. Farmers arrived and stopped at hotels where but a few weeks previously people died of cholera. The farmers returned home safely in good health, and did not take the disease. During the last two weeks of September the weather became very sultry and hot. The moisture and water of the August rains were dried, when cholera rapidly "sprang up" again, and one thousand deaths occurred in the following three weeks, which extended over into October. There was an unusual sharp prevalence of it. Then frost appeared, and a little later snow fell, and in another week no trace of the disease was left. Three things are essential to produce cholera where they coöperate together: 1. High temperature. 2. A location where the soil is in a damp condition favorable for decomposition of organic matter. 3. Where an organism is in that soil.

Prevention.

Briefly then, antiseptic measures, entire cleanliness, and in this we need not look much beyond our own location to prevent it, alluvial soil must be looked to, fumigation and hygienic rules must be regarded. Relative to the differentiation of epidemic cholera and cholera morbus, we will hastily give the more prominent symptoms of each. In the latter disease the urine is seldom or never suppressed, there are more griping pains in cholera morbus, then too there is no preceding stage of diarrhœa, while in epidemic cholera, there is almost always a premonitory stage of diarrhœa lasting from four or five hours to as many days. It is a painless diarrhœa. There is lassitude, and there is sometimes a "crawly feeling" that "steals" over the patient, or a sense of numbness comes on, and there supervenes a strange prickly feeling. There are also noises in the head, or a stunning feeling about the head and ears, until he will have an attack of purging, and pour out a vast quantity in the chamber; the blood recedes from the surface. The patient attempts to lie down, but he is suddenly disturbed from this position by an attack of vomiting. He vomits and purges an unusual quantity of serum, and this process he repeats every ten or twenty minutes. The chamber may be half filled at one attack of purging or from one discharge. It is rice-colored or turbid in color, little flocculi appear in it, also mucus and epithelium, which settles to the bottom. The patient rapidly withers, his lips become leadened, in three or four more evacuations, he is seized with cramps, they appear first in the calves, then in the muscles of the cornea, the voice becomes husky and hoarse, he can scarcely speak above a whisper, there is no bile in the discharges, there is lowering of the temperature, the breath is cool. Sometimes cholera morbus will put on this aspect, and, again, a few cases of true cholera will differ from the above hurried description. A patient may be so violently attacked that in a few minutes he becomes faint or goes at once into collapse, or in from three to six hours collapse will come on, with perhaps only one evacuation of the bowels. The speaker then cited a typical case of this form of cholera, namely, that of a Norwegian laboring man. It is as if the vital forces are paralyzed at once.

Indications for Treatment.

If it were true that these little microbes caused the disease, and acids would kill them, then the first thing to do is to get acid into your patient, and kill the germs. Give them some form of the mineral acids, as the dilute sulphuric, sulphurous, or the hydrobromic acid; but we must not depend wholly on these to arrest the progress of the disease, we must immediately put the patient at rest. The mucous membrane in its entirety is an absorbing surface; in its first and middle portions, its action is changed or converted into a most rapid exudation. The surface of the stomach is exosmose in its action; there is relaxation of the cutaneous surface that needs to be attended to; the blood undergoes a rapid change as a result of the disease; the saline elements and watery portion of the blood are washed away; the blood becomes thickened, so much so, oftentimes, that it will not circulate; molecular change and heat cease. The vaso-motor nerves may be the first to take on this primary change in the disease. We must adopt measures to stop the inverted action of the mucous membrane. How are we to do this best? The speaker had tried every rational method of treatment that he could devise in former years, although he never had tried horse-radish or vaccination or gunpowder, as had been mentioned in the paper. He had cupped the spine, applied sinapisms over the epigastrium and spine, applied dry warmth and frictions, had seen patients placed in the ice-pack, and rolled in blankets wrung out of ice-cold water, he had applied salt and ice about the spine, he had used emetics of salt and mustard, had bled them by opening a vein when the blood would run, and this he had seen afford temporary relief. In a few instances emetics of salt and mustard he has seen help a patient. *The most successful method*, however, is to diminish the *excitability of the mucous membrane, lessen the tendency to wasting of the saline elements, and promote the action of the kidneys.* And first of all, the cholera patient should be placed entirely at rest in the horizontal position; then apply dry warmth to his limbs; do not apply friction, and if cramps appear, gently seize the muscles with the hands and compress them. Apply a large sinapism of mustard to the epigastrium, and when it becomes too hot, change it to a point opposite (on his back), or between the shoulders.

During the years 1866 and 1873, he gave internally the following powder: Calomel, gr. j., morph. sulph., gr. $\frac{1}{6}$, sacchar. alba, gr. v. After each attack of vomiting, do not wait to give it at stated intervals, for to do so it might be given the very moment he vomits again. Mix the powder with a spoonful of ice-water, then give a small piece of ice to satisfy the patient. Serve the rectum in the same way with an anodyne and alterative remedy by giving a powder composed of plumbi acetas, gr. x, morphæ sulph., gr. ss, in two ounces of cold water. This is to be used as an enema, and should be retained by assisting the patient to do so. The latter part of this treatment he has pursued since

1849. In addition to the internal remedies, he gives

℞.	Carbolic acid,	gr. $\frac{1}{4}$ $\frac{1}{5}$.
	Tr. opii camph.,	℥ss–$\frac{1}{3}$.
	Tr. gelseminini,	gtt. v.,

in a little glycerine and water alternately with the powder. These are very beneficial remedies to overcome the vomiting and assist the urinary secretion. Give other remedies also to favor secretion of urine, such as the diluent drinks. We should build them up and prevent collapse. Should this ensue, we must replenish their forces by giving any of the broths, such as beef tea or chicken soup, or rice boiled with meat, well seasoned with common salt to make up for the waste of the saline portion of the blood that has been washed away. Give also strong coffee in teaspoonful amounts at first every few minutes, and gradually increase this amount to act on the vaso-motor system; repeat it as often as every fifteen minutes, increasing the quantity steadily as it could be retained. His skin should also receive especial attention in addition to the above remedies, that are to be applied externally. Give a hypodermic injection of atropine to act on the periphery, combined perhaps with minute doses of strychnia, which may be introduced anywhere over the surface. Do not use ergotin, for this is depressing. One writer recently claims to introduce an equal mixture of whisky and water in the areolar tissues of the thigh until reaction comes on, will arrest further progress of the disease. I would suggest instead of this, that it consist of a saline water injection instead, to be used in the same manner. Such though is the outline in substance of the treatment to replenish most cases, and if persistently and carefully carried out, will in twenty-four hours bring about a fair chance in most cases for the patient to be on a good footing.

The Society thanked the Doctor for his address, and it was resolved to continue the discussion of the treatment of cholera at the meeting two weeks hence.

LISTON H. MONTGOMERY, M. D.,
Secretary.

EDITORIAL DEPARTMENT.

PERISCOPE.

The Arrest of Hemorrhage.

In the *Glasgow Med. Jour.*, August, 1884, Dr. J. Stuart Nairne publishes the following practical remarks:

"I have been present at operations where one might truly say that it was only by the grace of God the patient did not die on the table from hemorrhage, as there were neither right nor ready means at hand for controlling it; where there was nothing better for tying the stump of a pedicle than a piece of whip-cord tightened by the hands; and any one who has seen this method of securing a thick stump, will not be very ready to try it. By no amount of manual pulling could you safely compress a vascular stump, say from an inch upwards in diameter. The vessels in the centre would be sure to bleed sooner or later, and I have seen one fatal case from this cause. In this case the operator had neither clamp nor compressing forceps, nor wire ligature to be screwed up; nor even the loop of an ecraseur to control the hemorrhage. In one public institution I saw a death on the table. The uterus was amputated at the cervix, while the stump was grasped by the hand in order to tie a ligature to it. Before this could be done, the patient was dead. It is right to state that this death was attributed to shock, and not to the loss of blood. If this was a death from shock, it is the only sudden death I have ever seen from that cause. I do not believe that death can ever possibly occur from that cause—viz., shock—unless some of the vital nerve centres be directly implicated, *always taking for granted, however, that the patient is properly under the influence of an anæsthetic.* Under these circumstances, and also when no anæsthetic is used, death may occur from the most trivial shock. You will remember a recent case when a highly respected surgeon of this city, examining a patient with inguinal hernia, found it suddenly slip from his fingers, and on announcing this pleasant fact abruptly to the patient, she immediately died. This was a death from pure nervous shock, and could not possibly have occurred under an anæsthetic. I do not believe a death ever occurred under an anæsthetic, unless from the anæsthetic itself or from some kind of blunder in the operation. Some years ago I assisted an operator, a quiet, bold man, now laid in his grave, in the extirpation of some deep-seated glands of the neck on the left side. The pneumogastric of that side was cut; its inhibitory action ceased, and the pulse and respiration rushed at unaccountable speed, bringing death in less than ten minutes. *De mortuis nil nisi bonum.* It was a blunder, we all said so—four of us then, and the two eminent of us since then laid in their graves: and this statement, a truthful little cross elevated over the one's tomb in no spirit of animosity, but as a valuable warning to us who remain. This is the kind of sudden death, then, that occurs under operation—error of judgment in doing, a slip, incapacity to control hemorrhage or surmount difficulties, or extinction of life by the anæsthetic.

"In a case narrated in a recent number of the *British Medical Journal*, Knowsley Thornton, who assisted the operator, passed his hand into the pelvis and held the stump of the uterus, which had been removed, till Koeberle's serre-nœud was applied. The case recovered; but such a course is not to be imitated. An experienced operator may do almost anything; but no one has the right to place the life of a patient in jeopardy either through temerity or carelessness, far less from a desire to show off his dexterity.

Every drop of blood that you save is a gain to your patient.

"I am sure many of you must remember as well as I do when an operation in our Royal Infirmary resembled, to a large extent, an exhibition of so many artificial fountains; I and my fellow-students have frequently been bespattered with blood as we sat in the benches. I remember an operation for ovariotomy in the Chapel, the old operating theatre of the Glasgow Royal Infirmary. The general circumstances are as fresh and horrible in my mind as yesterday. The incision—the uselessly long incision—into the abdominal parietes was followed instantly by torrents of ovarian fluid and blood, the operator thrusting his hand into the interior of the cyst and breaking up smaller loculi, which discharged themselves in the same way. Everybody and everything around was soaked. *Nous avons change tout cela.*

Pressure Forceps.—There need be no such display. Deliberation, quietness, the application of pressure forceps immediately you cut, or, when possible, before you cut, and your operation will be conducted with the greatest cleanliness and the least risk to your patient.

"The ordinary artery forceps are absolutely worthless for the immediate suppresion of hemorrhage. You have frequently neither time nor room to throw a ligature over a bleeding vessel in the usual manner; and, as I have seen, at a later stage of the operation the ligature and end of the artery may be cut off by accident. You can never make such a mistake with pressure forceps; for if you have to cut a little beyond or above them, you are bound to know what you are doing; you see the forceps attached, but you may not in your hurry notice the loop of silk or catgut.

"In an operation shortly since, which I had the pleasure of doing for Mr. Gilmour, eleven pairs of these forceps were attached at the same time to various bleeding vessels and surfaces; and I may refer to that gentleman and to Dr. Pollok, who was also present, to say if there could have been more than two ounces of blood lost in an operation that lasted for an hour and ten minutes.

"The use of these forceps is not limited to abdominal surgery; they are far too seldom used in general surgical work. Your President kindly assisted me the other day at an operation in private for amputation above the knee-joint. With the limited use of an elastic tourniquet, and the rapid application of half a-dozen pairs of forceps to the bleeding vessels, I think Dr. Park will bear me out in saying that there could not have been lost more than half an ounce of blood. In a long operation, by the time you are ready to tie the vessels you will frequently find the bleeding has ceased, and you will require fewer ligatures than you could have anticipated. It is a little difficult to slip a ligature on a vessel over the points of these pressure forceps, and you may require occasionally to put on an ordinary pair of forceps for this purpose, but very rarely indeed.

"These scissor or pressure forceps are of various sizes and makes, concerning which more particulars a little farther on. Those used by Sir Spencer Wells are admirable instruments; Lawson Tait's form is sharper in the nose, and he claims for them that their point is not so readily entangled in a ligature; the bulbous extremity which I have put on them, however, prevents any possibility of this happening. Pressure forceps, then, are a perfect *sine qua non* in an abdominal operation. It is important that there should be as little blood lost as possible, and it is also important that as little blood as possible should escape into the abdominal cavity.

A Curious Case of Persistent Reflex Spasm of the Diaphragm.

Dr. A. L. Ranney reports this case in the *Medical News:*

A case which I desire to bring before the notice of the profession was lately sent to me by Dr. L. M. Bingham, of Burlington, Vt., for diagnosis and suggestions as to treatment. Her history was as follows:

Miss E. W. Unmarried. Aged forty-four years. Her father died of cancer, complicated with phthisis, at the age of seventy; her mother died of heart disease at the age of thirty-five. She has three sisters living, all of whom are "delicate and of a nervous temperament." Two sisters died of Bright's disease. One niece of the patient had chorea of a severe and persistent type.

As a child, the patient was afflicted with "extreme nervousness," but never had any marked symptoms of chorea. She menstruated at thirteen years, but was irregular until she reached the age of thirty years, since which time the menstrual function has been normal. Insomnia became developed as a marked symptom at the age of twenty years. It has persisted ever since; but with varying degrees of intensity. From youth she has been subject to more or less tremor of the hands, and has lately noticed that excitement markedly increased it. The tremor stops during sleep and does not caused her much inconvenience during the day. Neuralgic pains occasionally shoot into the hands and fingers, and are often experienced in the shoulders, back, and left side.

Four years before the date of my examination, she was attacked with *paroxysms of hiccough.* These have persisted throughout the past four years. The attacks come on in paroxysms which last from ten to sixty minutes. They are often so severe as to cause vertigo and symptoms of asphyxia. *They almost invariably follow movements of the upper extremities.* For that reason all manual efforts have been avoided for some years. The sweeping of a room will throw the patient into a severe paroxysm of hiccough. Sewing is rendered impossible for the same reason. Dressing the hair almost invariably induces an attack. Movements of the head, trunk, or legs seem to exert no influence upon the patient of a similar character.

Of late, neuralgic attacks have become more frequent and severe. The eyes have been affected with neuralgic pains of a severe typs, and also the shoulder of the left side.

On examination, no loss of muscular power was detected by me in either hand by means of the dynamometer. The condition of her body in respect to sensations of tou ch, pain, and temperature was tested and foundto be normal. No painful points (the puncta dolorosa of Valleix) were

detected over the seat of the neuralgic attacks. Pressure made over the spinous processes of the vertebræ produced no pain *except at one point.* This corresponded to the situation of the fourth, fifth, and sixth cervical segments of the spinal cord. Here the patient suffered marked pain on pressure and the skin was markedly hyperæsthesic. The patient stated, in reply to my interrogations, that this region had been the seat of a continuous "aching sensation" for the past four years. The superficial and deep spinal reflexes were normal. Coördination was performed perfectly in both the upper and lower extremities. The pupils were normal and responded perfectly to light and visual accommodation.

The condition was evidently one of abnormal excitability of the lower cervical segments of the cord, associated with general neurasthenia. The fifth cervical segment gives origin to filaments which enter into the formation of both the brachial plexuses and the phrenic nerves arise from the third and fourth segments as well. The case appears to justify the conclusion (based upon anatomical data), that the activity of the lower cervical segments (necessary to movements of the arms and hands) produced in adjacent segments of the cord an abnormal irritation of the cells associated with the physiological function of the phrenic nerves—hence the diaphragmatic spasm.

The patient was burnt with the benzine cautery apparatus over the cervical and dorsal segments of the cord, and ergot and the bromides were ordered to relieve the local congestion of the cord that probably exists. This treatment had previously been tried for a short time with marked benefit, but had been discontinued when the symptoms exhibited amelioration. The effect of the continued use of the cautery has yet to be determined.

Acute Inflammation of Diabetes and Nerve-Influence.

In the course of his address in medicine before the British Medical Association, Dr. William M. Ord said:

In true diabetes, the occurrence of sudden and very acute visceral inflammations is common. It is generally found that, while such complications last, the urinary sugar dwindles, or even disappears. An explanation of this occurrence has been found by some writers in the hypothesis of an increased combustion of sugar as a part of the pyrexial state. But, seeing that such inflammations involve the diversion of a large quantity of blood to the organ affected, I venture to suggest that in such diversion, rather than in a purely hypothetical combustion, may be found the true explanation. Physiological experiment has shown that, when sections of the sympathetic, leading to vaso-motor dilatation of the hepatic vessels alone, has been made, glycosuria has been produced; that, when the section has been made at a point producing, in addition to dilatation of the arteries of the liver, dilatation of the vessels of the intestines, glycosuria has not followed. The inference drawn is to the effect that so much arterial relaxation was produced in the supply of organs neighboring to the liver as to stand in the way of an effective increase in its arterial circulation. I had an opportunity quite recently of testing the probability of this hypothesis. The temperature of a diabetic patient rose suddenly to 104° Fahr. The most careful examination brought out no signs of visceral inflammation during two days; and in the same period the amount of sugar in the urine stood at the figure registered for several weeks before. On the third day, the temperature remaining at the same height, the signs of pneumonia became apparent, and at the same time the urinary sugar diminished very considerably. In my gouty cases, a similar train of phenomena has been several times noted—the sugar diminishing in a very marked degree at the time of the development of acute joint-inflammation, and returning immediately on its subsidence.

In trying to understand the sudden acquirement of a poisonous quality by the milk of an agitated woman, one had found a difficulty of this kind—could mere quantitative variations in the afflux of blood affect the quality of the secretion? Can it be possible that, in the production of the lacteal secretion, may be concerned not merely increased afflux of the materials of the secretion, but also varying afflux of ferments determining its quality; and capable, by reason of either great deficiency or great excess, of seriously perverting its quality? Here is an admitted neurotic dystrophy, the mechanism of which is well worth careful investigation; and from the consideration of glycosuria we may be enabled to glean at least suggestions as to what the mechanism may be.

Post-Mortem Examination of a Case in which Removal of the Uterine Appendages for Myoma had been Performed Three Years Before Death.

In the *London Medical Times*, August 2, 1884, Mr. Lawson Tait says:

I have just received from Dr. Saundby a jar containing the uterus of a woman, aged 47, from whom I removed the uterine appendages for a large myoma on June 21, 1881. At that time she was under the joint care of Mr. M. Hallwright and myself, for profuse menorrhagia, accompanied by intense pain. All other efforts having failed to relieve her, her health being completely destroyed and the tumor growing rapidly, I advised the operation. The tumor reached about an inch above the umbilicus, and the upper end of the incision necessary to reach the appendages was almost at that land-mark. Dr. George Fyfe, Dr. Savage, and Mr. Raffles Harmer, were present at the operation. She made an easy recovery, and never lost a drop of blood from the uterus after her convalescence, which was completed within a month. She rapidly gained strength and health, and, as she said upon my frequent visits to her, had neither ache nor ail. She happened to live close to my house, and was therefore frequently exhibited to visitors. She had been seen and examined by Dr. Marion Sims, Dr. Battey, and Dr. T. A. Emmett. Ten days ago she suddenly began to suffer from symptoms of intestinal obstruction, and as this resisted all ordinary measures, I opened her abdomen for the second time last Wednesday, July 23. Dr. P. Sydney Jones, of Sydney, Dr. Vanderwar, of Albany, and Mr. J. W. Taylor were present. I feared, of course, that the obstruction was due to some adhesion of intestine to the stumps of the for-

mer operation, but I am glad to say that my fears had no foundation. I performed enterotomy, but she survived the operation only some fifteen hours. Dr. Saundby made the *post-mortem* examination, and removed the uterus entire. The myoma has shrivelled to the size of a small orange, certainly less than a tenth of its size three years ago, and there is no trace of ovaries, or tubes, or stumps, or ligatures.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——In a lecture on puerperal fever which we have received from Dr. T. G. Comstock (reprint from *N. Y. Med. Times*), he says of its therapeutics:

The remedies to be named as among those absolutely requisite, that should be within reach, are *aconite, gelsemium, veratrum viride, bryonia mercurius, quinine, opium, digitalis, alcohol, nux vomica, ignatia*, and sometimes *bromide of potash*.

Refrigeration as an *auxiliary*, is proved by experience to be a precious boon, and when carefully understood and rationally applied, will be found equally useful, as when employed in scarlatina, typhus, pneumonia, and pulmonary hemorrhage. Hot fomentations in certain complications are frequently useful, and are to be recommended.

——*Godey's Lady's Book* for September presents special attractions. There are two excellent serials now running, one from the pen of the popular English authoress, Helen Mathers, called "Dreeing of the Weird." "The Story of an Elopement," by Christian Reid, has not so quaint a title, but excites scarcely less interest and admiration. The pretty other articles are not less pleasing to the general reader.

——Dr. I. H. Wood, of Denver, Col., in a reprint before us on phthisis, extols with enthusiasm Denver as a place of resort for consumptives. He writes:

"Here will be found excellent churches, schools, and theatres; and it is probably the residence of a larger number of recuperated invalids, now able to enjoy life, and take an active part in its duties, than any other city of its size in the world.

"For a winter residence it is unsurpassed, although during the summer the mountains should be resorted to, and if possible consumptives ought to camp out."

——The Proceedings of the Kentucky State Sanitary Council have been issued in pamphlet form. (pp. 60, Louisville). They contain addresses and discussions on sanitary topics, and cannot fail to be a useful aid to the progress of hygienic science in that commonwealth.

BOOK NOTICES.

The Natural Dispensatory. Containing the Natural History, Chemistry, Pharmacy, Action, and Uses of Medicines. By Alfred Stillé, M. D., LL. D., and John M. Maisch, Phar. D. Third edition, pp. 1755. Henry C. Lea's Sons & Co.

This third edition has undergone a close revision, and very extensive additions. Some idea of the latter may be had from the statement in the preface that the additional references in the index are nearly 4,000. The numerous developments in pharmacy and therapeutics which the last few years have witnessed have been carefully collated, and it may safely be said that none of them will be looked for in vain.

In the therapeutical department much consideration has been given to the physiological aspect of the action of drugs, but, as heretofore, the principal stress has been laid on their clinical features. In this respect we are glad to observe that a sounder spirit is manifested than in some modern works on pharmaceutical and therapeutic agents.

We can truthfully say that the National Dispensatory deserves its title, and is sure long to maintain its high position with the profession.

Fifth Annual Report of the Illinois State Board of Health. Springfield, 1883. 8vo., pp. 633.

This thick volume of nigh 650 pp. in small print exhibits a vast amount of labor, all or nearly all of which is sure to be remunerative to the great and enlightened state which ordered it. Few commonwealths understand the immense money value of the protection of public health. Illinois does, and within the last few months one of its greatest industries, its exportation of beef, has been saved by the excellent report made by eastern inspectors as to the enlightened care exercised over the method of preparing food of this kind.

Of the matters of general interest in this volume, we may name the small-pox epidemic of 1883, which is treated very fully in a space of 310 pages. Some excellent remarks are made in this connection in reference to the inspection of emigrants on steamship lines. There is also a full report of the medical educational institutions in the United States, their location and standing. The vital statistics are well arranged, and meteorological tables are added. The proceedings of the Sanitary Council of the Mississippi Valley are also inserted in this volume.

—Menthol has been used with success for ringworm, both in the form of a solution and pomade.

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THE CONTROL OF PATHOLOGICAL RESEARCH BY CLINICAL OBSERVATION.

Apropos of our recent remarks on scientific *vs.* practical medicine, we are gratified to note that the President of the British Medical Association chose the title of our editorial as the subject of his address at the last meeting of the association.

He very truly says that the study of minute organisms, which is all the rage to-day, is limited to comparatively few men, for the very good reason that the mass of the profession are too much occupied in earning their livelihoods to be able to give any time to the study of that which brings to them no pecuniary recompense. But at the same time he calls our attention to the fact that even if it is ultimately conclusively demonstrated that micro-organisms or germs are the etiological factors of disease, we must still recognize the fact that in order that they may grow and multiply, it is absolutely necessary that they should be deposited on congenial soil—that some certain conditions of the organism must exist, else they cannot work mischief. And he says:

"This predisposition may be either a general one, expressed by a proclivity in some countries, or in certain races, or in particular temperaments; or it may have been acquired by the individual either at a certain period of life, or under the influence of a variety of causes in his diet, occupation, or surroundings. Now, it is precisely with reference to these points that we can get most light—I had almost said the only light—from the general experience of the profession. A great deal of medical literature is founded on hospital practice, which, valuable as it is, wants the element of time. The floating population of hospitals passes rapidly from observation; and it is only from the medical men who have known patients for years, and often the stock from which they come, that we can get information which necessarily presupposes continuous observation spread over long periods.

"It is in respect to questions of this kind, which are so clearly within the scope of every practitioner of medicine, that I look for the best results from the labors of the Collective Investigation Committee, which, I have no doubt, will prove one of the most valuable of the agencies for good in this Association; and I am not without hope of a still larger and more ambitious effort, which will embrace not only this, but all civilized coun-

tries, in its operation; and that we may have an International Collective Investigation of Disease. From such an organization we could obtain an immense amount of information on the subject of climatic and telluric influences, and on the question of racial proclivities to disease, as well as on the important subject of diathesis.

"The subject of the proclivities of different races to disease, is one of great interest, and has been but little investigated. The facilities which the vast colonial empire of England offers for observation to medical officers of the public services, have enabled them to see much of disease in different countries of the world; and, no doubt, there is a good deal of information entombed in the *Army and Navy Medical Reports;* but we have but little definite knowledge. That the negro race enjoys a comparative immunity from yellow fever, and that even a slight admixture of negro blood brings with it a certain degree of protection from this malady, seems well ascertained. The comparative freedom of the same race from stone, and, on the other hand, their marked liability to elephantiasis, and to tetanus, are clearly made out. Again, there is reason to believe that different branches of the Aryan family present some peculiarities in respect of liabilities to morbific influence. In France, where, from the requirements of military service, statistics with respect to some classes of affections are easily accessible, it has been found that, in the provinces where there is most Teutonic blood, there is a notably greater number of exemptions from service, owing to varicose veins and hernia, than in those in which the inhabitants are of Celtic origin. On the other hand, it is considered by some that the Celtic peoples do not bear surgical operations so well. When Velpeau was reproached with the great mortality after operations in Parisian, as compared with English hospitals, he is reported to have replied that the flesh of a Frenchman was not the flesh of an Englishman."

These remarks suggest to us a great topic for observation. Within the extensive boundaries of our country are to be found all races and nationalities. It would prove most interesting investigation were each physician to keep a careful clinical history of each of his patients, and at the end of each year, reviewing his records, note carefully and publish all that occurred to him in reference to this question of predisposition.

—The International Medical Congress will hold its next meeting in Washington, in 1887.

THE INTRODUCTION OF P DEMIC DISEASE FROM EUROPE.

With the constant increase in intercourse be: tween Europe and this country, the perils which we run from an epidemic that prevails there are annually increased. The more important, therefore, becomes the Trans-Atlantic Marine Medical Service, and the more rigid should be the accountability of the steamship lines to employ competent medical officers.

It has been alleged that a good deal is wanting in this respect. It has been said that the companies, out of a mistaken policy of niggardliness, employ inexperienced and incompetent surgeons, because they are not willing to pay enough, or do not provide becoming quarters for those of proper experience and standing.

There is undoubtedly some truth in these charges, in spite of the vigorous denials of the companies themselves. Proof of it is furnished by the last Report of the Illinois State Board of Health, in the pages devoted to the Immigrant Inspection Service.

It may be considered certain that if a ship surgeon does not take care to prevent the introduction of small-pox by proper vaccination and inspection, he will not give due attention to anything else. These reports show conclusively that there was a great deal of negligence on this point in many lines. Many immigrants landed without having undergone vaccination, many reported no inspection at all, some came in with symptoms of small-pox developing on them. Some surgeons gave no cards of vaccination; in other cases, the cards bore no dates. On one steamer the inspector found 71 persons wholly unvaccinated, and this during a small-pox epidemic.

We should be justified in republishing the names of those companies and ships which thus neglected their bounden duty to the public; but we prefer to refer our readers to the above-mentioned report, where the details are given in full, the names of the surgeons and all (pp. 355–360). It is more agreeable to us to mention those lines whose surgeons had performed their duties in the most creditable manner. These were especially

the vessels of the North German Lloyd Line, and those of the White Star Line, the former to Hamburg and Bremen, the latter to Liverpool. It is to be hoped that equally thorough work will be performed on all the lines.

THE CONSEQUENCES OF THE EXTIRPATION OF THE SPLEEN.

The surgical removal of the spleen under certain conditions is to-day considered a legitimate operation. After Tizzoni had insisted upon the development of small spleen-like tumors on the omentum of animals deprived of their spleen, and after he had expressed the opinion that these new growths performed the functions of the lost organ, Prof. Mosler (*Deutsch. Med. Wochenschrift*, 22, '84) took the subject in hand, and examined into the consequences of the removal of the spleen, with the following result:

The small tumors mentioned by Tizzoni are, according to Mosler, telangieotatic-hemorrhagic lymphomas, developing from the areolar tissue of the serosa, which is rich in blood-vessels. A direct connection between the want of a spleen and these new growths does not exist.

The following phenomena were noted as the consequences in thirty cases of extirpation of the spleen practiced by Mosler.

The spleen is not essential to the life of animals.

After extirpation or atrophy of the spleen artificially produced, its function is taken up by the other lymphatic organs. In this the marrow of the bones seems to play an important part, as after the removal of the organ great alterations, similar to those observed in leucæmia, are met with for a long time. Hyperplasia of the lymphatic glands is not often noted.

The vicarious action of the other lymphatic organs seems to depend upon external influences, and is not always complete in animals deprived of their spleen, for during the first months after the removal of the organ, the blood shows an abnormal composition. This fact proves that the spleen participates in some way in the manufacture of the blood, especially in the new formation of white and red corpuscles.

The extirpation of the spleen exerts no influence on stomach and pancreas digestion, the greatly increased appetite of animals wanting their spleen being no proof of the contrary.

THE EFFECTS OF HIGH TEMPERATURE.

The remarkably exhaustive effects of a high temperature is familiar to all who have lived in tropical climates, or who have passed "the heated term" in one of our great cities. It is most perceptible on infants and the very aged. In India, the children of European settlers rarely live to adult life, and when they do, it is with relaxed bodies and inert minds.

Some interesting observations made with a view to ascertain the effect of high temperature on physiological function are reported by Dr. C. H. H. Hall, in the *Proceedings of the Naval Society*. His subjects were the water-tenders in the fire-rooms of a steamer. They are exposed to an artificial temperature of about 180° F., which is little more than the natural temperature of Southern India, where the thermometer in the sun frequently reaches 170°.

The disturbance was especially noticed on the heart's action. The cutaneous veins became turgid with blood, the pulse rose to as high as 180 per minute, and the temperature under the tongue to 103.6°. The respiration was affected only secondarily, but finally increased from 18 to 42 per minute. These striking results show how violent is the action of a heated temperature on organic function, and explain its highly injurious results in feeble conditions.

ON HYPNOTISM.

In many persons we succeed by stroking any part of the body in producing anæsthesia or rigidity in that part, without influencing the cerebral functions. Dr. Schleicher has investigated this "local" hypnotism (Annales de la Soc. de Méd. d'Anvers., 1884), and arrived at the following conclusions:

Any excitation, of medium strength or weak, repeatedly applied in a uniform and regular manner to any portion of the surface, causes insensi-

bility of that portion. According to the individual this effect sets in within a few seconds or minutes. Frequent repetition within a short time of the same manipulation makes the skin sensitive in such a degree to its influence as to produce its effect by one single stroke. Any new excitation of a different kind at once counteracts the effect of the other, and irregular stroking or rubbing forms one of these. The same peculiar phenomena may be produced in the organs of special sense. So complete amaurosis may be induced by repeated impressions on the bulbus, taste abolished by striking the tongue, smell arrested by repeated uniform air douches, diminution of the sense of hearing by repeated small strokes on the mastoid process. These effects disappear spontaneously within a few moments.

Any acute excitation besides may cause a contraction of the muscles lying below the surface to which the excitation was applied, and the same phenomenon follows direct irritation of muscles, sinews, and nerves. In the latter case the contraction affects the whole region provided by the nerve. The author finds in these phenomena a similarity between hysteria and hypnotism, and finishes his article with a speculative theory, which it is not necessary to translate.

Notes and Comments.

Rheumatoid Arthritis.

Dr. Dyce Duckworth, in opening a discussion on this subject before the late meeting of the British Medical Association, said that by rheumatoid arthritis he means an essentially chronic form of joint-disease, affecting both small and large, one or many, articulations. It may begin insidiously, with pain and swelling gradually increasing, or it may begin by more acute local symptoms. The tissues of the joint are affected by a chronic, and often progressive, inflammation, beginning first in the synovial membrane, affecting next the articular cartilage, and this, perhaps, in most cases more severely than any other texture; then the ligamentous structures; and, lastly, the ends of the bones.

While not prepared to so state positively, yet he believes that rheumatoid arthritis is distinct from, and is not evolved from, a previous rheumatic attack, since evidences of past rheumatic fever can be elicited only in a small proportion of cases, neither does he believe that it is a form of gout, considering that so far as we have gone we have established a place for rheumatoid arthritis outside rheumatic manifestations, and outside gouty disease; but he also holds that the three diseases can be correlated. With reference to treatment he says: "Whatever is good for rheumatic manifestations anywhere is, I believe, good for chronic rheumatic arthritis. The principles of treatment must vary somewhat with the exciting and determining causes in each case. Attention must be paid to the presence of any cross-taint. Little good will be gained till a better condition of general nutrition and of the nervous system is secured. All causes of exhaustion and depression must be removed. Hence, in addition to good and varied dietary, including free use of foods containing sulphur, such as onions, cruciferous vegetables, and especially mustard, a sheltered, dry, and somewhat high locality should be sought. For drugs, I like best cod-liver oil, iodide of potassium, pushed to ten or fifteen grain doses, iron, arsenic, and sulphur. Lemon-juice is well thought of, I am told, in Dublin. Counter-irritation in the early stages is much neglected, and smart blistering, Corrigan's thermic hammer, and the actual cautery, will save much subsequent trouble. Proper employment of hot sulphurous waters and of Turkish baths is, without doubt, of the highest value. For those who can afford it, I believe that a residence for some years in tropical and semi-tropical climates will often avail to prevent incurable crippling, and to arrest the disease in an early stage. I attach high importance to early treatment, exercise of the joints, and a vigorous resistance to incipient deformities. The salicylates are valuable for the worst pains at the outset, while opium and the bromides do most for the weariness of those in the advanced stage."

Imperforate Hymen—Operation.

Dr. H. E. Aust Lawrence reports this case in the *Brit. Med. Jour.*, May 3, 1884:

E. A., aged 14, was admitted to hospital on July 19, 1883, suffering from retention of menses, due to imperforate hymen. She had experienced periodical feelings of discomfort for three or four months previously, but not to such an extent as to cause her to complain, until July 13th, when severe pains were felt in the hypogastrium. The hymen was found to be imperforate and bulging, and the uterus could be distinctly felt as a hard, rounded tumour, reaching one inch above the

pubes. As the symptoms were urgent, it was decided to operate at once under the carbolic spray. The urine was drawn off, a fine trocar was pushed through the hymen, and the thick menstrual secretion allowed to drain very slowly off into a basin, placed to receive it. After some time, a piece of drainage-tube was placed in the opening, and the orifice of the vagina and the neighboring parts were covered over with a pad soaked in a solution of carbolic acid in glycerine (1 in 20); and the parts were well packed with iodoform-wool.

The dressings were changed and the urine drawn off night and morning, under the spray of carbolic acid. The bowels were kept confined for three days by opium, and then relieved by an enema; the dressings still being kept in place. The drainage-tube was taken out night and morning, and washed and replaced.

On July 26th, the discharge having ceased, the patient was placed on the operating table, and the orifice of the vagina was enlarged sufficiently to allow any discharges free exit for the future; warm vaginal injections of Condy's fluid were now used, and a plug of carbolized lint kept in the vagina for a few days, when the patient went home perfectly well, and has since menstruated normally.

Remarks.—When we consider that a large proportion of deaths from this very simple operation have been due to septicæmia, we can realize the value of treating them antiseptically. During the draining off of the menstrual secretion, air rushed in and out during each respiration; but as it had to pass through the spray, and became aseptic, no harm resulted. As it is impossible to prevent the access of air, our object must be to render it harmless, and with proper care there is no reason why perfect antiseptic precautions may not be taken. In my patient's case there was no rise in the temperature, and no bad odor with the discharges. I believe the best way to treat these cases is, to make a very small opening in the hymen, so that the fluid may drain off very slowly; and as long as there is any discharge, to maintain full antiseptic precautions.

Hypnotism.

The *Lancet*, April 26, 1884, says that the curious phenomena collectively designated by the term "hypnotism" have frequently been the subject of popular attention, more especially under the mysterious names of Braidism, Animal Magnetism, and Electro-biology. Hypnotism in a simple form is, as our readers very well know, a very old story. More than two hundred years ago the possibility of "enchanting" a hen by drawing a line before its eyes with a piece of chalk was well known, and was demonstrated to an awe-struck audience by the Jesuit priest, Anathesius Kircher. Possibly, on account of its supposed association with magic, little notice was taken of this remarkable phenomenon until about one hundred years ago, when a Swiss, Anton Mesmer, brought the subject into notoriety in France and applied it to man. In the earlier half of the present century, Mr. Braid, of Manchester, examined the matter with scientific care, and tried its curative efficacy on his patients in England; but his views met with disfavor, and the question was not taken up by the scientific or by the medical world until comparatively recent times, when a number of physiologists attempted to investigate it. Dr. Gerald Yeo, Professor of Physiology at King's College, has recently devoted some attention to the subject. We may briefly summarize the conclusions at which he has so far arrived. It is believed that the corpuscles of the grey matter of the nervous centres are called into activity by special nervous influences, which, like those affecting the muscular and glandular tissues, are associated with changes in nutrition. These nerve-regulating centres are constantly kept alive to the state of the various parts of the body, and accordingly affect the nerve-mechanisms belonging to each. When several of the more influential textures are fatigued, the entire frame is made to repose (sleep). In sleep a variety of mental and muscular acts may be performed, if certain tissues or organs remain in a state of activity (somnambulism). Without sleep, in the ordinary sense, the nervous "governors" of certain organs and parts may be thrown out of gear by notice of a special condition of the organ arriving at its nerve-regulating centre. The impulses indicating this condition (fatigue) may be counterfeited by certain variations in quantity or quality of ordinary stimulation. When local psychical arrests are thus produced without real fatigue of the organs, the surplus energy, arriving at the excito-neural centres, sets up an excessive action of some groups of corpuscles, and thus certain faculties appear exalted in acuteness.

Methods of Therapeutic Research.

This is the title of the address at the opening of the section of Pharmacology and Therapeutics of the Brit. Med. Ass., by Dr. T. J. Maclagan, in the course of which, speaking of our ability to cope with disease germs in the body, he says:

There remains the other possibility—the de-

struction of the organism in the system. This, too, is a hopeful field of research, and it is open to us. It has, indeed, been already entered on, and a new group of remedies has been suggested and given a local status as therapeutic agents under the name of germicides. Our knowledge of these agencies is at present very limited; but we may reasonably hope that in time, as we gain in our knowledge of individual germs and their conditions of life, we may also learn how to destroy them in the system. There are some, and there may be many, germicides which, while fatal to germs, are not injurious to the human body. If we could find one which was fatal to the germ of typhoid fever, but which could be taken with impunity by man, that germicide would arrest the course of typhoid fever, if given sufficiently early, before the local lesion had made much headway; and so with diphtheria, scarlatina, and all the diseases to which the germ-theory applies.

As each germ has its own special life-history, its own peculiar conditions of life, under which alone it can flourish, and its own special action on the system, it is probable, too, that each will have its own special destructive agency. An agency which destroyed the typhoid germ might have no action on that of typhus or that of scarlatina.

You are all aware that of late years much evidence has been adduced to show that the poison of the malarial fevers is an organism which is propagated in the system. It is probably by its destructive action on this organism that quinine (a recognized germicide) exercises its curative action in intermittent and remittent fevers. I believe, and have elsewhere given my reasons for my belief, that it is the same with rheumatic fever and the salicyl compounds—that the poison is malarial, and that these agencies (also recognized germicides) owe their remarkable effects in that disease to their destructive action on that poison.

Be that as it may, the recognition of the existence of such agencies as germicides, and the possibility of dealing with diseased processes, and actually curing disease, by agencies which do not necessarily have any action on the system, which act, not on the sufferer, but on that which makes him suffer—the recognition of such a possibility marks an epoch in therapeutics, and opens up to us a vast and interesting field of research, on which I hope we shall not be slow to enter, and from which great results may not unreasonably be looked for.

Cysts of Female Uretera.

The *Brit. Med. Jour.*, May 3, 1884, says:

The presence of a small cyst, projecting from the anterior wall of the vagina, and lying immediately behind the urethra, has often been detected in patients, complaining of symptoms attributed by themselves to uterine displacements. In the last number of the *Journal* reference was made (p. 827) to the researches of Dr. Max Schüller, who differs in opinion from Skene, and Dr. Kocks, of Bonn, believing that a pair of ducts situated one on each side of the female urethra, and opening at the posterior border of the meatus, close to each other, are purely gland-ducts, and not relics of the Wolffian ducts. Dr. Kocks, however, in the *Archiv. für Gynækologie*, describes the same ducts, and the occasional discharge which issues from them; he brings forward very good reasons for believing that the canals are the termination of Gaertner's ducts, the excretory canals of the Wolffian body, which is reduced in the adult female to the parovarium. When the orifice of one of these canals becomes closed, the canal itself might readily become cystic, many of the cysts that are common in other parts of the body being formed in this manner. The evidence of the Wolffian origin of these canals is not very strongly supported by teratological evidence; for though in many mammals the ducts of Gaertner open normally close to the urethra, only two cases of persistence of the ducts appear to have been seen in the human female. In one case two canals passed from the ovary downwards, opening close to the clitoris. This would support Dr. Kocks' opinion, but the case was reported by Realdus Columbus in 1559, though his absence of bias, due to ignorance of a theory unknown in his day, makes his description from certain points of view more trustworthy. In the second case, where the uterus was bicornute, a single canal ran downwards in the outer wall of the right cornu, passed down to the lower end of the incomplete vaginal septum, and then turned up, opening close to the os uteri. Professor Morrison Watson has described these cases in the *Journal of Anatomy and Physiology*, vol. xiv. More researches are required before it can be made certain that the canals made by Dr. Kocks are constant.

Urinary Paraplegia.

Dr. William M. Ord (in his address on Medicine before the British Medical Association) says: "In relation with the idea that irritation is set up in joints by irritation reflected from viscera, I am tempted to point to the so-called reflex or urinary

paraplegia as illustrating, possibly, a torpor set up in the nerve-cells of the cord, instead of an irritation dependent on centripetal irritation coming from viscera. The name reflex paraplegia, given by Brown-Séquard, has been of late replaced by a safer term—urinary paraplegia. But, whichever name we use, we recognize that an urethral irritation, most commonly dependent on a stricture, is so joined with paralysis or paresis of the lower limbs as to make it probable that the stricture is a cause of which the paraplegia is the effect. The objection—a just one—to the application of the term "reflex" lies in the fact that the paralysis can sometimes be traced to myelitis, in the lower part of the cord, sometimes to neuritis. But, in a certain number of cases, no lesion of cord or nerves has been detected, and to such cases, where the paraplegia and the urethral irritation were the only coexistences, the term reflex might be applied. I do not speak here of other reflex paraplegias. I merely wish to indicate the possibility of some such nerve-relations existing between the urethral surface of man and the joints, between the uterine surface of woman and the joints, carried on by the mediation of the nerves and cord, and to compare them with such relation as we have been treating of as probably existing between the joints and muscles through the cord."

The Relations of Physiology and Pathology.

To the mind of every thinking man, these two branches of our science hold a most intimate relationship; hence, it is gratifying to note that Dr. W. S. Greenfield chose this for the subject of his address at the opening of the section of Physiology and Pathology at the recent meeting of the British Medical Association. He very truly says: "Indeed, in some aspects, there is so much in common between the two, that there is a sort of debatable ground, which may be claimed by either physiologist or pathologist as his proper field of research. Nay, more, there are those who claim for the physiologist as his proper sphere the investigation of all phenomena of animal life, whether normally or abnormally performed. Nor are there wanting those who assert that, since the pathologist deals with those phenomena under the most varied conditions, and since what we call health is but an accidental balance of function and structure, constantly undergoing alternations and perturbations throughout natural life, he is the most capable of deciding how far structure is essential to function, and under what conditions function may be performed. But such one-sided views only serve to show that there can be no absolute severance, nor any but an artificial barrier or boundary-line, between physiology and pathology."

Vaccination with Old Lymph.

As of interest, in so far as it adds some information to the question of the efficacy of old vaccine lymph, we note that Dr. Charles F. Rideal thus writes to the *Lancet*, Aug. 2, 1884:

A short time ago I had the opportunity of testing the efficacy of some lymph collected as far back as February, 1854, by the late Mr. Robert Ceely, of Aylesbury. The contents of six hermetically sealed tubes were tried on six individuals—members of different families—and all of whom have since been successfully revaccinated with recent lymph, with the result that in every case the lymph proved itself perfectly inert. I may say that, contrary to my expectation, the lymph was in a fluid state, and had apparently lost much of its specific gravity, for it was (for vaccine lymph) particularly thin and watery. I regret that I did not carefully examine it microscopically, and that I do not possess any more.

Osmic Acid in Epilepsy.

The employment of osmic acid in epilepsy suggested itself to M. Wildermuth from the value of the drug in cases of neuralgia. At first the acid was used, but later an osmiate of potassium. The medicament was administered as pilules, each containing one milligramme of the active substance. The maximum daily dose employed was fifteen pilules, or fifteen milligrammes. Thirteen patients, the subjects of confirmed epilepsy, were under observation. The remedy was first combined with bromide of potassium, but this method was not followed by good results. Under the sole influence of the osmiate the number of attacks was steadily diminished, as compared with their frequency on expectant treatment. In only one instance, however, was complete immunity conferred.

Fæcal Umbilical Fistula.

The *London Med. Times*, August 2, 1884, reports two cases of this chronic affection, and in each instance a cure was permanently established. The treatment consisted in thoroughly clearing out the alimentary canal by purgative and enema, and then in keeping it in a state of absolute rest by the continuous administration of small doses of opium. At the same time cod-liver oil was prescribed, and the wound was left undisturbed under a pad of dry wool.

Correspondence.

A Curious Diet in Texas.

Eds. Med. and Surg. Reporter:—

In the Reporter of August 16th, is an article from the pen of C. C. Vanderbeck, M. D., Ph. D., etc., etc., having the title "A Curious Diet in Texas." After discoursing somewhat at length on the diet of various people, among others, the Esquimaux, Aborigines, Germans, the Chinese, Hottentots, Japanese, and Dirt Eaters—some of whom the learned gentleman informs us eat skunks, lizards, snakes and offal or excrement, *et id omne genus*, he adds: "But I write more especially to call attention to a custom in the far south of our country, *particularly in Texas*. There it is a common practice for the mothers to chew the food for their children, *regurgitate* and spit it out, and then feed it to them. These people are firmly set in their ways, and any remonstrance is likely to be indignantly opposed. *The bitch will often throw up her food, and then feed the vomit to her young; but doubtless many of my readers imagine in our own land, our citizens could not practice a similar custom.* Snakes and snails, rats and cats, toads and spiders, are a luxury in comparison with such diet. We scorn the diet of Australians, Zulus and Barbarians; but behold, within the jurisdiction of the Stars and Stripes, a people feed on *vomit* and chewed food." The italics are all mine. Now, sir, I have no desire to appear in print, but I wish emphatically and flatly to contradict the foregoing statement, and to denounce it as a vile slander upon as intelligent and cleanly a people, more especially as regards their food, as can be found north of "Mason and Dixon's line," or for that matter, as can be found anywhere within the domain of the "Stars and Stripes."

I have lived and practiced medicine for thirty-one years in Texas, and this is the first time I have ever heard intimated, much less charged, that any human being here ever fed even a dog, much less a child, upon the "*vomit*" of another person. It is true that, though not a *common* practice, sometimes mothers chew up food for their babes, and so feed them; but even that is not as filthy as the nursing-bottles and tubes with which Yankee shrewdness has flooded the country, manage them how you may. And I venture here to assert, without a fear of successful contradiction, that, apart from the influence of malaria, with which God has poisoned the atmosphere of many districts in the South, the children of Texas are as healthy and the mortality among them far less than in Philadelphia.

As for dirt-eating, 'tis far less common than Dr. Vanderbeck supposes. In the nearly a third of a century, I have dwelt in Texas, and with an extensive acquaintance all the while, I can safely and truthfully say I have never known a dozen of even suspected cases, and but three or four in which the fact could be established. The most ignorant classes, the most destitute negroes, are not guilty as charged, and would be as far from so living as would be Dr. V. himself. I would not be understood to be an advocate of feeding children with chewed food where not absolutely necessary, but I cannot see that the saliva of the mother is any more filthy and unhealthy than her milk; and when it is necessary to give chewed food, as is sometimes the case, I can see nothing so criminal that the mother, a nice lady perhaps, should be compared to "*a bitch.*" It is a well established fact that as a rule Southern women mature and marry sooner than their Northern sisters, and have children much faster. Hence it becomes necessary often to wean and rear the offspring by hand. Suitable other food cannot be always be had, the child cannot masticate fer itself, nor can the food always be chopped fine—comminuted—so as to be ready for reception by the stomach in any other way; hence the mother chews up and places the food in the child's mouth, but never so far as I have heard regurgitates—*vomits*—it. Nor have I ever heard in Texas of even one instance in which feeding a child upon chewed food inoculated it with syphilis. Syphilis in the rural districts and small towns of Texas is a *very rare* disease. It is doubtless more common in the cities, particularly where there are Mexicans, but of that I cannot speak positively of my own knowledge.

But I have had my say. I have set nothing down in malice. I have only tried to correct and refute what I *know* of my own knowledge to be a gross libel upon Texan mothers particularly.

Thos. M. Matthews, M. D.

Athens, Henderson county, Texas, Angust 21, 1884.

About Boils.

Eds. Med. and Surg. Reporter:

The query about the treatment and prevention of boils is perennial, and the answers are multitudinous and unsatisfactory. Bartholow says arsenic, sulphide of calcium, or phosphorus, long-continued, will bring to a stop a succession of boils; also, that a strong solution of nitrate of silver in nitrous ether is "most efficient" applied locally to the boil and adjacent territory very early. Fused nitrate of silver applied thoroughly to the center of the boil in the earliest stage is the treatment of some practitioners, but it has never been of the least use in my experience, which has been somewhat large as well as partially personal.

Other remedies which have been recommended from time to time for internal administration are alkalies, sulphur, sulphite of sodium, and tar. An old lay remedy of repute, said to have been learned from the Indians, is milk in which a bar of lead has been boiled. I have never tried this last, but intend to do so, as reports I have heard lead me to believe it has some value. Various herbs of a supposed "blood-purifying" tendency are used by the old women.

An immense number of boils afflicting us gave my father and myself favorable opportunities to experiment clinically, and we have tried all the local treatment we heard or thought of. A fly blister is extremely painful and of very little value; aqua ammonia sometimes does harm; early and deep incisions lessen the subsequent pain; collodion early sometimes influences the subsequent course favorably. Dr. Jackson, in "Letters to a Young Physician," says a crucial incision, the lines of which meet in the *exact* centre of the young boil will abort it—perhaps failure with this is due to missing the middle by a micro-millemeter; lunar caustic is a failure. In the July *Compen-*

idum of Medical Sciences is an article on the local treatment of furuncle which I believe to be more nearly a reconciliation of its pathology and clinical history than any hitherto advanced. Since receiving the the article, my attempts to utilize it have been thwarted by accidental interruption of the antisepsis.

When once one has become convinced of the futility to abort furuncle, any simple poultice may be used to promote suppuration. For my own boils I much prefer simple vaseline spread thickly on a piece of muslin. As soon as fluctuation can be felt, open deeply with a sharp bistoury, and expel the pus. Remove the core with a delicate pair of forceps soon as it is formed, and keep on the vaseline for a day longer. The crop of small pustules which spring up around the site of a large boil are best treated by the local application of spts. camphoræ, repeated on evaporation until a laver of camphor is formed.

All attempts to abort or prevent a succession of boils are unsatisfactory, though all the methods named above succeed in some cases. If the boils are your own, a course of experiments with them is interesting. If they are your patient's, put him on one-grain gelatin-coated pills of sulphide of calcium every three hours, and vaseline locally. If they still come, try phosphorus next, and after that arsenic internally. If each of these three continued for a month does no good, you are justified in trying anything else your knowledge of the physiological action of drugs may suggest. Remember that furuncle sometimes gets well without or in spite of treatment.

G. Walter Barr, M. D.

Bridgeport, Ill.

FOREIGN CORRESPONDENCE.

Medical Study in Germany.

Eds. Med. and Surg. Reporter:—

Vienna is the great, so to say, fashionable medical centre (a Scotch physician does not think his medical education complete if he has not been at least a *semester* in Vienna); here in the large court-yards of the Allgemeines Krankenhaus physicians of all parts of the world meet, almost all possible tongues are heard (I met six American female physicians during my ten weeks' stay), all come to profit by the large amount of material and hear the great teachers—if all profit is another question; those who stay but a short time do not understand the German language, or are insufficient in anatomy, physiology, pathology, etc., are apt to go away rather confused than enlightened. Courses (practical) can be taken in Vienna in all possible branches of medicine, they are from five to six weeks' duration, and cost at an average, $10 to $15 per course; any one can take part in the courses (no papers necessary), the number of students admitted in a course is generally ten to fifteen. It may happen that two to three months have to be waited before a course can be entered. The material is plentiful, therefore, the cases follow for the those who are not sufficiently theoretically posted, in too rapid succession, and tend to confuse.

The life in Vienna is much more expensive than in any of the German cities.

The regular clinics of Billroth, Nothnagel, etc., can be visited free of charge by giving a card to the respective first assistants; they are overcrowded. Billroth is the very ideal of an operator; but he speaks very little, and with a low voice, it is difficult to understand him, therefore, for those who sit a little high up.

In Berlin, also, practitioner's courses have been started some time since; each course lasts four weeks, and the number of attendants is limited to six—an advantage over the Viennese courses—the instruction is thorough and systematically, but the material is as yet rather small, as the royal polyclinic is not yet at the disposal of the privat docents, who run these courses; they have started private clinics for themselves, the faculty being opposed to the practitioners' courses, pedantically thinking that everyone ought to immatriculate for a full semester, who want to study in Berlin. The fee for a course is $7.50. The clinics of Bergmann, Martin, etc., may also be visited free of charge, for a short time, by presenting a card. Bergmann, also, is an excellent operator, and besides a good speaker and instructor. In the clinic he is perfectly at ease, no haste, no excitement, the very opposite from what your reporter in one of your journals found him to be in his private office.

Those who wish to pursue theoretical studies, and immatriculate for a full semester (any physician with a diploma can do so), best go to one of the medium and small German universities, as Leipzig, Munich, Halle, Kiel, etc., here the classes are not over-filled, the mind is not so much derivated from study as in large places, and the living is cheap. The different institutes for theoretical study are excellent; Munich has besides, the advantage of being the centre of arts, and offers, therefore, many recreations; in Leipzig is good music during the winter; Halle has magnificent new clinical structures (excellent clinic of Volkmann), and Kiel, as the smallest place, gives the best chance for quiet study, and has besides, excellent instructors, who give all possible facilities to students.

In all German clinics the same minute attention is paid to cleanliness. Operator and assistants all wear white linen coats, hands and finger-nails particular attention is paid to; also the parts to be operated upon are dressed antiseptically twenty-four hours before the operation, are shaved and cleaned. In Esmarch's clinic in Kiel, all reservoirs for antiseptic solutions, all pans and dishes for instruments, etc., are from heavy white, transparent glass, the tables are covered with heavy, polished, transparent glass plates, so that all particles of dirt may be detected; the fragility of the material does not prevent the Professor from using it.

Berlin, Aug. 5, 1884. J. H. Voje, M. D.

—Dr. W. Thornton Parker, of Fort Union, N. M., writes to the *Med. Record:* "Among the recruits lately arrived at this post is a man who was vaccinated successfully when two years of age. Soon afterward he contracted small-pox, and in May of this year was again successfully vaccinated."

News and Miscellany.

Sanitary Rights of Tenants.

The frequency with which people go to court for redress from injury suffered through poor plumbing makes the following comment of one of the New York City judges quite appropriate: "It would seem, however, from the number of cases which come before the court for determination, that plumbing is deemed exceptional in its character.

"The roof may leak, the plastering give way, the doors and windows be broken, and other misfortunes incident to housekeeping may occur, and no claim is made that an eviction has been established, or a right of action has accrued against the landlord for the tenant's ill health; but if a pipe becomes filled up (by neglect or otherwise), or if the solder becomes loosened, or the pipe itself becomes deranged, or the main sewer is in such a condition as to empty the traps, the tenant for some reason claims that a different rule applies.

"Now, if a tenant elects to hire a house which empties into a sewer, with ramifications throughout his sleeping apartments, he does so with all the liabilities that such an election engenders, and with full knowledge that no plumber has yet been able to keep out the gas or prevent the smells.

"The repairs of a sewer-pipe are not different from the repair of a window or a door, and the distinguishing injury arising from such neglect is not only incidental and remote, but as a matter of fact, is the result of the tenant's own election. He hired the premises with full knowledge of these connections, and the landlord is not chargeable with such consequential injuries as may arise from any defect that time and use produce. Under such circumstances, smells and even sickness are not only not extraordinary, but are inevitable; and I fail to see how this furnishes any ground of action against the landlord. * * * * * The charge of concealment and deception in this class of cases is undoubtedly an outgrowth of anger, which has its source from the painful effects of such defects; but the law in its present state furnishes no remedy to the tenant that I know of, and it rests with the Legislature to make landlords and builders liable in such cases, for the common law throws the responsibility upon the tenant, and I know of no provision which exempts the plumbing or the sewer fixtures from these well-settled provisions."

Over-pressure at Schools.

That the majority of city girls, the daughters of well-to-do parents are subjected to too much mental and too little physical training there can be very little doubt. In order to draw more attention to this subject, we note the following from the *Brit. Med. Jour.*, August 2, 1884:

"In his recent periodical reports on the health of Kensington, Dr. Orme Dudfield has contributed some interesting facts in connection with over-pressure at schools. In the report for June last, he observes that one out of four deaths registered from enteric fever occurred in a female child, aged eight years, whose sister, aged eleven, died on June 1, after six days' illness, from congestion of brain and convulsions. Referring to the latter death, the medical man added the following note to his certificate: 'This is the second child in my practice, within a week, whose death has been accelerated by overpressure at a board-school.' Dr. Dudfield is informed that the symptoms in both sisters were similar, so that it may be a question whether both cases were not of the same nature. An earlier report contained an account of the death, under peculiar circumstances, of a school girl, aged twelve. Feeling unwell, she was sent home; and on the next day was taken to one of the so-called 'dispensaries,' a doctor from which attended her at home until she died. This doctor refused to certify the cause of death, and an inquest was called for; the result of the post-mortem examination resulting in a verdict of death from typhus. It is possible, however, as Dr. Dudfield observes, that the child may have died from brain-trouble, *e. g.*, meningitis. Her father stated that she was much excited and anxious in connection with an approaching school examination, and that, until she became delirious on the third day preceding death, she was constantly engaged in calculations, recitations, etc, Curiously enough, after the report was in type, Dr. Dudfield received notice of the death of a girl of the same age (12), a pupil at a board-school, from 'over-application to study: meningitis.' Dr. Dudfield adds, as worthy of mention, that, some few years ago, the death of a young lady was certified as typhus, which, after careful inquiry, he satisfied himself was really due to over-application to study, leading to meningitis."

Sanitary Paving of Streets.

The following suggestion from the *British Med. Journal* is worthy of reproduction:

"At the present season, when the imperative necessity of immediately removing anything that may contaminate the atmosphere, or serve as a medium for the dissemination of the germs of disease, is fully recognized, it is not much to be desired that our streets, and especially our back streets and slums, should be more generally paved with some material, such as asphalte, which, being non-absorbent and impervious, cannot retain any liquid impurity, while its perfectly smooth and level surface is not only washed down by every shower of rain, but offering no obstruction to the free action of the broom, is kept perfectly clean with the greatest ease, preserving the atmosphere in a sweet and wholesome condition?"

A Woman Resident in the Philadelphia Maternity Hospital.

At a recent meeting of the Obstetrical Staff of the Maternity Hospital the following resolution was unanimously adopted: "*Resolved*, That the Obstetrical Staff of the Maternity Hospital desire, if agreeable to the Board of Governors, that a female resident physician be appointed to serve in the Maternity Hospital, the length of term to be regulated by circumstances, not longer than one year." This resolution was presented to the Board of Governors at their regular monthly meeting, held August 26, at the hospital, when they unanimously resolved

1. That the Maternity Hospital should have a resident physician; and,
2. That the resident physician must be a woman.

Items.

—Mr. Thomas Jones reports in the *Lancet*, Aug. 2, 1884, a successful extirpation of the larynx for epithelioma.

—In the *Medical Record*, August 16, 1884, Dr. C. C. Stockard reports a fibro-cyst of uterus weighing one hundred and thirty-five pounds.

—In the *Lancet*, August 2, 1884, Mr. Charles N. Macnamara reports a case of obstruction of the œsophagus successfully treated by gastrostomy.

—The true use of a porous plaster, according to a Milwaukee druggist, is "to retain the back in its proper place and let the pain crawl out through the holes."

—In the *British Med. Jour.*, Aug. 9, 1884, Dr. W. A. Meredith reports fifty cases of completed ovariotomy, with brief notes of nine other cases of abdominal section.

—In a case of mammary cancer in a young married woman in the fifth month of pregnancy, MM. Trélat, Polaillon, Terrillon, Guéniot, and Verneuil all advised immediate operation.

—"So you prefer my medicines to those of Dr. Pillsbury, Mrs. Mulligan?"

"Och, indade, dochter dear, ye're a deal better than th' other ould humbug."

—In the *Lancet*, August 2, 1884, Dr. Judson S. Bury reports a case of congenital contraction of the orifice of the pulmonary artery from fusion of the valves; foramen ovale open.

—The Queen of England has appointed Sir Prescott Gardiner Hewitt, Bart., F. R. S., to be one of her Majesty's Sergeant-Surgeons in Ordinary, in the place of the late Mr. Cæsar Hawkins.

—An eburnated exostosis of the frontal bone, filling up the orbital cavity, has been removed by M. Badal by means of mallet and chisel, healing taking place without damage to the eye or vision.

—Boegehold reports a case in which, during the removal of a malignant tumor of the neck, the thoracic duct was opened. Simple compression controlled the escape of chyle, and the wound did well.

—Gastrostomy, Radical Cure of Hernia, and Thyroidectomy, was the title of Sir William MacCormac's address at the opening of the section of Surgery at the last meeting of the British Medical Association.

The *Glasgow Medical Journal*, for August, 1884, contains an excellent article by Dr. George S. Middleton, on the pathology of pseudo-hypertrophic muscular paralysis, with remarks on a so-called degeneration of the nervous system.

—A preliminary meeting has been held, and the necessary steps taken, for the formation in Glasgow of a Society for the Prevention of Cruelty to Children. It is to be on the same basis as those already existing in London and Liverpool.

—The *Therapeutic Review* says, "Methyl salicylate (oil of winter-green), mixed with an equal quantity of olive-oil, or linimentum saponis, applied externally to inflamed joints affected by acute rheumatism, affords instant relief, and, having a pleasant odor, its use is very agreeable."

—The first factory in Scotland for the manufacture of ice has been established at Hogganfield, near Glasgow. The ammoniacal process is the one that has been adopted, and the ice is to be frozen from filtered Loch Katrine water. The increased demand for pure ice, in health as well as in sickness, and the difficulty of obtaining it free from organic impurities, marks this as an undertaking of considerable importance and public utility.

—Prof. Da Costa teaches that in the early stages (before contraction) of interstitial hepatitis (cirrhosis), a cure may be effected, but that after contraction nobody ever recovered. He has seen the disease in women who did not drink, and the worst case he ever had was in a boy four years old, in which the diagnosis was confirmed at the autopsy. Inherited syphilis is a cause of it. In the early stages the remedies are leeches, sulphate of magnesium, cream of tartar, iodide of potassium.

QUERIES AND REPLIES.

In answer to the query of M. S., in REPORTER for August 9, I have used pills of calcium sulphide gr. $\frac{1}{10}$ t. i. d., with excellent result. Yours truly, SPENCER M. FREE, M. D.

EDS. MED. AND SURG. REP.—

What is the best treatment for gelatinoid polypus? Would like to have opinions through the columns of the REPORTER from the profession. S. M., M. D.

MARRIAGES.

EAKIN—TEVIS.—In Philadelphia, on July 31, by Rev. Matthew Newkirk, D. D., Dr. A. Louis Eakin and Margaret W. Tevis.

HANES—STONE.—At St. Paul church, Cincinnati, Ohio, July 23, 1884, by the Rev. Daniel Benedict, D. D., Dr. J. C. Hanes, of Wyoming, Iowa, to Miss Eunice A. Stone, of Cincinnati.

KING—BUTLER.—In New York, Thursday, August 7, by the Rev. Henry Chamberlain, Oliver R. King, M. D., to Mary W., daughter of Henry Butler.

RISHEL—ARMSTRONG.—June 18, by Rev. T. R. McDowell, George P. Rishel, M. D., of Bellefonte, Pa., and M. Louise Armstrong, of Fair Hill, Md.

DEATHS.

BARNES.—In St. Louis, July 15, A. F. Barnes, M. D., after a long and painful illness, in his 58th year.

BEARD.—In Evansville, Ohio, July 26, of lockjaw, after a short illness, Dr. S. C. Beard, aged 35 years.

CHANDLER.—In New Orleans, July 18, 1884, Dr. Wm. S. Chandler, aged 74 years, a native of Hopkinton, N. H., and a resident of New Orleans for the past forty years.

DAYHUFF.—In Kokomo., Ind., July 22, Dr. And. F. Dayhuff, aged 57 years.

PARRISH.—Of paralysis, in the county of Goochland, Va., on the 4th inst., Dr. Robert G. Parrish, in the 76th year of his age.

VALENTINE.—At Lucerne, Switzerland, on Thursday, August 7, 1884, Samuel M. Valentine, M. D.

WEBSTER.—In St. Louis, Dr. A. W. Webster, July 30, in the 77th year of his age.

WOODWARD—In Philadelphia, Pa., suddenly, on August 17, Dr. Joseph Janvier Woodward, U. S. Army, in the 51st year of his age.

THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Lecture.

FRENCH THEORIES ON CHOLERA.

BY M. LEREBOULLET,

Of the Paris Faculty.

The question of the day before the French Academy is cholera at every point of view. Among the most important communications are those on prophylaxis of the disease by M. Noël Gueneau de Mussy, which have their foundation in the similarity of propagation of typhoid fever and cholera.

It is very evident that the French savants have keenly felt the discovery by the German professor, Koch, of a microbe, special to the disease, in the intestinal dejections of choleraic patients, after the scientific envoys of M. Pasteur to Alexandria had asserted that none such existed.

In a recent article on the subject, M. Lereboullet, of the Paris Faculty, very largely considers this part of the subject.

MM. Straus and Roux have studied at Alexandria and Toulon the pathological anatomy of cholera. They found that the lesions observed were identical in both epidemics. They have sought to discover, with the greatest care (and their competence in such research is undeniable), if there existed any microscopic organism which might be considered as the specific infectious agent of the disease and they have failed to find any such bacillus or microbe.

Well acquainted with the works of Prof. Koch, having assisted in his researches, using the same reagents, they have, like him, found that in the intestinal dejections of individuals dying of cholera there existed a microbe of special dimensions and form. But, on the other hand, they have found that this microbe was not always present; and, again, that it could be found, not only in cholera, but also in ordinary dysenteric dejecta (malassez), in the vaginal mucus of women suffering from leucorrhœa, and in the uterine secretions of a woman having epithelioma of the os.

These observations would seem to prove that the exterior form of a microbe is not sufficient alone to characterize it, and that in the absence of direct proof, which might result from a fertile inoculation, the affirmation of M. Koch must be received with a certain amount of reserve. One fact is of very great importance, and that is the very rapid multiplication and constant appearance of these bacilli in the intestinal mucus of subjects dying very suddenly from cholera.

If, as has been asserted, a large number of these microbes be found in the intestinal mucus rapidly taken from the subject just after death from the disease, and if these special microbes described by Prof. Koch are also found later in the course of the malady, it may be possible that they constitute the infectious agent in the disease.

But whatever be the value of this pathologic discovery, it must be admitted, that of all the maladies possessing elements of contagion and infection, cholera, in its modes of evolution and transmission, appear most compatible with the hypothesis of causation by an animated germ or microbe.

If it be proven later that Prof. Koch has been mistaken as to the form and nature of the bacillus described by him, it is probable that some other

observer may discover a characteristic element remaining fertile after several cultures.

What remains demonstrated, and has even been admitted by M. Jules Guerin, is the transmissibility of the malady, or, in other words, its contagiousness, a fact established by a number of well-authenticated observations.

But if, as has been admitted, cholera is transmissible from the sick to those in health, it is no less proven that the elements of contagion are contained in the choleraic dejections, that is in products elaborated in the intestine, rich in infectious germs, and, whether or not the doctrine of Pettenkofer be admitted, susceptible of reproduction in the soil where such dejections are deposited. After such reproduction, these germs undubitably acquire greater virulence, and transmit the malady through drinking water and by means of alimentary products, on which they may be deposited.

If the truth of these assertions be recognized, it appears difficult to admit any points of resemblance between this very grave epidemic disease and the cases of sporadic cholera or cholera morbus which occur during the hot months. M. Ernest Besnier has presented a very clear exposé of this part of the subject.

At a clinical point of view, cholera morbus, or cholera nostras, as it is sometimes called, may present, in certain very exceptional cases, some analogy with Asiatic cholera. But it never kills within a short period of time a large number of individuals, as does the other. From 1875 to 1883 it caused but 120 deaths at Paris out of a population of 2,300,000; that is, only about 14 each year. Again, this summer cholera attacks at the same time many cities more or less distant from each other: it does not invade successively one city after another where individuals have arrived, in apparent health, from the city first affected.

Epidemic cholera breaks out suddenly in a city after the arrival of a vessel from an infected port, or soon after the introduction of germs, imported by individuals coming from a city already attacked by the epidemic.

Epidemic cholera, causing in a short space of time numerous deaths, has never been spontaneously developed in a city far from the seaboard, like Paris, Vienna, or Berlin. In every epidemic the malady has raged for a certain length of time in the seaports before appearing in these central cities. The fact that the disease seems to appear simultaneously in different parts of the city, does not prove that it was not originally the result of contagion.

As regards the present epidemic, the cholera which first took root in one quarter of Toulon (La Division), did not appear at Marseilles until after the arrival in the latter city of individuals emigrating from Toulon, and at the commencement of the epidemic the first cases were traced to two places from which they originally started. The same observation was often made in anterior epidemics. It will suffice to prove this to read the instructive memoir contributed by M. Jules Worms to the *Gazette Hebdomadaire* in 1865.

But even when the direct filiation of all the cases related cannot be established, a few negative cases will not suffice to offset the great number of positive facts, which demonstrate that the epidemics follow one on the other, and that it was possible in 1865, as in the preceding epidemics in 1822, in 1830, and in 1846, to follow, step by step, the progress and extension of cholera.

M. Jules Guerin has very ably attempted to demonstrate that cholera is often developed spontaneously in the large cities, where it appears in the same manner as summer cholera; but, if he considers the history of anterior epidemics, he will find it difficult to escape the fact that their course and importation from city to city has been distinctly traced. And if he recognizes this extension as occurring in any one epidemic from one place to another, how can he reconcile this fact with the doctrine he has attempted to demonstrate, of the identity of epidemic cholera with the cholera morbus of the hot months.

We repeat what we have already said regarding the very rapid progress of the disease, which has swept away so many victims at Toulon and Marseilles. "If it be admitted that the choleraic germ is developed in the intestines and transmitted by the dejections, it can be very readily understood how different quarters of the same city may appear to become infected at the same moment. It is generally admitted that at the debut of the epidemic, some of the individuals affected are at first, during the period of prodromic or premonitory diarrhœa, able to be about and attend to their usual occupations. By such patients several quarters of a city might be almost simultaneously infected through the water-closets and sewers into which their choleraic discharges find their way. Another source of rapid spread of the disease would be by provisions coming from infected houses.

"If it be necessary to reject, in part, the telluric theory advanced by Pettenkofer, as it explains neither the epidemics developed on board ships, nor the transmission of cholera by cloth-

ing and merchandise, still he may be in the right when he asserts that the choleraic germ, in order to become noxious and infectious, has to undergo certain transformations similar to those observed in animals of alternating generations? This doctrine, if true, would explain why direct inoculation of the disease has been attempted in vain. It explains, also, the sterility of the germs collected by Koch and cultivated in liquids, perhaps, unfavorable to this transformation."

Perhaps this theory would also account for the fact that the cholera seems to disappear in Provence and in Italy without attacking the large cities, which are better cared for, at a hygienic point of view, and therefore do not offer a soil so favorable for the production and propagation of the infectious germs.

We have already remarked, when citing the proportion of deaths in anterior epidemics, that, like most exotic diseases, which seem to gradually become extinguished in places which have been several times attacked, cholera diminishes in gravity. The epidemic of 1873, which was certainly imported from without, disappeared after attacking several cities of Normandy and Paris, where it caused but 855 deaths. It is to be hoped that such may be the case for the present epidemic. That the disease has not already attacked Paris and other northern cities, notwithstanding the numerous ways of communication and the absence of prophylactic measures, must undoubtedly be due to the vastly improved hygienic conditions in all the large towns.

COMMUNICATIONS.

METRICAL ANATOMY.

BY JOHN M. WHITE, M. D.,
Of Pleasant Ridge, Ala.

THE EYE.

The antero-post. diameter of the eyeball is about an inch, and exceeds the transverse by about one line. The segments of the larger sphere forms about $\frac{5}{6}$ of the globe, and the smaller shere forms the remaining $\frac{1}{6}$. The cornea forms the anterior $\frac{1}{8}$ of the globe, and is 10 to 11 mm. in diameter. "It is not quite circular, being a little broader in the transverse direction." The larger ciliary processes are each about "$\frac{1}{10}$" of an inch in length. The circular fibres of the iris form a band about "$\frac{1}{30}$ of an inch" in width. The ciliary ligament is about $\frac{1}{40}$ of an inch thick. The ciliary muscle is a circular band about $\frac{1}{8}$ of an inch broad on the outer surface of the fore part of the choroid. The optic nerve enters the retina about $\frac{1}{10}$ of an inch to the inner side of the yellow spot. The lens is $\frac{1}{3}$ of an inch in the transverse diameter, and its anterior-post. diameter $\frac{1}{4}$ of an inch, and is about this distance behind the cornea. The canal of Petit is $\frac{1}{10}$ of an inch wide.

THE EAR.

The auditory canal, from the bottom of the concha to the membrana tympani is an inch and a quarter in length, "is curved upon itself so as to be higher in the middle than at either extremity." The cartilaginous portion is about $\frac{1}{2}$ an inch in length, and the osseous portion is about $\frac{3}{4}$ of an inch in length, and narrower than the cartilaginous portion. "Its inner end is smaller than the outer," being 7 to 9 mm. in diameter. "The anterior wall projects beyond the posterior about 2 lines."

THE MIDDLE EAR.

The cavity of the tympanum measures about 5 lines from before backwards, 3 lines in the vertical direction, and between 2 and 3 in the transverse, being a little broader behind and above than it is below and in front." The Eustachian tube is from an inch and a half to two inches in length. "The osseous portion is about $\frac{1}{2}$ an inch in length," and at its lower end it is 2 to 3 mm. in diameter. The cartilaginous portion is about 1 inch in length. Its canal is narrow behind, wide and expanded in front, terminating by an oval orifice at the upper part and side of the pharynx, behind the back part of the inferior meatus. Where it opens into the pharynx, it is perhaps 4 mm. or more in diameter, but it is capable of dilatation or contraction.

THE INTERNAL EAR.

"The vestibule measures about $\frac{1}{5}$ of an inch from before backwards, as well as from above downwards, being narrower from without inwards." The semi-lunar canals measure about $\frac{1}{20}$ of an inch in diameter, and the ampulla measures a little more than $\frac{1}{10}$ of an inch. "The cochlea measures about a $\frac{1}{4}$ of an inch in length, and its breadth towards the base is about the same." The spinal canal is $1\frac{1}{2}$ inches in length along its outer wall. The commencement of the canal is $\frac{1}{10}$ inch in diameter. The membranous semi-circular canals are about $\frac{1}{3}$ the diameter of the osseous canals.

In tenotomy of the tensor tympani the knife may be passed about 3 mm. into the tympanum.

THE NASAL FOSSA.

From floor to roof of nasal fossa measures about 4 cm. From near anterior nasal spine at margin

of the anterior nares to front part of inferior turbinated bone, is 15 to 17 mm. From anterior nasal spine to post-nasal spine is 5 cm. From lower lateral margin of anterior nares near anterior nasal spine to lower lateral margin of the post nares is about 5 cm. The two anterior nares will measure 25 mm. in the transverse direction at the lower part, measuring across the post-nares from one hamular process to the other, it is 3 cm. "Each aperture of the post-nares measures about an inch in the vertical, and half an inch in the transversal direction." The anterior palatine canal is 3 to 4 mm. within the margin of the nares. From post-nasal spine to bony opening of the Eustachian tube is 45 mm., and it is 20 mm. from post-nasal spine to where the Eustachian tube opens into the mucous membrane of the pharynx.

THE MOUTH.

From the incisor teeth to post-nasal spine it is 52 mm. The post-palatine canal is 14 to 15 mm. deep and 2 to 3 mm. in diameter. One is sometimes larger than the other. They are situated 5 cm. from the incisor teeth. From canine tooth of the opposite side to the osseous opening of the Eustachian tube is 90 to 93 mm., and from same tooth to membranous opening of the Eustachian tube it is 65 mm. From incisor teeth to tip of the hamular processes is 55 to 56 mm. The hamular processes are 2 cm. from the post-nasal spine. "The duct of the parotid gland is about 2½ inches" in length and about 1 mm., or a little more, in diameter. Wharton's duct is 2 inches in length.

"THE PHARYNX

is about 4½ inches in length and broader in the transverse than in the antero-posterior diameter."

THE ŒSOPHAGUS

is about nine inches in length and its coats about 2 to 3 mm. in thickness. A knowledge of the distance from the incisor teeth to hamular processes and post-nasal spine is useful in the operation of staphyloraphy. The hamular processes project below the margin of the hard palate very near 1 cm., and sometimes not beyond 8 mm.

BASE OF THE SKULL—EXTERNAL SURFACE.

The vidian canal is about 9 mm. deep and less than 1 mm. in diameter. The pharyngeal spine is 33 mm. from the posterior nasal spine. The foramen ovale about 4 or 5 mm. in diameter transversely is 3 cm. from the tip of the hamular processes and about 21 mm. from tip of the external pterygoid process. It is 8 or 9 mm. from its inner side to the outer side of the foramen lacerum medium at vidian canal. About 4 or 5 mm. behind the foramen ovale is the foramen spinosum it is nearly 1 mm. in diameter and 6 mm. in depth. The spinous process of the sphenoid is about 23 mm. from the vidian canal, and the vidian canal and foramen lacerum medium is 34 mm. from the posterior nasal spine. The styloid process at its middle is 44 to 45 mm. from the hamular process, and is 10 mm. from the lower margin of the ext. auditory canal. It is "about an inch in length," and varies in size and shape, and is 14 mm. from tho spinous process of the spheroid. The styloid process is 45 mm. from the hamular process, and 3 cm. from tip of external pterygoid process, measuring from its base. The stylo-mastoid foramen is 1 mm. or a little more in diameter. The foramen lac. medium is 8 mm. in its transverse diameter, and 2 cm. from same foramen of the opposite side, and 12 mm. from upper and posterior part of the vomer. The carotid canal is 7 mm. in diameter and 12 mm. in depth and its inner edge is 15 mm. from the foramen lac. medium. It is 5 to 6 nm. from its anterior margin to the osseous opening of the Eustachian tube, and 11 mm. from nearest part of the foramen ovale. It is 10 mm. from base of the styloid process. The vidian canals are 35 mm. apart. The foramina ovale 55 mm. apart. The foramina spinosum 65 mm., and the osseous opening of the Eustachian tube 60 to 62 mm. apart. The carotid foramina are about 55 mm. apart.

THE ZYGOMATIC FOSSA AND SPHENO-MAXILLARY FOSSA, ETC.

Twenty-five mm. is the distance from the zygoma where it articulates with the molar to the surface of the sphenoid just above the pterygoid ridge, measuring in a horizontal direction, but the distance varies somewhat, not being the same on both sides. The foramen ovale is 45 mm. from the zygoma, where it articulates with the molar. From same point on zygoma to surface of external pterygoid plate near its root is 37 to 42 mm. It is about 42 mm. from the zygomatic articulation to the lower part of the pterygo-maxillary fissure. From zygomatic articulation to inner wall of the spheno-maxillary fossa is 45 to 47 mm., though there is a slight difference in depth in the two sides. From under part of zygoma where it articulates with the molar to external opening of the foramen rotunda is about 37 mm. The foramen rotunda is 4 to 5 mm. in depth, and from same point to external opening of the vidian canal it is 46 mm. (See REPORTER, February 23, 1884.)

Correction.—The infra-orbital canal is about 12 mm. in depth to where it ceases to be a canal, and

measuring through it to the spheno-maxillary fissure it is about 25 mm., and not 17 mm. in depth as stated before. The depth and size of this canal should be considered in the operation of gouging out the second branch of the fifth nerve for cure of neuralgia. The foramen magnum is 4 cm. antero-posteriorly, and 3 cm. in its transverse diameter, measuring from just behind the condyles. Its anterior margin is 43 mm. from the posterior nasal spine.

REMARKS.

The above measurements are for the adult—they vary, of course, in different individuals somewhat. They do not *vary*, however, more than the measurements of different pelves, and they will, I hope, be of service to the surgeon as pelvic measurements are of service to the obstetrician. If people generally knew that the distance from the bottom of the concha to the membrana tympani is only $1\frac{1}{4}$ inches, perhaps they would not so often rupture this membrane by introducing hairpins, etc., too deeply into the ear. A knowledge of the metrical anatomy of the eyeball, and the distance to the lens may be useful in the operation of removing cataract. The metrical anatomy of the nasal fossa will show to the surgeon the size to make his plug in the operation of plugging the posterior nares; it will aid him in removing foreign substances from the nose, and in introduction of the Eustachian catheter. A knowledge of the metrical anatomy of the base of the skull, its foramina, and their metric relations to the pharynx, may be useful to the surgeon (as the distance from the posterior nasal spine to the anterior margin of the carotid foramen is 56 mm., or 5 cm., and the posterior margin of the carotid foramen is 43 to 45 mm. from the tip of the hamular process). If he deems it practicable to make compression on the internal carotid artery at the carotid foramen in case of wound of this vessel, it may aid in the operation of division of the second branch of the fifth nerve for cure of neuralgia, by showing the depth of the zygomatic fossa, and by showing the metrical position of the styloid process; it may be useful in operations on the parotid gland. The thickness of the walls of the pharynx should be noticed in the operation for stricture of it.

ON MEMBRANOUS CROUP.*

BY R. W. HUTCHESON, M. D., M. R. C. S.,
Of Queen's County, N. Y.

I will briefly relate the particulars of a case which recently came under my care. It is that of a girl, aged 13, residing at the village of Baldwin. About three weeks previous to her illness she suffered from a severe sore throat, which was attended with fever, enlargement of the glands of the neck, white patches in the throat, and fœtid breath. As the mumps were prevailing in the neighborhood at the time, her friends came to the conclusion that she was suffering from that disease, and consequently did not seek the advice of a physician. The girl, however, was kept within doors until the 11th of March, when, although still suffering from general weakness, she persuaded her mother to allow her to go to Sunday-school. In consequence of the exposure, she was taken seriously ill that night with fever, hoarseness, and dyspnœa, and was unable to sleep. She was no better on the following day. On Monday night, March 12, she became so much worse that her friends thought she would die before morning. I saw her on the 13th. I found her sitting up, being unable to lie down; her countenance was pale and somewhat bloated; temperature, 102; pulse small, weak, 120 in frequency; respiration, 30. Her voice was husky and almost suppressed; there was a frequent cough, which was dry, brassy, suffocative; in other words, croupy—a sound somewhat difficult to describe, but when once heard, can never be forgotten. The tonsils were congested and enlarged, and indentated from previous ulcerations. There were also numerous white spots scattered over them, about the size of duck-shot, which were evidently of recent date. The tongue was coated; bowels regular; urine free from albumen.

I ordered the patient to be put into a warm room with a temperature of 75° F., and that the air should be saturated with steam. I also directed the patient to inhale steam from lime-water for twenty minutes every two hours, unless she should sleep. This had a salutary effect. It moistened the air-passages, thinned the secretion, and thus enabled the patient to expectorate more easily. The medicine prescribed was twenty drops of the balsam of copaiba, with glycerine and gum, taken every two hours. Her diet consisted of beef-tea and a liberal supply of milk.

In consequence of this plan of medication the more urgent symptoms were arrested, and continued so until Thursday morning, March 15, when, after a severe paroxysm of coughing, the patient was seized with a violent fit of suffocation; after which, the dyspnœa increased and became more noisy. These attacks were renewed in frequency and violence, the patient becoming

*From a paper read before the Queen's County (N. Y.) Medical Society.

almost black in the face, and each fit of suffocation threatening a speedy dissolution.

The girl was now very restless; beads of perspiration covered the skin, and each muscle of respiration was exerting itself to draw air into the lungs. The neck thus appeared elongated, and the supra-sternal region hollowed out; while the epigastric region was drawn in, the lower ribs collapsed and the respiratory murmur suppressed.

It was thus evident to all present that unless some relief could be obtained the girl could not survive many hours. I, therefore, suggested tracheotomy as a dernier resort. I explained the operation to the patient and friends, who at once consented to have it done—the girl, now fully realizing her condition, nodding assent thereto.

I procured the services of my friend, Dr. G. Hammond, of Freeport, who very kindly assisted me. Chloroform was administered, but not in sufficient quantity to produce complete insensibility. I had very little difficulty in making the incision and introducing the canula. The relief was immediate, the friends at once exclaiming, "How easily she breathes." The relief was visible to all.

For four days we found that by closing up the outer orifice of the canula no air could pass through the larynx; but on the fifth day, after hawking up some hard lumps, the air passed readily, and on the sixth day after the operation I removed the canula, and closed the wound. The wound healed very readily, and the patient made a rapid recovery.

I might mention that several of those who sat up with the girl and assisted in nursing her, were taken down with fever and sore throat with white patches, thus showing the infectious nature of the disease.

This is a case of common occurrence; every practitioner of medicine is called upon to treat cases of this description every year. Although generally very unsatisfactory to manage, they are nevertheless very interesting cases. Take, for instance, the diagnosis: Under what nosological head would you put the above-mentioned case? Some of you would say, Why, it is a case of croup; others, No, it is laryngitis; while probably those of you who are acquainted with the latest writings on the subject would call it diphtheria. The poet says that a rose would smell as sweet with any other name. So we find that in this case the pathological condition is the same whether you call it croup, laryngitis, or diphtheria, to wit, an inflammation of the larynx, leading to the formation of a pseudo-membrane, which, acting mechanically, prevents the access of air into the lungs, thus causing asphyxia.

It may be mentioned once for all, that these remarks have no reference to what is called catarrhal croup, or catarrhal laryngitis, which is generally a simple affair, and only proving fatal through the grossest neglect and bad management. It is generally more sudden in its accession, and is attended in a marked degree with what is called a neuropathic element, namely, spasm of the muscles of the larynx. The cough in catarrhal croup is therefore more sonorous, with less of the metallic ring about it than in that of the more formidable pseudo-membranous variety. Emetics, too, act very differently in the two diseases: they are specific in the one case, while they are dangerous in the other, and generally lessen the chance of recovery.

You are all familiar with the fact that at the present time there is a sharp controversy going on among pathologists and physicians with regard to the identity or non-identity of the pseudo-membranous croup and diphtheria. On the whole, it appears that the former theory is gaining ground; and accordingly we find that in the more recent works on the Practice of Medicine (Bristow's, for example), the two diseases are classed under the same head.

Without going very deeply into the controversy (for you are all familiar with the subject), let me mention briefly one or two points that have been brought forward in opposition to the theory that they are identical.

First. It is argued by some that diphtheria is a blood disease, and pseudo-membranous croup only a local trouble. This, I conceive, is a distinction without a difference. We are all familiar with the fact that diphtheria more often kills by asthenia than by apnœa; and yet, when a membrane does form in the larynx in a recognized case of diphtheria, has any one been able as yet to point out any difference between that membrane and the one formed in an ordinary case of pseudo-membranous croup?

It is my firm conviction, after some years of observation and study, that whenever we have an inflammation of pharynx or larynx, which is attended with the formation of a pseudo-membrane, the affection may be set down as due to diphtheria. And I think if you would investigate all the cases of pseudo-membranous inflammation of the larynx, which come under your observation, you will find that if there are not unmistakable signs of diphtheria present, you will ascertain, in

the majority of the instances, a distinct history of a previous attack in the patient himself or some members of his family. In some instances the attack is so slight as to escape the observation of the patient or his friends. This may seem a strange remark, but it is nevertheless a fact. I have attended families ill of diphtheria, where one or more members were suffering from it in its malignancy, while the others had it so slightly as to cause no complaint from the patient, and the disease was only discovered upon inspection of the throat. I have often, too, been able to make my diagnosis in the case of a patient suffering from croup, when no membrane was visible, by examining the fauces of other members of the family, and there I have discovered sufficient evidence of the disease in the presence of diphtheritic patches.

Secondly. It is said that croup is a sporadic disease, while diphtheria prevails epidemically; and also that the latter is infectious, and the former not. This is certainly not a fair distinction, for the formation of a membrane in the larynx is but an occasional manifestation of the diphtheritic poison. If the membrane always formed in the larynx is diphtheria, then indeed the one would be as epidemic as the other. But, is not croup more prevalent during and after epidemics of diphtheria? How often do we witness a solitary case of malignant diphtheria occurring in the midst of a family of children, and all the rest escape? And how often have we seen two or three children in a family die, within a few days of each other, with all the symptoms of pseudo-membranous croup?—no fœtid breath, no enlargement of the glands of the neck, no asthenia.

Thirdly. It is observed, further, that in pseudo-membranous croup there are none of those after-symptoms called sequelæ, paralysis, and cutaneous complications for example, which we so often observe after diphtheria. Dr. Jacobi hits the nail on the head in reference to these when he says that "it was for the very simple reason that very few patients sick with croup lived until they could become paralytic," and "that he had seen the wound, after tracheotomy, in cases of supposed croup, covered within twenty-four hours with a diphtheritic exudation; and it was a fact well known that when blisters were applied in the treatment of croup the vesicated surface might become covered with a membranous exudation." (See *Monthly Abs. Med. Science.*)

Fourthly. There is one other so-called distinction to which I might refer, namely, the presence of micrococci in diphtheria and their absence in pseudo-membranous croup. I think, however, that future investigations will show that these microscopic objects are always to be found in the atmosphere. Indeed, Dr. Lewis Smith and others assert that they have observed them on the gums and between the teeth in healthy persons, as well as in all inflammatory exudations of the fauces. Such a distinction, therefore, cannot hold good in point of fact. Nevertheless. it does seem highly probable that future researches will demonstrate, if, indeed, the evidence already obtained be not conclusive, that the rapid increase and migration into the blood and tissues of the body, of bacteria, is the chief, if not the real, cause of the malignancy of diphtheria.

Those of you who are familiar with the history of the "trichinous disease" will not consider this an unreasonable hypothesis. You are aware that in this disease the parasites gaining access to the mucous membrane of the alimentary canal rapidly increase in number, and at once migrate into the muscles of the body, thus causing the most alarming symptoms, and in many cases death itself. But the whole subject of bacteria is still *sub judice.*

Hospital Reports.

A CLINICAL LECTURE DELIVERED AT THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA,

BY WILLIAM GOODELL, M. D.,

Prof. of Gynæcology in the University of Pennsylvania.

(*Concluded from page* 261.)

In this case we are having rather more hemorrhage than usual. The cancerous cachexia is well marked, but you will not always find it so. Remember, that a clear and even florid complexion is not an indication of the absence of cancer. As far as the operation is concerned, I think the cases in which the cachexia is most marked are the ones most favorable for operation: that is, I think the operation does them more good, and the reprieve from death is longer. The reason of this is that women with florid complexions have so much blood that the parts are succulent, the fungous mass very soft and hemorrhagic, and the disease sooner returns.

Having torn away all I can with my fingers, I inject pure vinegar, and now resort to the serrated curettes. With these the parts are thoroughly scraped, and with the gouge-forceps the vaginal portion of the cervix is removed. Next, with the platinum buttons of the thermo-cautery, I char the whole funnel-shaped wound.

From this operation I have lost but two cases, and I have operated on so many, probably over two hundred, that I have ceased to keep a record of them. At one time we had such a number of cases on hand in the hospital that it was not

easy to find the time to attend to them. One of the cases I lost died from tetanus, and it is the only time I ever had tetanus follow any uterine operation. The second death occurred last year. I had been asked to go about one hundred and fifty miles to perform the operation, but on the day before the appointed one I received a countermanding telegram. It appears that the lady had heard that "clover tea" was a specific for cancer, and wished to try it before resorting to an operation. To this her physicians had to assent, but of course she grew no better. In despair, however, she kept on taking it, until the day before the one on which my summer vacation began. She knew when I was to leave the city, but preferred to put off the operation as long as possible.

So I operated on her, in precisely the same way that I have just removed the diseased cervix, and I did not see her again. The operation was a bloody one, but the case seemed favorable. Unknown to me and to the resident physicians, she had secretly become addicted to opium, and had brought the drug with her concealed in the bottom of a large Saratoga trunk. The night after the operation she was discovered by her nurse to be out of bed, and to be fumbling for something in the bottom of her trunk. This imprudence caused a violent hemorrhage, but it was checked by the resident physician. She did, as she afterwards confessed, the same thing the next night, which caused a fatal hemorrhage. She could have had the opium for the asking, because I make it a rule never to withhold anodynes from the victims of so cruel and so painful a disease as cancer in its advanced stages; but she had made a secret of the habit.

What is the prognosis of our patient? Very bad in so far as a cure is concerned, but very good as regards a cessation of the hemorrhages, a lull from pain, and a reprieve from death. Her appetite will return, and in two weeks from to-day I shall bring her again before you, so that you may judge for yourselves how her complexion will have cleared up, and how improved she will be in every respect. The disease may, indeed, not return in the womb, but it will be pretty sure to invade adjacent structures.

To show you what this operation will do, let me relate a few cases. Three times I have operated, and the disease had not returned in five, six, and seven years after the operation. A few years ago my friend, Dr. W. R. Cruice, asked me to see a very sick woman who lived on the outskirts of the city. Being unadvised as to the nature of the disease, I did not bring my cancer instruments with me. She had a bleeding cancer of the cervix, and had been so greatly reduced by repeated hemorrhages that she looked as if she could live but a few days longer. The cancer was very large, partly excavating and partly vegetating, and the woman so weak that we hardly ventured to operate, and did not dare to give ether. After a hurried consultation, we decided to do our best for her. With my fingers and a sharp uterine curette, which I happened to have in my bag, I removed the cancerous growth. I was without nitric acid, and in its place painted the parts with an ethereal tincture of iodine. Dr. Cruice saw her in the streets some two and a half years afterward, with a market-basket on her arm. Some months later the disease attacked some vital organ, and she died of exhaustion, but without any recurrence of hemorrhage.

Some years ago, Dr. Joshua Evans called me to Branchtown to see a married woman of about forty. I found her bed-ridden and so exsanguined as apparently to be near her end. She was so completely exhausted and stupid that we had to bawl into her ears to rouse her up, as with a patient in the last stages of typhoid fever. The growth was of a vegetating character, very easy to remove, but the woman was too weak to be anæsthetized. Her rest was broken by the severe pains, and her strength wholly gone by repeated hemorrhages. Her complexion had become waxy, and her flesh so translucent-looking as to give the impression that by the aid of a strong light you could map out every viscus in her body. I snared the mass in the wire loop of the ecraseur, and removed it. Paquelin's cautery had not then been invented, so I resorted to nitric acid. An accident now occurred, which I shall never forget. I had an ordinary rubber cork in my bottle of nitric acid. During the jolting of the trip by rail and carriage, the acid attacked the cork and a gas was generated which exploded with violence on my opening the bottle. The contents were forced out as a small spray all over my face, hands, and clothing. I quickly plunged my face and hands into a basin of water, and was fortunate enough to escape with a slight conjunctivitis, which lasted for a few days, and with the loss of a suit of clothes. I now am careful to use a glass stopper, to carry the acid only when I need it, and before opening the bottle to cover the bottle with a wet rag. A rubber cork was used on this occasion because a glass stopper was liable to get loosened and let the acid out over the instruments and other contents of my satchel.

After this operation, and after a constitutional treatment of arsenic, corrosive sublimate, iron, and ergot, the patient improved wonderfully. Her color came back, her pains left, and her hemorrhages stopped. She continued so for nearly a year and a half, coming to my office every month to be assured that everything was right. Each time the womb was found movable, and there was no local recurrence. Later she began to suffer from sacral pains, and I found a hard nodular mass firmly attached to the sacrum. Nothing could be done for her but to allay her sufferings, and she died about two years after the operation.

I could tell you of other instances in which years elapsed without a return of the disease. Yet the disease is so cruel a one, and the prognosis so grave, that it always gives me a pang of pain to discover a cancer.

The operation is now ended, and as there is no hemorrhage, I shall not tampon the vagina. But supposing you operate in the country at a distance from home, and you wish to guard against hemorrhage, or to stop an oozing, what do you do? You take a sponge and pass a string through the centre and tie the two free ends together in a long loop. Do not tie your string around your sponge, for you will then deprive it of its elasticity and the power of expanding. Prepare three sponges in this way, and soak them in vinegar. Pack the first sponge very firmly into the funnel-shaped wound, and make one knot in its string. The

second sponge, with two knots in its string, will be pushed down to the cervix; and the third one, with three knots, will keep the other two in place. In twenty-four hours remove the sponge with three knots, and in forty-eight hours withdraw the sponge with two knots, and immediately afterwards the sponge with one knot. This last one must be removed carefully, and with a rotary motion.

I do not put sponges in my patient's vagina, because she is in a hospital, in which some physician is always on hand. But supposing at 3 o'clock this afternoon the nurse finds our patient bleeding, what instructions shall I give the resident? He will first inject vinegar, and if that does not stop the hemorrhages, he will then pack the womb and vagina with sponges in the way which I have just described.

The second patient, who is now brought in, is in a very bad condition. It was a bad case of advanced disease when she was first operated on, four or five months ago, and I told her husband so at the time. She was so much improved, however, that she has come back to have the operation repeated. On examination, I find the cancer has advanced to the vulva. The vagina is every where implicated, and, as I feared, but little can be done. I shall, however, scrape off some of these bleeding granulations. I dare not use much force, for I am afraid of getting into Douglass' pouch, or into the bladder, as I have on two occasions. I think the curetting will give her some relief from pain and stop her hemorrhages, at least for a time. When you find the disease in the vagina you may be sure that the end is not far off, for the disease will quickly spread by the veins and lymphatics. These patients sometimes die from venous thrombi and consequent embolism. I am sure this patient's sufferings must be very great, and I greatly pity her.

One word in regard to the treatment of cancer cases. Suppose you have operated on a cancer of the womb, and after a time the disease recurs, or perhaps you have not operated because the disease is too far advanced. Now you know that under the most favorable circumstances the woman will not live long, and it is your duty to make her few brief months on earth as comfortable as possible. Therefore, let her have opium enough to give relief, and do not fear that she will become a victim to the habit, for she will not live long enough. One of my patients took thirty-five grains of morphia daily for a week before she died. Without it her sufferings would have been intolerable.

What should the treatment be after an operation? The pain is very trifling. It is, indeed, astonishing that after an operation of such magnitude there should be so little suffering, and it is rare to have a marked rise of temperature. The pain complained of is in the vulva and not in the uterus. We shall give an opium suppository, and begin with the use of quinia at once, to prevent septicæmia. Blood-poisoning is, however, very rare after these operations, because the raw surfaces have been charred and seared with the hot iron, and by the time a purulent discharge begins granulations have formed which do not readily absorb. I expect both of these patients to be sitting up in a week.

While I am washing my hands, let me say a few words as to the danger of contracting disease from these cases. I have a cut on my finger at the present moment. I did not find it out till I made the examination, and acrid discharges got into it; but I do not fear cancer infection as such. If there were any possibility of the kind I would never operate. I might, however, get the wound poisoned by septic matter, not by cancerous matter as such. Once, while enucleating a fibroid of the womb, which had begun to break down, I got a wound that gave me considerable trouble; but my health was below par from a hard winter's work. So dissecting wounds are generally more mischievous at the end of the curriculum than at its beginning. The point, however, which I wish to impress on you is, that you need never fear that you run any risk of being inoculated by cancer germs, but only by the septic matter in those germs.

Medical Societies.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

Thursday evening, April 10, 1884. The President, Dr. Tyson, in the chair.

Rupture of the Heart.

Presented by Dr. T. D. Dunn.

Clinical History.—Wm. D., æt. 58, on the evening of November 3, 1883, invited his daughter to take a walk. While she put on her wraps, he reclined on a sofa. A few minutes afterward his wife heard a faint groan. She immediately went to his side, only in time to witness his last gasp. With the exception of occasional dyspepsia, he had enjoyed good health. He was a man of leisure, full habit, and apparently robust and strong. He had been a constant, though moderate, drinker for some time, but seldom carried it to complete intoxication. He had never complained of any heart trouble.

Autopsy, seventy hours after death. Owing to objections of friends, the brain was not examined. The muscular system was well developed, and there was a large quantity of subcutaneous fat. The lungs and pleura were healthy, with the exception of a few old pleuritic adhesions posteriorly. There was a large deposit of fat in the mediastinum and over the entire surface of the heart. The pericardium contained about one ounce of recently clotted blood. The heart was adherent to the pericardium by two small bands—one near the apex of left ventricle, the other midway between the apex and auriculo-ventricular groove. Externally on the left side of the left ventricle, below the auriculo-ventricular groove, there was a linear rupture about one inch in length. On opening the heart, no valvular disease could be detected, and there was no evidence of atheromatous disease of the large vessels. There was an ulcerated surface about the size of a silver dollar, irregular in outline, and communicating with the external linear opening. This ulceration extended through fully two-thirds of the heart muscle; the muscular tissue of the outer third seemed recently lacerated or separated.

The stomach and liver were normal. The left kidney was somewhat enlarged, the capsule slightly adherent, and cortical substance relatively increased. The right appeared healthy.

Microscopical examination revealed fatty infiltration of the fasciculi, but no degenerative changes of the muscular cells could be detected, nor was there any atheromatous change of the vessels of the heart.

The interesting feature of this case, in connection with those presented to this Society during the past year, is the suddenness of the attack, without any premonitory symptoms, resulting almost instantaneously in fatal syncope.

Diphtheritic Croup.

Presented by W. E. Hughes.

H. G., æt. four years, had been ailing for two days, slightly feverish, and complaining of sore throat, when he began to cough, and his parents noticed slight difficulty with respiration. A day after this, when I first saw him, there was moderate fever, much inspiratory dyspnœa, muffled cough, and whispering voice. The tonsils and pharynx were covered with patches of false membrane, and the cervical lymphatic glands enlarged. On the second day afterward, the dyspnœa became so threatening that I performed tracheotomy. His strength was at this time well preserved. After the operation his breathing became perfectly easy, the temperature fell almost to normal, and his general condition improved markedly. Twenty-four hours afterward, however, the temperature rose, the dyspnœa returned, and he died of apnœa fifty hours after the operation.

Autopsy thirty-six hours after death. Body well nourished. The tracheotomy incision had divided the isthmus of the thyroid gland and the second, third, and fourth tracheal cartilages. The edges of the wound were covered with false membrane. The cavity of the larynx was completely filled by a plug of firm white false membrane, closely adherent to the mucous membrane. In the upper part of the trachea was a thin layer of false membrane; below this the trachea was almost perfectly free, its surface reddened, thickened, and superficially ulcerated. In the right bronchial tube there was an enormous growth of membrane, completely filling the tube, and traceable some distance into its divisions. In the left bronchus was a smaller quantity of membrane not occluding completely its lumini. The left lung was somewhat congested, the right lung contained numerous patches of collapsed tissue, and was in other parts distended with *interlobular* emphysema. This emphysema was most marked at the free edges and surface of the lung, but was pretty generally distributed throughout its substance. There was no distention of the air cells, nor was there any emphysematous condition of the other lung, nor of the tissues of the anterior mediastinum or neck. The cervical lymphatic glands were enlarged and softened. At the bifurcation of the trachea was a mass of calcified glands. Other organs appeared normal.

There were cases of diphtheria in the neighborhood of the patient's residence, so that infection is easily accounted for. A rather curious fact in his family history is that three of his brothers and sisters have died of throat troubles, one of throat complications in scarlatina, another of croup, and a third of spasm of the glottis.

Diphtheritic Bronchitis—Croupous Pneumonia.

Presented by W. E. Hughes.

W. D., white, æt. 43 years, a salesman, was admitted to the University Hospital April 1. Of rather intemperate habits, he had been on a prolonged spree, and much exposed to weather, when three days before, he had been seized with a severe chill, followed by high fever, and, later, intense dyspnœa, with but little cough and no pain. When first seen, he was so weak as to be unable to give a satisfactory history, face and extremities congested, heart feeble and irregular, breathing rapid and labored. The breath was extremely fetid, but he complained of no throat symptoms, and there was no stridor. The cough was hacking, not very troublesome, and he expectorated small quantities of frothy, blood-stained serum. Physical examination showed flatness over the whole right lung, with imperfect bronchial breathing, best marked at the root; over the left lung some impairment of resonance, with large moist rales. He died in less than an hour of apnœa.

Autopsy (notes by Dr. Formad) *Fourteen Hours After Death.*—Pleura of right lung inflamed, plastic exudation, about one pint of serous effusion; left pleura normal. Right lung compressed by the effusion, and uniformly in the beginning of the second stage of croupous pneumonia. Left lung has a spot an inch in diameter in the upper part of the lower lobe, pretty far advanced in the second stage of pneumonia, elsewhere it is simply congested and œdematous. Pharynx acutely inflamed, with some spots of superficial ulceration and scattered deposits of false membrane. Tonsils ulcerated, the bottoms of the ulcers sloughy and covered with offensive false membranes. The same condition obtains in the larynx, its surface is softened, reddened, and dotted with false membrane and superficial ulcerations near the base of the epiglottis is a deep offensive ulceration one-half inch in diameter. Epiglottis œdematous. In the trachea the condition is more marked than in the larynx, about the middle of the trachea the patches of false membrane become continuous, and clothe the whole inner surface of the tubes growing thicker and more consistent as the bronchi are approached and traceable into the finest ramifications of the bronchioles in the larger tubes. tubular in thes mallest solid cylinders. The exudation is but loosely adherent to the mucous membrane, which is red, thickened, or raw. Lymphatic glands of the neck moderately enlarged, red, and softened. Liver, kidneys, and spleen congested, otherwise normal. Heart contains unusually firm white clots.

Carcinoma of Larynx.

Presented by W. E. Hughes.

T. C., æt. forty-nine years, had been complaining of some alteration of voice for six weeks. He was a man of rather dissolute habits, denied syphilitic infection, had never had his larynx injured, nor irritated by foreign substances or gases, and had a perfectly good family history. In addition to the change in his voice, which was at

first the most marked symptom, there was slight tickling cough. Soon after this the glands beneath the angle of the jaw enlarged, and he began to have fits of slight dyspnœa. His flesh and strength failed but slightly, and his appetite remained unimpaired, though a slight trouble with deglutition prevented his eating as much as he would have liked. When first seen, the glands of his neck were enormously enlarged, but painless and still movable. His voice was husky or cracked, sometimes whispering or lost, his breathing difficult and noisy. Alternating with this constant difficulty of breathing were fits of dyspnœa, brought on by no appreciable cause, often so intense as to threaten life. Two days later he died in one of these attacks of dyspnœa, before aid could be rendered. For the foregoing facts I am indebted to the kindness of Dr. George J. Preston.

Autopsy nine hours after death. Body well nourished. Cervical lymphatic glands enormously enlarged, rather firm, no signs of degeneration. Bronchial glands slightly enlarged. In the cavity of the larynx, above the vocal cords, not involving them, but involving the ventricular bands, and extending from them to the top of the larynx, was a firm, pinkish, nodular growth, involving the right side most. The epiglottis was so involved in this growth as to have no vestiges remaining of its original shape. The mucous membrane was intact. The growth had left only a narrow slit for the entrance of air, which could be easily completely closed by pressing down the deformed epiglottis. The pharynx and œsophagus were not involved. The cartilages of the larynx were completely ossified, and around the superior cornu a small abscess had formed, resulting apparently from a necrotic process in the ossified cornu. The trachea and bronchi were normal, the lungs congested. There was a slight increase in the fibrous tissue of the liver and in the substance of the right lobe was a small cheesy nodule. The kidneys were granular, the microscopic examination of the growth was found to be made up of large, irregular cells, separated into masses, in which was no intercellular substance, by a scanty stroma of connective tissue. Scattered through the growth were masses of fibro-cartilage not connected with cartilage of the larynx. The mucous membrane was proliferated, and in places prolonged into the subjacent connective tissue, but nowhere did it take part in the new growth. The epithelium lining the glands was much proliferated, and seemed to have been the starting point of the morbid process. The enlarged lymphatic glands were infiltrated with a growth similar to that in the larynx.

PHILADELPHIA CLINICAL SOCIETY.

Stated meeting, April 25, 1884. The President, Dr. Henry Beates, jr., in the chair.

Dr. Hannah T. Croasdale reports a case of

Vesico-vaginal Fistula with Inverted Bladder.

The record which is brought to your notice this evening is that of a case which, perhaps, is possessed of more than ordinary interest from two circumstances: first, from the enormous size of the opening in the septum; and secondly, from the fact that from the orifice a bright round body protruded, which was discovered to be the bladder inverted. The patient, M. F., æt. 47, was admitted to the Woman's Hospital, October 11, 1881. She was married at the age of twenty-five, and had one child stillborn. The labor was instrumental, and incontinence of urine occurred soon after it, thirty years ago.

For this trouble and great discomfort the woman never sought relief, and speaks only of her present suffering having begun one year before admission. This suffering had been so intense that she had been obliged to keep her bed for that length of time. The journey from her home had been made on a bed. Her appearance was deplorable. She had constant pain in the lower part of the abdomen; bowels were constipated, appetite poor, face anxious, and she was constantly distressed lest the bed or her clothing be moved, and thereby her sufferings be increased. It seemed almost hopeless to expect to do anything for the poor woman's relief, so disturbed was her health from her desperate condition.

Nausea and vomiting were almost constantly present. Her pulse on the day following that of her admission was 65, temperature 99°, and respiration 26. The quantity of urine in twenty-four hours could not be ascertained. The color was pale yellow; specific gravity, 1002; reaction alkaline, and there was a trace of albumen. After ineffectual attempts, she was finally etherized and thoroughly examined October 29.

The tumor which was so exquisitely sensitive was the inverted bladder, and the exposed mucous membrane was greatly inflamed and bled readily on being touched. The openings into both ureters could be distinctly seen. The mass was grasped, and by gentle taxis was reduced and retained by the slight support afforded by one of Skene's glass stylets, made to pass through the urethra with the distal extremity resting upon the upper edge of the fistulous opening. A vaginal glass plug was introduced into the vagina to aid in supporting the bladder. The inflamed condition of the parts forbade any further procedure at this time.

On the 30th of November she was again etherized and placed in the lithotomy position, and the edge of the fistula, which was about five centimetres in diameter, was carefully pared, beveled from the vesical margin, giving a broad surface on the vaginal septum, and twelve sutures of silver were introduced. It was necessary, before closing the fistula, to liberate adhesive bands at either angle, and then the margins of the opening were closed by the sutures and secured by perforated shot. A self-retaining catheter was introduced to which was attached a piece of rubber tubing for conveying the urine to the urinal. The patient was then placed in a bed and $\frac{1}{6}$ gr. morph. sulph. given hypodermically, and was ordered lime-water and milk every two hours.

The following day, December 2, there was much vesical tenesmus, which gradually subsided, and nothing especially worthy of note occurred until December 7, when the sutures were removed. Union was not perfect at either angle, and in the centre there was a small orifice, which admitted the passage of urine.

January 6, the patient was again etherized; the edges of the three minute openings freshened, and

fine silver wire suture introduced. The central and right openings promptly closed after this second operation, but the left, just at the site of the ureter, admitted the passage of a Snelling's probe.

Then, January 20, February 3, and March 28, I operated, hoping to close this minute orifice which still remained, and which still allowed of the passage of urine when the bladder was filled. Not one of these efforts was followed by any better success. These attempts were always made with a probe carried through the urethra into the opening in the ureter, in order to prevent wounding or closing the latter.

It was now thought best to send the patient home and encourage her coming again in the autumn, as her stay had already been much prolonged beyond the usual time for keeping patients in the hospital, and she was discharged May 8, 1882, quite content on her part with the result of the many operations—six in all. After several months, however, the urine ceased to pass through this opening, probably from the contraction of cicatricial tissue.

I find many contributions to the surgical literature for the relief of vesico-vaginal fistula, but nowhere have I found any record of a case of inverted bladder through the fistulous orifice.

G. Betton Massey,
1502 *Arch St.* Rept. Secretary.

Editorial Department.

Periscope.

Intermittent Pulse.

The *Med. Press*, July 30, 1884, says:

The phenomenon of intermittency in the pulse-beat is one of such frequent observation that every practitioner is familiar with it, and places on its occurrence a signification which varies within the widest limits. By some it is regarded as a very trivial sign, demanding a merely passing attention; while others, again, attribute to it an importance which it cannot justly claim—the fault usually committed being that of omitting to consider all the circumstances tending to favor its production, and influencing the effects to which it may possibly give rise. The reason why such discrepancies of opinion are noticeable in this connection probably lies in the fact that clinical teachers, during bedside demonstrations, vary much in their descriptions of the phenomenon; for in our own experience we have heard exceedingly inconsistent accounts of what it portends, from different physicians who have been lecturing to students on cases in which an intermittent pulse has been discovered. That this should be so is a misfortune, since any confusion as to principles arising in the minds of those engaged in qualifying themselves for the practice of medicine, only too surely perpetuates itself in their after professional life, leading, it is to be feared, to frequent errors in diagnosis and treatment, which can only be avoided by the possession of accurate and definite knowledge, gained during the pupillary period.

In the presence, therefore, of so great a disagreemeent respecting the meaning of intermittent pulse, useful service is done by the publication of an essay on the subject by Dr. B. W. Richardson, in the current number of the *Asclepiad*, and which is written in a clear, precise, and definite style that will at once commend it to the doubting practitioner. In this paper, Dr. Richardson arrives at the conclusion that intermittency of the pulse is a more common symptom than it formerly was, and that the explanation is to be found in the increased emotional strain and excitement incident to our present mode of living, the affection being due to "nervous exhaustion of the vital nervous system." The detailed causation of the phenomenon, as demonstrated in an exhaustive essay which appeared from his pen in 1868, Dr. Richardson has briefly recapitulated in this later article. He continues: "In itself, when not present in an exaggerated degree, intermittency of the pulse is often less dangerous than it seems. It does not, as might be feared, carry with it the necessary idea of sudden dissolution from heart disease, for, as I have elsewhere shown, the heart is the regulator, not the prime mover, of the circulation. The harmlessness of the symptom in its moderate development is shown by the fact of its common occurrence after middle age, and by the long duration of life in many of those who present it. At the same time the symptom has its significance. Occurring in infancy, it is an important indication of serious nervous derangement. Occurring in young adults, it has the same meaning, and tells the story of commencing failure of power. Occurring suddenly after any great event, which has told upon the mind, it may be a sign of very serious import." By far the greater number of persons whose pulse exhibits intermittency are unaware of the fact, and only in cases where the intermittent period extends over as many as five normal heart-beats, or recurs often in a minute, is consciousness of its occurrence produced, and such cases proceed along a certain course to death when the symptom is persistently present. A most important point, on which Dr. Richardson insists most impressively, and which has a direct practical bearing, is that persons with intermittent pulse offer less resistance to disease, owing to the impairment of nervous energy, of which the pulse-change is characteristic; and also they possess diminished power of recovering from surgical operations, as compared with individuals of normal circulation, and for the same reason, as our author tersely puts it. The phenomenon has its general meaning, both for the physician and the surgeon. It has also its particular meaning, since it may be raised into fatal consequence by disorders which need not, in its absence, prove fatal.

Intermittent pulse in children may pass away, but it is never got rid of when appearing for the first time at or past middle age, although it is not incompatible with the attainment of even extreme old age. One of Dr. Richardson's patients, who died at 86 years of age, was discovered to have this character of pulse when only 42. The symptom may be inherited; a case is quoted of an infant in whom it was distinguished an hour after birth; and now, twenty-five years after, the intermittency always appears under great strain or during depression.

On the subject of treatment in these cases, Dr. Richardson lays down a great number of valuable rules, which will be found of sound value by those who will be at the trouble of studying them. In children especially is it essential to avoid all undue intellectual and emotional strain, and to encourage the taking of a plentiful amount of sleep. In adults, too, equal attention should be paid to removing impressions derived from untoward events, and to regulating diet and promoting repose. The "points of practice" dwelt upon in the paper are indeed exceptionally interesting and suggestive; and taken altogether it is a very valuable contribution on an ill-understood question of medicine.

A Case of Fracture of the Pelvis.

Dr. Edward S. Dwight thus writes in the *Med. Record*, March 22, 1884:

I was called on September 12, 1883, to treat a young German fresco-painter, nineteen years of age, who, while working in a store in this city, had fallen from a scaffolding for a distance of about fifteen feet, the back part of his right hip striking diagonally against a projecting shelf a little above the floor, and the ilium of that side being fractured from a point a little to the outer side of the upper extremity of the sacro-iliac symphysis, downward and outward into the great sacro-sciatic notch.

The patient was unable to stand alone; there was marked crepitation along the line of fracture; efforts to rise caused a sensation of *falling in pieces*, and the thigh could not be flexed to an angle of less than 120° without great pain over the line of injury, and also over the tuberosity of the ischium. Severe pain was also felt in the groin. There was, however, no ecchymosis.

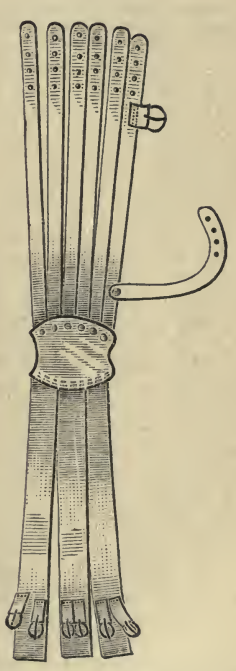
The treatment adopted was as follows: A roller bandage was first applied around the pelvis, and was replaced on the following day by a thick plaster-dressing, enclosing both the pelvis and the upper half of the right thigh. The latter was slightly flexed, the front and outer side of the hip-joint being reinforced by moulded plaster splints. To prevent traction upon the ilium by the dorsal and lateral muscles of the trunk, I also added a few turns of roller bandage, which were carried over the right shoulder and under the perineum. These were tightly drawn, so as to depress the shoulder as much as possible, and were kept from slipping by means of a transverse band sewn to them in front and behind, and passing around the left side of the chest. This contrivance diminished, to a great extent, the throbbings in the injured part, which, together with numbness and tingling along the course of the great sciatic nerve, had been experienced, particularly at night.

At the end of six days, the plaster bandage having become very much loosened by the subsidence of the swelling, it was replaced by another and tighter. This was applied over a layer of wadding and inclosed the pelvis only, the thigh being slung at an angle of 140° by a series of turns of roller which passed around, and were sewn to, the upper rim of this plaster-dressing, and which crossed each other above the thigh, where they were also sewn *together*, as well as to the plaster.

The rim of this second plaster bandage being very thick and firm, prevented upward muscular traction; and the whole apparatus being constantly pulled downward and forward by the weight of the limb, was in consequence kept closely applied against the seat of injury.

Two weeks after the accident, I slung the thigh from the neck also, carrying too a loop of strong cord from the bottom of the sling down below the instep, and allowed the patient to get out of bed and walk into the next room, which, with the aid of a crutch, he was able to do without pain.

Three weeks later this dressing was also removed, and replaced by the following apparatus in leather.



(This represents the back of the apparatus: The central pad rests on the sacrum; the six straps (right side) are all freely movable at their insertion, and are thus susceptible of being placed at any angle, so as to adapt themselves to the outline of the hip; the upper two are applied high up, so as to exert downward pressure upon the crest of the ilium; the next two pass over the great trochanter; and the two lower ones are applied low down, so as to exert upward action upon

the tuberosity of the ischium. The three broad straps upon the left side are firmly sewn to the sacral pad, so as to afford efficient counter-pressure. The strap hanging from the lowest, on the right side, passes under the perineum, and is intended to aid in keeping the whole in place. A broad band of canton flannel was applied around the body before the belt was put on.

The patient was now allowed, after a day or two, to walk about the rooms without a crutch, which he was able to do without pain, the belt acting as a moulded splint, and its lower straps preventing him from unduly raising his thigh. As the belt had a tendency to work upward, another perineal strap, upon the left side, was added with advantage.

Eight weeks after the accident, the patient was able to go out of doors, and could flex his thigh to an angle of 85° without pain. Rheumatic tenderness and twinging pains, at changes of the weather, persisted up to the end of October.

The upper part of the fracture consolidated first. There was no effusion of callus perceptible to the touch, but the iliac border of the sacro-iliac symphysis seems much more prominent upon the injured than upon the opposite side.

A Case of Absence of the Lower End of the Rectum, with Passage of Fæces Through the Penis; Successful Operation for Relief.

Some time since we noted a case like this, which Dr. Wm. Craig reported in the *Edinburgh Medical Journal*. In the same journal for August, 1884, Dr. Francis J. Shepherd writes as follows:

"As Dr. Craig states in his paper that he is not aware of any similar case to his own having occurred, and Mr. Holmes, when speaking of cases where the rectum communicates with the urinary tract, mentions that he knows of no case where the bowel has been reached successfully through a perineal incision, I thought that it might be of interest to place on record a case similar to Dr. Craig's, where operative procedures had resulted favorably. On the 16th of November, 1883, Dr. Molson delivered a woman of a healthy male child after a tedious labor. Next day the mother told him she noticed something strange coming from the child's penis. On examining the parts Dr. Molson immediately recognized the discharge as meconium, and, on further examination, discovered the infant had an imperforate anus. The mother having consented to an operation, Dr. Molson requested me to take charge of the case. The patient was admitted into my wards at the General Hospital on 19th of November, being then three days old, and having since birth passed a large quantity of feculent matter by the penis. The child, which was strong and healthy, had some distension and tenderness of the abdomen, but very slight fulness of the perineum. There was a well-marked median raphé, and a slight puckered depression at the site of the anus. I decided first to try and reach the bowel through the perineum. After placing the child under chloroform, I made a free incision in the median line, dissecting carefully backwards and upwards in the direction of the rectum, and frequently placing my finger in the wound to feel for fulness or fluctuation. I dissected in this way to a depth of fully two inches, when discovering a fluctuating tumor, I punctured it with my knife, and was pleased to see quantities of fæces escaping through the wound. I then enlarged the puncture in the bowel, and without much difficulty drew it down to the external wound, and held it there by cat-gut stitches.

"Almost immediately after the operation the mother removed the child from the hospital, and I did not see it again till 9th of June, 1884. In the meantime Dr. Molson had occasionally visited the case, and instructed the mother, in passing bougies, to keep the anus open. The mother, however, did not attend very scrupulously to directions, and after the operation the opening kept gradually growing smaller. When I saw the child last, it was six months old, and was stout and healthy; the opening had contracted so much that it with difficulty admitted a No. 12 catheter. The mother informed me that the child still occasionally passed fæces by the penis, but only when 'opening medicine' was given. I intend, when I can get the mother's consent, to incise the opening, and I shall insist on her passing her little finger twice daily through the anus, as Dr. Holmes recommends.

"I forgot to mention that the child was the subject of another deformity, viz., absence of the metacarpal bone, and probably the trapezium of the right thumb. It was the mother's fifth confinement; all the other children were born perfect.

"In this case it is highly probable that the rectum opened directly into the membranous portion of the urethra, as, if the connection was with the bladder, it is not probable that the bowel would have been reached by a perineal incision.

"Dr. Craig remarks in his paper that examining the preparation of his case, it is evident that it was possible to pierce the bowel with a trocar, or even a bistoury, but he says, 'to have enlarged the opening sufficiently to have cut down upon the rectum would have been an operation such as few newly-born children could have survived, and even if the child could have survived, the want of development of the rectum would have prevented a successful issue in this case.'

"I cannot agree with Dr. Craig's conclusions, for if the bowel is not reached the child will certainly die, and I do not think fear of the severity of the operation should influence the surgeon in his endeavor to reach the bowel; again, as the rectum is pretty movable in the infant, it can be brought down, as is shown in my case, even if the lower end is undeveloped."

And Dr. D. Duncan Main says, "Two months ago I had a case of imperforate anus. I cut in one and a half inches without finding the bowel. Being afraid to go any further, I dismissed the patient. The following day they came and told me that the child had had an action of the bowels. Of course, I did not believe them, and on making inquiries I found that the child had passed yellow and dark material through the urethra. The child died on the fourth day after operation. I am inclined to think that this was a case similar to Dr. Craig's."

The Physiological Effects of Kairine.

The *Medical News*, August 16, 1884, tells us that M. Morohovetz, of the University of Moscow, has

recently made quite extensive experiments as to the physiological effects of kairine, and publishes (*Medicinsk. Obosrenie*, No. 9, 1884), the following results:

The physiological action of kairine is not simply confined to lowering the temperature. The changes which gr. $\frac{1}{65}$ of kairine will cause in the blood are enormous. In his experiments, Morohovetz used kairine dissolved in a six per cent. solution of common salt, so as to avoid the action of distilled water on the red globules. The blood remained alkaline, but its color changed as soon as a more concentrated solution was used. A continuous current of air deprived of carbonic acid did not restore the red color of the arterial blood. The blood-spectrum was also changed by the concentration of the kairine, and contained four methæmoglobine lines, situated between the C and F lines.

Under the influence of kairine, the blood-globules formed roulettes, at the same time that the middle part protruded from one side to the other. The number of globules does not diminish. The blood of a dog which has taken kairine coagulates almost immediately after it comes out of the vessels. Under the influence of kairine, the red globules of the blood, while preserving their quantitative proportion, undergo a quantitative and qualitative change in regard to the coloring matter; the hæmoglobine is transformed into methæmoglobine, which is precipitated. The change in the color of the blood of a living animal by cyanosis gives a peculiar leaden appearance. The same thing was noticed by Golouboff after the administration of gr. xj of kairine.

The glandular organs are also influenced by kairine. The saliva and bile flow more abundantly after kairine is injected into the blood, or introduced into the duodenum. The bile is viscid and almost black. The pancreas and the kidneys are not influenced by kairine. It is eliminated by the kidneys, as shown by the action of fuming nitric acid on the urine, a bright reddish ring forms between the acid and urine—a ring which is characteristic of kairine in an aqueous solution. When bile is normally excreted, this ring takes the spectrum colors, and the urine gives the greenish color-reaction of biliverdine.

The modifications of respiration and circulation are more rapid and pronounced as the quantity of kairine is increased. The direct injection of it into the blood canses an intense dyspnœa, accompanied by an elevation of arterial pressure in the carotid; this being followed by a diminished pressure, shortening of the pulse-waves, and filiform pulse. After the ingestion of gr. xxv, the heart of the animal was arrested, and it died of cardiac paralysis, the respiration continuing for some time, and being of a Cheyne-Stokes character. At the autopsy, the cavities of the heart were found dilated and filled with blood. The classic experiment on the frog (ligature of a limb), showed that kairine acted similarly to curare on the peripheral ends of the motor nerves.

In experiments on dogs, Morohovetz found no notable abatement of temperature. The experiments of Filehne have shown that, to obtain a notable abatement of temperature, it is necessary to inject kairine continually; less than gr. iv. produces no effect. But it is easy to exceed the required amount, and to throw the patient into such a state that his inspired oxygen is insufficient for his physiological necessities, as kairine deprives the hæmoglobine of a large quantity of its oxygen. Morohovetz terminates his paper by counselling great prudence in the administration of kairine; he considers pulmonary and cardiac affections, and anæmia as absolute contra-indications to the administration of kairine.—*L' Union Méd.*, July 10, 1884.

Hydriodic Acid in the Treatment of Acute Inflammatory Rheumatism.

Dr. James Craig, of Jersey City, N. J., writes as follows to the *Med. Record:*

"Before using the remedy shortly to be spoken of, I was in the habit of prescribing bicarbonate of potassa, which, as a rule, gave relief as soon as the urine was rendered alkaline, which required about a week or ten days, and during that time opiates had to be given to relieve pain and produce sleep. I have also prescribed salicylic acid, but cannot say that I have seen any decided benefit derived from its use.[!] Syrup of hydriodic acid, prepared by Robert W. Gardner, New York, is the remedy *par excellence* for this painful and troublesome affection. I have used it for the past two and a half years in bronchitis and scrofula, but its effects have been most prompt in acute inflammatory rheumatism, relieving pain in from twelve to forty-eight hours. I have been called to see patients suffering from this affection, and found them with high fever, joints swollen, and suffering terribly, and on the following day have been agreeably surprised at their rapid improvement, finding them in a great measure free from pain, and fever reduced. Some other cases take a longer time, but I have yet to find one that was not in a comfortable condition within forty-eight hours. The dose I prescribe for adults is from two to three teaspoonfuls every two or three hours, in a wineglass of water, until relieved; afterward I reduce the dose to one teaspoonful, which may be continued for five or six days, at longer intervals. I was first led to the use of this remedy in prescribing for a patient suffering from bronchitis complicated with rheumatism, its effects being most salutary in the relief of both diseases. I should state that under this mode of treatment the heart has been free from complications—the remedy preventing the exudation and organization of plastic material. I more frequently use it now in rheumatism than in bronchitis—in fact, I use it in all cases of acute rheumatism, and must say have always been pleased with its results. I have also prescribed it in chronic rheumatism, but with less effect. I hope that other physicians will give it a fair trial, and find it as useful in their hands as it has been in mine."

—The *Med. Record* tells us that Professors Virchow and Pettenkofer are busily arguing with each other upon the subject of cholera. The gist of their differences lies in this: Virchow is a contagionist, Pettenkofer is a localist. That is to say, the latter believes that no specific germ can produce cholera unless there is a specific local condition to favor it.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Some further studies of the phenomena of swallowing are given by Dr. S. J. Meltzer in a reprint before us. He takes up for examination the sounds made in the performance of the act, and inquires into their physiological signification. They have positive value as diagnostic signs in a number of diseases.

—— The second annual report of the State Board of Health of South Carolina makes a pamphlet of eighteen pages full of useful suggestions for the public and the authorities, and will, we trust, meet with the attention it certainly deserves.

——The subject of the calcification and decalcification of the teeth is treated of in a paper read before the State Dental Society by Dr. C. N. Peirce. It contains a series of new observations, and is illustrated by diagrams. Reprint from the *Dental Cosmos*.

——The Public Health Laws of Illinois have been issued as a separate pamphlet of fifty pages. It is an excellent summary of what is needed in this direction.

——"Sunshine" is the title of a very handsome illustrated work in large quarto for children, sold for 76 cents, and postage, by Wyckoff, Seamans & Benedict, 715 Chestnut street, Philadelphia. They put it at this reduced figure as a means of recommending the Remington type writer. It is a charming work for the little ones, containing plenty of stories and pictures.

BOOK NOTICES.

Malaria and Malarial Diseases. By George M. Sternberg, M. D., surgeon U. S. A., New York. Wm. Wood & Co., 1884.

This volume, one of Wood's Library of Standard Medical Authors, is a reasonably full monograph of the subject. The author very properly confines the class of malarial diseases to those which are produced by a special poison, their pathognomonic symptom being periodicity. The wider use of the term, to embrace all diseases arising from poisons in the atmosphere, is unjustifiable.

He divides his subject into two parts—malaria and malarial diseases. Under the first heading he discusses the evolution and nature of malaria, its general effects on the system, its antidotes, the means of prophylaxis, and the relation of geographical position. Under malarial diseases he includes only malarial intermittent fever, continued malarial fever, and hemorrhagic malarial fever.

The preparation of the work indicates some haste, the scissors having been used pretty freely (not without due acknowledgement), and the material is not as well digested as it should have been. Still, it is a good book.

Materia Medica and Therapeutics. By J. Mitchell Bruce, M. D., London Sur. 8vo., pp. 545. Philadelphia, H. C. Lea's Son & Co.

This is one of the English series of "Manuals for Medical Students" which are republished in this country by the firm above named. They are the most satisfactory "students' manuals" we have yet seen, and come as near being what they should be—brief, but not superficial; clear, but not trivial—as it is likely such works can be produced.

The present is quite as good as the preceding volumes, and is an excellent resumé of the subject, quite as desirable for the busy physician who would like to refresh his memory as for the student who would post himself for his examination.

The Medical Graduate and His Needs. By Geo. C. Wellner, M. D., Detroit. Geo. S. Davis.

This little volume of 100 12mo. pages gives the young doctor a variety of hints on his outfit, behavior, diagnosis, prognosis, clinical inquiry, hospital practice, etc. We find a good deal in it which is worth reading—a good deal that is trivial also. We will give the author himself a hint. There are other medical schools in the United States than those in New York city, even post-graduate medical schools, with first-rate hospital facilities. It is evident that this will be news to him, so we mention it.

A Compend of Organic and Medical Chemistry, Including Urinary Analysis and the Examination of Water Food. By Henry Leffmann, M. D., etc., Philadelphia. P. Blakiston Son & Co., 1884. Price, $1.00.

This volume is No. 10 of the "Quiz Compends" issued by the publishers. The difficult subject of organic chemistry is treated in a very successful manner by the author; that is, what he tells about it, he does in an unusually lucid manner, and he probably tells enough to carry the student through his examination *cum honore*. Chemistry is generally hated by medical students, and they learn as little of it as they can. This volume will give them that little, at the cost of as small a degree of mental exertion as they can expect.

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THE ASIATIC CHOLERA—AN INTERPELLATION IN THE GERMAN PARLIAMENT.

After a member of the German Parliament had interpellated the government concerning the possible danger of an invasion of the German empire by the Asiatic cholera, Mr. von Bötticher, Secretary of the Interior, replied to the interpellation June 28th, of this year. The stenographic report, as published by the *Deutsche Med. Zeit.*, No. 55, July 10, is before us; and as the debate which ensued contains some facts of importance and some news, which have not yet appeared in print, we have made in the following a short extract of the minutes for the benefit of our readers.

The secretary first expressed his thanks to the interpellator for having thus given him an opportunity to exert a quieting influence on the whole nation. He then mentioned that the government, immediately on receipt of the news of the outbreak of cholera, at once took steps to obtain authentic information regarding the character of the disease in Toulon, and to consider the measures necessary to prevent an eventual invasion of the empire by the epidemic disease. While the physicians in Toulon had expressed themselves to the effect that the malady raging in Toulon was really the Asiatic cholera, the French government did not seem to be convinced of it, but believed it to be a sporadic complaint, which would probably be of short duration and not spread extensively. This being the present state of affairs, the Minister considered it his duty to watch cautiously the progress of the disease, and meanwhile not to neglect the study of the question, how the epidemic, should it spread, might be prevented from invading Germany, and how, should it enter, its ravages might be limited to the original places of invasion. He then continued, that, thanks to the researches of the German Cholera Commission, and thanks to the results achieved by the same, these questions could be debated far more intelligently, and would produce more certain and reliable measures than had ever previously been possible.

That same morning a commission appointed by the Chancellor had met for the very purpose of

considering these questions, and as such men as Dr. Koch and Dr. von Pettenkofer were members of the commission, the most important results might be expected from its deliberations. While these were not yet concluded, the Minister, who was present at the meeting, could inform Parliament, and through it the German nation, that it had been decided, by no means to draw a cordon around the Empire, for past experience had proven that such a measure had never achieved its purpose, viz., that of preventing the spread of the disease.

At the request of Dr. Koch, in Egypt as well as in India, a cordon had been drawn around the infected districts; but though the measure had been executed as strictly as possible anywhere, it had not met with any fortunate result, the epidemic disease having spread just the same. The Minister, therefore, could assure Parliament that even in case of the spreading of the Asiatic cholera, the common intercourse with a friendly nation, in whose land the disease was ravaging, would by no means be interfered with, and under no circumstances would a cordon be drawn around the Empire.

But there were other measures, attended with far better results, which could be taken and which would surely achieve their purpose. While the Minister was not at liberty to foretell the result of the deliberations of the commission, he might refer to a passage in the report of Dr. Koch, who, probably at present the highest authority on the subject, says:

"I am convinced that, based upon the result which the cholera expedition sent out by the Empire has obtained, measures can be taken which will effectually prevent in future the spreading of the disease in the interior of the country."

"More, gentlemen," concluded the Minister, "we cannot expect. May, by the Lord's will, such measures not become necessary." (Bravo, from all sides of the house.)

Member of Parliament Dr. Virchow then spoke. He drew the attention of the Government to the fact that they had to look first to France for such measures as are needed to prevent the spread of the cholera. "Any civilized nation, in whose country an epidemic disease decimated mankind, owes it to the world to do all in its power to call a halt to the spreading of the contagion. And in this respect nothing is worse than for a government like that of France to imagine that the disease might *not* be the Asiatic cholera, and thus to allow most valuable time to roll by without taking energetic measures. In a case of doubt, it is always better to suppose the worst and to act accordingly; for measures which shall prevent the spread of an epidemic disease never do harm, but have the most salutary influence on the health of the population of any country.

"A transport ship arrives from India, then the seat of the cholera, and anchors in the port of Toulon, where its crew and the transport are put ashore. Shortly after, cases of cholera happen in Toulon, and still to have doubt of their being anything but genuine cholera, is a little strong. In this manner sporadic cases of the disease never happened. And least should such a thought occur in Toulon, which for centuries is notorious as the place of import of all oriental epidemics—a true pest-place. The French Government should have rather at once taken it for granted that they had to do with true Asiatic cholera.

"But there is another place where a stricter quarantine should be observed, a place where alone the importation into Europe of all Asiatic epidemics could be prevented: I mean at the Suez canal. Let me remind you of the English ship 'Crocodile.' On its passage from India to the Suez canal six cases of Asiatic cholera had happened and ended fatally. Notwithstanding this fact, a clear bill of health was given to the 'Crocodile' in Suez. The ship left, and between Suez and Port Said another fatal case occurred on board of her. Still in Port Said again the same certificate of health was granted to her, and she was permitted to proceed to Malta. On this trip nine new cases happened, but nevertheless the ship met with the same criminal negligence, and was allowed to depart for England. That the disease was then not imported into England is one of those fortunate occurrences that seem to protect mankind.

"All civilized governments should unite to force and control such a quarantine at Suez, that such cases as that of the 'Crocodile' can never again occur. Whether the same happened with the French transport ship we cannot tell, as information on this point is still wanting. But we know that the ship came from India, where it had left at the time of a cholera outbreak there; she passed through the canal, was permitted to proceed unmolested, and came to Toulon, where a few days later the first cases of cholera occurred. What I say are facts well authenticated, and the Minister as well as you, gentlemen, may draw your own conclusions from them, and they will tell you what, *ab initio*, the duty of the French Government ought to have been.

"It is no use denying—the sanitary control, as performed by the French Government, is not so strict as civilized nations have a right to demand. I hope to notice soon an improvement, and especially at Suez; otherwise the sanitary measures of other nations are useless.

"It has long been supposed that the Asiatic cholera could not exist so long a time on board a ship. The instance of the 'Crocodile' has now confirmed older cases. Let me mention to you that of the German iron steamer, 'Franklin.' October 10, 1871, it left Stettin, and had, October 14, the last communication with the shore at Christiania. Nevertheless, from November 1 to 13, thirty of the crew died of the cholera. The last case happened November 13, four weeks, therefore, after the 'Franklin' touched land the last time.

"In conclusion, I can only say that I am astonished that our government had not yet sent a commission to Toulon to investigate the disease. The French sent a commission to us to study the trichinæ; they were well received by us; why should we not do the same? Sporadic cases of cholera happen, but the disease since Koch's discovery of the cholera bacillus is now so easily recognized—though without it not less—that there should be no trouble in determining the true character of the epidemic. I myself am against a cordon, as useless."

Virchow ended by declaring that he had the fullest confidence in the wisdom of the government; and then the Minister concluded the debate by insisting that the French Government had taken the strictest measures to prevent the disease from spreading. He mentioned in detail the report of the German Ambassador in Paris, in which it is said that especially disinfection, cleaning, and isolation were strictly attended to, that the troops had been transferred to another city, and that all persons leaving Toulon were under medical control. With reference to the sanitary service in Egypt, the Minister informed the House that the German Government was endeavoring to have all civilized nations act in unison, so as to enforce the strictest quarantine upon all suspicious vessels.

The Minister in closing the debate also made mention of the fact that a German commission would depart for Toulon. We know that such has been done; also, that the French Government has admitted the disease to be genuine Asiatic cholera, and that the latter has spread considerably, though it has not yet found a victim outside France and Italy.

THE PRACTICE OF MEDICINE IN TURKEY.

In 1870 a high Turkish officer, Stephan-Pasha, wishing to reorganize the army medical service in Turkey, induced a number of physicians from Vienna to enter that service. The pay was modest, but large promises were held out for the future. Many young men, attracted by the romance of a voyage in Eastern lands and by the high-sounding promises held out, decided on taking the voyage.

Very few of these medical men who went thither in 1870 are present in the Turkish army: "constant privations at a social and scientific point of view," says M. Fenykövy, "with constant cabals and intrigues, are what we met with."

The foreign physician has under his orders a native druggist and surgeon; the druggist is exceedingly ignorant, barely knowing enough French to read a prescription; those who know how to

prepare pills or Sydenham white decoction are considered models of skill. These native subaltern medical officers are united in their hatred of the physician; they neglect or mal-interpret his orders on all possible occasions, in order to do him the most injury possible.

Formerly there existed at Constantinople a military school of medicine, directed by foreign professors, where the lectures were delivered in French. The results were excellent; each year a number of medical officers, of great intelligence, were graduated, and the most able were despatched to complete their education at Vienna or Paris, their expenses being paid by the government. During the past few years all has been changed, the French language has been replaced by the Turkish, and as there exists no medical literature in that language, a few text-books have been hastily translated.

As a consequence, the young medical men sent to the army at present have very little solid kowledge of their profession. All detest cordially the foreign physicians, through patriotism, and also because their pay is higher and more regularly paid than their own.

It is true that the foreign physician may have recourse to civil practice, but this is very poor in Turkish and Arabian countries.

In Mesopotamia, for instance, the native women during labor are submitted to truly barbarous practices. The torments of a woman in a case of dystocia are unheard-of. Talismans are first applied, then the iman recites from the top of the minaret an ecbolic prayer, and casts an egg to the ground; this is an ancient and respected practice. If it fails, the patient is compelled to walk, the feet naked, over the fragments of a broken vase—the sooner she breaks these, the quicker labor will be completed; besides this process, she drinks water from her father's shoe.

When these mild means do not suffice, and the dystocia persists, recourse is had to more energetic proceedings. The woman is placed on her back, and the omnipresent female neighbor works with her hands and feet on the abdomen. By these diverse violent proceedings a number of persons are killed who would otherwise have been saved by very simple intervention. The most difficult part is to induce a Turk to call a physician. The daughter of a bimbaschi (surgeon-major) had a very difficult primiparous labor. All the national expedients were tried inefficaciously, but when a person present spoke of a European practitioner: "My daughter will die if her time has come," gravely replied the good bimbaschi, "but we will never call a man to her assistance."

SPONTANEOUS PERITONITIS.

The well-known Prof. Leyden has an interesting article in the *D. Med. Wochensch.*, March 24, 1884. After laying great stress upon the fact that peritonitis frequently develops itself in a very similar manner to that of pleurisy, he adduces the proof that spontaneous peritonitis. doubtless belongs to the great class of infectious diseases.

There are many reasons in favor of this view. The sudden beginning with its obscure cause, the high fever and the local seat of the disease in persons otherwise perfectly healthy, the rapid accumulation of offensive pus, and the undisputed epidemic-like spreading of the disease in a locality, all tend to prove its infectious character.

Concerning treatment, Prof. Leyden admits that thus far antiphlogistic procedures, opium, and inunctions with mercurial ointment, are the only means at our disposal and promising any effect. But he throws up the question, why we should not treat such a peritonitis as we do empyema, and suggests the opening of the peritoneal cavity and its washing out with a disinfectant solution. He also mentions a large number of cases where such an operation was performed, and with a favorable result; and though in these cases an encapsuled abscess could be diagnosticated as the starting-point of the malady, he sees no reason why in other cases, where such a condition does not exist, the same good result should not follow the same operation. It is true, it is easier to wash out the pleural than the intricate peritoneal cavity, still, as most grave cases of purulent spontaneous peritonitis end fatally notwithstanding its

local character, it may be well worth while to try the operation, which cannot increase the evil, but only do good. The main point will be to perform the operation as early as possible, as later, when many adhesions have formed, the thorough emptying and cleansing of the cavity would almost become an impossibility.

It is known that this disease is most frequent in children, and as they do not so easily succumb to operations of this kind as adults do, the procedure, so warmly recommended by Leyden, should be tried, and thus the little sufferers be given a chance to survive the infectious malady.

Notes and Comments.

Rectal Feeding and Alimentation.

Dr. Wm. Julius Mickle gives some very useful hints in a paper on this subject published in the *Journal of Mental Science*. In using nutrient enemata he advises that:

Alcohol should not be added to albuminous food.

If necessary, the bowels should previously be cleared out by a simple or aperient clyster, and a daily copious cleansing clyster is required in some instances. The bowels may have to be rested, but we must persevere if the first attempt fails. Where it is apt to return, the patient's best position to receive the enema is on the back or left side. The nozzle or tube should be comfortably warm, so should the food injected. The amount injected may sometimes with advantage be small at first, gradually increasing from 2 to 10 ounces. If the foods are ejected, we may try the plan (Dr. Hine's) of depositing them higher up in the viscus by means of elastic tubing and a funnel. But plugging the anus is often necessary, and has been done in many cases.

Conflicting as are the results of experiments on the subject, he concludes that the rectum and colon digest but little, and that, even when inverse peristole is set up, the action of the bowel upon enemata is chiefly absorptive. If so, the food should either be introduced mixed with digestive substances, or else before administration should in some way or in some measure be digested, and ready for absorption into the venules and lymphatics of the intestinal walls.

The following methods are all considered good:

Leube. Three parts of meat to one part of pancreas, both finely minced and mixed with a sufficient quantity of warm water for clysis. Carefully remove all fat and connective tissue. The hog's pancreas is the favorite.

Rennie. To a basin of good beef-tea, add ½ lb. shredded lean raw beef; ʒj fresh peps. porci; ʒij. dil. hydrochloric acid; warm for four hours; stir frequently. Beaten egg or alcohol (?) may be added.

Catillon. A saturated solution of 19° C. of peptone of meat, 40 grammes; water, 125 grammes; laudanum, 3 to 4 drops; bicarb. of soda, 3 centigrammes.

Dobell. Cooked, finely-grated beef or mutton, 1 lb.; pancreatic emulsion (Lowry & Moore), 1 oz.; pancreatic powder, 20 grs.; pepsine (pig's), 20 grs. Mix quickly, add half an ounce of brandy, and warm water sufficient to bring it to the consistence of treacle.

Henninger. Very lean meat, finely minced, is placed in a glass receiver; water and HCl. are poured on, and pepsine, at the maximum of its activity, is added. The whole is left in a water-bath or stove to digest for 24 hours at 113° F.; it is then decanted into a porcelain capsule, brought to the boiling-point, and while the liquid boils, a sol. of sod. carb. is added to it, until it shows a very slight alkaline reaction. Then the boiling liquid is passed through a fine linen cloth. The liquid is reduced in bulk in a water-bath. White sugar is added before administration.

Mickle. A pint of milk, with one-fifth or one-fourth of a pint of water, is carefully heated to 140° F. Two drachms of liquor pancreaticus (Benger's) and 20 grains of bicarbonate in solution in one or two ounces of water, are added. The whole, in a covered vessel, is kept near the first at 140° F. for an hour or an hour and a half, then thoroughly boiled for two or three minutes. Thus prepared, the food keeps for half a day or a day.

In rectal medication, Dr. Mickle has made extensive use of enemata of chloral hydrate in many cases of epilepsy and of epileptiform seizures. He gives thirty grains dissolved in two ounces of water, and has found it very useful.

The Treatment of Acute Laryngeal Catarrh.

In the course of some practical remarks which we find in the *London Medical Times*, Dr. J. Burney Yeo tells us that in the early stage the advantage of small doses of opium or morphine in allaying irritation and relieving the cough is most marked. It is well to combine them with small doses of ipecacuanha or tartarized antimony. The adminis-

tration of an eighth of a grain of acetate of morphia with one-twelfth of a grain of tartarized antimony every four or five hours; or four or five grains of the compound ipecacuanha powder every five or six hours, will usually relieve most of the distressing symptoms—the tickling cough, the soreness in the larynx itself, the difficulty in swallowing sometimes present, and the hoarseness or impairment of voice. Warm alkaline drinks are also of much value in thinning the tenacious adhesive mucus which often hangs about the glottis and upper part of the larynx, and is difficult of expulsion; for this purpose a third of a tumblerful of Ems, or Bourboule, or Apollinaris water, to which a tablespoonful or two of hot milk or whey may be added, should be drunk every two or three hours.

When it is not easy to get these mineral waters you can prescribe the following mixture, which answers quite as well:

℞.	Sodæ bicarbonatis,	ʒj.
	Sodii chloridi,	gr. xviij.
	Spr. chloroformi,	♏ xxx.
	Aquæ anisi ad.,	℥vj.

M. ft. mist.

Of this mixture two tablespoonfuls should be taken every two or three hours with two tablespoonfuls of hot water or milk.

Counter-irritation and warmth in the shape of a small poultice of mustard and linseed applied over the larynx are of great service. Some, however, prefer cold compresses.

It is of the greatest importance to avoid all causes of further irritation. The patient should therefore be kept to the house, and in one uniform temperature. All exercise of the voice should be forbidden, and the desire to cough should be resisted as much as possible. Violent efforts at coughing irritate and injure the inflamed mucous membrane covering the glottis.

The inhalation of the vapor of hot water or of infusions of demulcent herbs, or warm alkaline sprays, is useful when the cough is hard and dry, and there is difficulty in softening the tenacious and scanty mucous secretions. Direct local applications are rarely advisable in cases of acute catarrhal laryngitis, but they are of great service if the catarrhal condition persists and the case becomes chronic.

Acute laryngeal catarrh is usually a mild and easily managed disease, but it often occurs with troublesome frequency in persons who have to use the voice much in singing or speaking, and it is then more difficult to treat, and tends to become chronic.

Gun-shot Wound of the Stomach: Successful Laparotomy.

From the *Brit. Med. Jour.*, July 12, 1884, we note that Professor Kocher, of Berne, has recently operated with success on a case of gun-shot wound of the stomach. A boy, aged 14, was admitted into hospital half an hour after having received a wound in the region of the stomach, from a pistol-shot aimed at him from a distance of about five paces. He was pale, and complained of abdominal pain; the abdomen was swollen, and distinctly dull on percussion inferiorly. Pressure on the abdomen caused pain. A quarter of an hour later, hiccough, severe epigastric pain, vomiting, pallor, and symptoms of collapse came on. There was tympanitic resonance from the ensiform cartilage to the umbilicus, and complete dullness from the navel downwards and in the flanks; the slightest percussion caused severe pain. Three hours after the injury, laparotomy was performed. On opening the abdominal cavity in the region of the navel, a great quantity of dark blood escaped. The bullet-wound was discovered with comparative ease; it was situated on the anterior surface of the stomach, towards the greater curvature in the direction of the fundus. The wound was circular, with sharp edges, and about half an inch in diameter. The bullet could not be found, nor was there any aperture of exit. The edges of the wound were united, first with two catgut ligatures, like an ordinary wound, and then a continuous silk suture was applied, for the distance of about an inch, so as to invert the serous coat around the wound. Recovery was retarded by an abscess which formed in the track of the sutures in the abdominal wound. Professor Kocher declares that, considering the impossibility of recovery in cases of gun-shot wound of the stomach when active measures are not taken, it is the duty of the surgeon to perform laparotomy whenever an injury of that kind is suspected. The case is recorded in a recent number of the *Korrespondenzblatt für Schweizer Aerzte*, where Professor Kocher publishes several other recent cases of operations on the stomach. Out of three cases of resection of the pylorus, one recovered; a case of gastro-enterostomy, for cancer of the stomach, terminated fatally; one case recovered where the stomach of an agricultural laborer was opened for removal of the end of a corn-catcher, which had broken of during an attempt to extract a large tin nail which the patient had swallowed. The nail itself could not be found. Professor Kocher has also recently performed three gastrostomies for the relief of can-

cerous stricture of the œsophagus. One of the patients died within twelve hours, from collapse; the second died on the third day with septic symptoms. The third recovered, left the hospital, and died suddenly two months after his discharge, apparently from an apoplectic stroke.

The Treatment of Ozæna.

The *Centralbl. für die Gesam. Therapie.* of February, 1884, contains an article on the treatment of ozæna, by Dr. Roth, of Vienna. He objects to the general use of the term as applied alike to all conditions which may cause the particular symptom, and he would use the name ozæna only for what he calls the genuine variety, characterized, not by any decay of the bones or soft parts, but by hyperæmia and hypertrophy of the mucous membrane, with increased quantity and diminished fluidity of the secretion, which rapidly dries, and hardens into cakes. The mucous membrane is often found in parts in a state of atrophy, which seems to be the secondary condition of the foregoing hypertrophy; and this atrophy may extend to the turbinated bones, which will then present no trace of their previous form or structure. The fœtor results from the access of germs to the secretion, as has been proved by experiment. When the anterior and posterior nares have both been stopped, so that no air has been permitted to enter, the fœtor has failed to appear, but has been detected after the secretion has been exposed to the air for some time, when micrococci and bacteria have been found in it in great numbers. The proper name for such an affection is rhinitis chronica atrophicans fœtida, and the indications of treatment are to loosen and remove the secretion, to restore the mucous membrane to its normal condition, to remove the odor, and to cure any prevailing dyscrasia. Dr. Roth effects those ends by means of plugs of cotton-wool, charged with iodoform, which he introduces into the nostrils at night, and removes in the morning. They act as a disinfectant, retain the secretion, and exercise salutary pressure on the mucous membrane, irritating it slightly, so that an increased quantity of blood is brought to it, and the secretion becomes more fluid. After the removal of the plug, the nasal cavities are washed out with a solution of thymol, carbolic acid, or chlorate of potash, combined with alum or tannin, by means of a special nasal spray, which conveys the fluid to the very back of the nose. Special causes must be removed according to their indications, but in the case of tuberculous affections the local treatment should be confined to disinfection, and reliance is to be placed chiefly on general dietetic measures. Dr. Roth concludes by remarking that only those cases which come under treatment in the early stages of hypertrophy are curable, but that, unfortunately, this, obstinate and peculiarly objectionable complaint is generally first seen when atrophy has already begun, and when the treatment of the fœtor is all that can be hoped for, until the mucous membrane, with its glands, is completely destroyed.

Crossing the Legs, and the Mode of Sitting.

In the *Brit. Med. Jour.*, May 10, 1884, we read that M. Delaunay, of Paris, has made an extended and careful investigation to ascertain if, in the majority of cases, the right upper and lower extremity be crossed over the left, or the left over the right, and which side most persons incline to when in the sitting posture. According to M. Delaunay, certain breeds of dogs such as terriers, Newfoundlands, and poodles, cross the right paw over the left. The Chinese and Japanese cross the left arm over the right. Europeans cross the right over the left. M. Delaunay observed, in the *crèches* and *salles d'asiles*, that infants under three years of age cross the left arm over the right, older children crossing the right over the left; sixty per cent. doing so at six years of age. Robust children cross the right arm over the left; the idiotic and weak, including those who are incapable of working, cross the left over the right. The Calmucks and Arabs cross the right over the left, like the Europeans. A great many women cross the left leg over the right. Among the opera-dancers some always cross the right leg over the left, but not one the left over the right habitually; the majority cross the left over the right or the right over the left indifferently. Robust children cross the right leg over the left earlier than their weaker playmates. Persons who cross the right leg over the left lean towards the left when sitting; those who place the left uppermost lean to the right. Hence, consistently with what might have been expected from what is observed in children with regard to crossing legs, until six years of age children lean towards the right, and afterwards towards the left. French schoolmasters, it would appear, try to prevent their pupils from assuming this position, believing that scoliosis results; hence they encourage or enforce the use of elbow-rests (*accoudoirs*), which oblige the children to sit straight—a useless measure according to M. Delaunay, as the position they choose is in conformity with the process of evolution. Tailors affirm that the back

of a pair of trousers is always more worn on the left side than on the right. Left-handed people always sit towards the right. M. Delaunay concludes from these observations that the left brain develops previously to the right, and finally the right predominates.

Sexual Insanity.

In the *Brit. Med. Jour.*, June 28, 1884, Dr. Macleod published a brief paper on this subject. This disease generally occurred in young girls and women from 18 to 24, who were affected with amenorrhœa or dysmenorrhœa. An illustrative case was that of a girl, aged 24, who came of a healthy family, but was not so strong as the others. She was well until 17; menstruation was painful and irregular. Her habits then changed; she became dull, gloomy, and at times irritable. This went on for years. Then she became excitable, and was removed to an asylum for nine months. She did not improve. She then became depressed, and her health fell off. Two months ago, she came to Beverley. She was dull and apathetic, and would not work. She was untidy and dirty in her habits; at times she showed erotic tendencies. She was free from organic disease. Her menstruation was normal; she was somewhat anæmic. These patients manifested erotic tendencies, and frequently masturbated. The character was perverse. The disease was sometimes attributed to disappointment in love, but probably existed before the supposed disappointment. There was often hereditary predisposition, and neurotic tendencies. The disease was characterized by sharp attacks of excitement, followed by apathy. It manifested periodicity. The physical health was generally poor, with anæmia and a general want of development. The prognosis was favorable if the patient lost the characteristics of girlishness and developed into womanhood. In the treatment, the two chief points were the establishment of the menstrual flow, and the restoration of the bodily health. Fat-forming foods, with iron and tonics, were best. Sedatives and stimulants should be avoided. Asylum treatment was the best, where there was a regular system of work.

Resorcin.

Recent investigations have demonstrated that the disagreeable side-effects of resorcin, the nausea and vomiting, are by no means due to the remedy itself, but to the impurities accompanying it. Since the *resorcinum purissimum vel resublimatum* has been in the German market the reports of reliable authors have accumulated, which prove that resorcin, if pure, is the most reliable remedy for vomiting we probably possess, and not only in adults, but also in children. Besides its prompt effect in this regard, it is said also to stimulate and to strengthen to an extraordinary degree the digestive functions of the stomach and of the upper part of the small intestines.

Dr. Justus Andeer, in Munchen (*Allg. Med. Centr. Zeit.*, July 5, 1884), recommends resorcin in these cases, in doses varying from sixteen to forty-eight grains, and draws the attention of the profession to the effect which the remedy exerts in very large doses, such as employed in anæmia and chlorosis. Symptoms of intoxication set in, and the individual under its influence acts like a drunken person. A good *old* red wine (Bordeaux, Macon, etc.,) acts like a specific; a few glasses of it putting at once an end to the symptoms mentioned. This action of the red wine is probably due to its containing iron in considerable quantities.

Salivary Incrustations on Dental Plates.

Dr. James Craig, of Jersey City, N. J., thus writes in the *Dental Cosmos:*

The methods usually resorted to in removing salivary deposits from dental plates are mechanical, viz., by scraping, consuming considerable time, and friction with a wheel brush. The method I have adopted is simple, and may be considered a chemical one. The saliva, having an alkaline reaction, its salts being principally sodium, calcium, and potassium phosphates, forms a deposit that may be removed by using a solution of carbolic acid from 3 to 5 per cent., the strength depending upon the thickness of the incrustation. The carbolic acid being antiseptic and non-corrosive in the strength mentioned does not injure the plate, but keeps it sweet. Theoretically, the carbolic acid, combining with the alkaline bases, forms carbolates, thereby loosening the deposits. By immersing the plate an retiring at night, and allowing it to remain in the solution until the following morning, the incrustation is easily removed by a flow of water from the faucet and gentle friction with a tooth-brush.

Primary Cancer of Bladder.

This condition is not common, yet Dr. Whitney showed a specimen of primary cancer of the bladder, situated in the right posterior wall, and involving the opening of the right ureter, to a recent meeting of the Suffolk District (Mass.) Medi-

cal Society. The right ureter was dilated, as well as the pelvis of the kidney, which was in a condition of hydronephrosis. The left ureter was normal in size, and the kidney showed fatty degeneration of the convoluted tubes. The lumbar glands on the right side were diseased, and the liver was filled with nodules of new growth.

The microscopic examination showed the disease to be of the flat-celled variety of cancer.

The specimen came from an old man who had had hæmaturia for eight months, but no pain. Gradual loss of strength and death.

It is well to bear this case in mind as it may serve to explain some cases of persistent and intractable hæmaturia.

Prickly Heat.

Dr. Henry T. Wharton tells a most distressing case of this affection in the *Lancet*, August 2, 1884, wherein a man of exceptionally good health, who knows nothing of indigestion or biliousness, suffered from most intolerable prickly heat. The eruption appeared most profusely on his back and arms, and the itching was intense. It was finally suggested after all other remedies had failed, that perhaps the short-sleeved light undershirts that he wore in summer might be responsible for the trouble, owing to their inability to absorb the perspiration or to protect the skin from sudden chills. He commenced to wear throughout the summer the thickest long-sleeved shirts, made entirely of wool, such as he wore in the depth of winter. The result was the absolute cessation of the prickly heat.

Correspondence.

Sewer Ventilation.

Eds. Med. and Surg. Reporter:—

Great cities, indispensable to the business facilities of nations, must at the same time be admitted to be "great sores on the body politic." Their contaminated atmosphere is the enduring source of many dangerous and fatal diseases from which the residents of the open country are exempt. The most fertile origin of some of our most fatal diseases is the gas generated in sewers, caused less by the gas *per se* than by the myriads of microscopic animalculæ and fungi, with their germs and spores, of which this gas is the proper home. By our present imperfect system of sewage pipes, this prolific cause of diphtheria, typhoid fever, and other malignant diseases, is conveyed into every house provided with the *convenience* of drainage pipes; and no system of traps or disinfectants as yet devised has to any perceptible extent served to abate the evil. An adequate amount of disinfectants, however great their individual virtue, would be unattainable, to say nothing of probable negligence in their use.

The proposed plan of the London Sewer Board to solve the question of ventilation of sewers by causing a ventilating passage to be built in the chimney stack of each *new house* when being built, and running the shaft well above the roof of the house, although suggestive of good results, would be at best partial and uncertain in its operation. As a general and more certain method, I would suggest the plan of running a sufficient number of metal pipes from the main sewers into the stacks of furnaces now existing, or to be built for the purpose in the most elevated portions of the city. Whilst the liquid contents of sewers gravitate to the lowest points, the buoyancy of the enclosed gas causes it to ascend to the highest. The draught of a furnace would greatly increase the rapidity of its ascent. Once within the furnace, the gas, with all its power for evil, would be instantly and permanently destroyed.

If there are not now in Philadelphia a competent number of furnaces, others could be erected by the city authorities, the expenses of which might be compensated by leasing to manufacturers and artisans the power thus to be acquired.

I cannot doubt that this plan, if skilfully carried out, in connection with improved pavements and proper facilities for street cleaning, independent of jobbing, would prove of incalculable advantage as regards the question of healthfulness.

I offer these suggestions in the hope that some influential and philanthropical citizens possessing a better knowledge of the practicable working out of the idea, may take it in hand and subject it to a fair and impartial test.

Jno. T. Huddleson. M. D.

Glen Mills, Del. Co., Aug. 29, 1884.

Prevention of Conception.

Eds. Med. and Surg. Reporter:—

I notice in the Reporter of August 16th, a note from Dr. Matteson charging Drs. Goodell and Waugh with "cant and humbug," and that the general practitioner "who, from false delicacy, neglects to instruct his gentle patients how to protect themselves without physical injury, and also without sacrificing anything of modesty or morality," is worthy of reproach. As I have understood it, the position of those teachers is, that the methods of preventing conception known to them are, without exception, productive of physical injury, and therefore not to be recommended by the physician. We are thus led to infer that Dr. Matteson either is aware of some method of preventing conception, which is harmless physically, consistent with "modesty and morality," and of which these teachers are ignorant, or that he has evidence to show that some of the methods they condemn are harmless, modest, and moral. In either case it would seem incumbent upon him to show precisely wherein the "humbug" lies, to state explicitly the method which he is in the habit of recommending, and to produce the clinical evidences upon which he bases his judgment. This, rather than a wholesale charge of "cant" and "false delicacy" would seem likely to prove a real contribution to the solution of a vexed question.

L. B. Tuckerman, M. D.

Cleveland, O., Aug. 19, 1884.

Borate of Quinine.

EDS. MED. AND SURG. REPORTER :—

Your notes on borate of quinine have made a decided impression on me for several reasons, but one of which I will trouble you about. In this latitude we sometimes have congestive chills, pernicious intermittent, etc., in which condition the administration of quinine is—per orem—simply out of our power. To use a solution hypodermically, the acid necessary in making a solution often causes abscesses, sores, etc. Therefore, if the borate is so readily soluble, it is *the* thing we need, and I hope you will induce some of your city manufacturers to prepare it, or some of the wholesale dealers order some from Europe. And let the readers of the MEDICAL AND SURGICAL REPORTER know of it. S. W. CANTWELL, M. D.

Trenton, Tenn.

NEWS AND MISCELLANY.

The Perkins Tractor.

In the course of an article on "Medical Delusions," in the *Boston Med. and Surg. Jour.*, August 14, 1884, Dr. Albert Day gives the following account of the Perkins tractor:

It is not a century since the Perkins delusion with its metallic tractors turned the heads of many wise and good people. Dr. Elisha Perkins, of Plainfield, Connecticut, invented his tractors, and began practice with them, about the year 1796. One part is composed of steel, and the other seems to be of brass or some metallic compound. The operation consisted in uniting the large ends and then drawing the sharp points over the diseased parts, no incision being made. This being done several times completed the operation.

Dr. Day then publishes a lot of letters which Dr. Perkins received from prominent persons endorsing his tractors, and goes on to say that about the time of the popular excitement occasioned by the wonderful cures by the "tractors," Dr. Benjamin Douglas Perkins, son of Elisha, went to England, the wonderful cures by the magnetic tractors having preceded him. He settled in Leicester Square, London, where he proposed to make good the fame of his father. He then took out a patent for the wonderful "tractors." The most wonderful stories soon obtained general circulation, and the press groaned with pamphlets all vaunting the curative effects of the metallic tractors, which were sold at five guineas the pair. Perkins gained money rapidly; gouty subjects forgot their pains in the presence of this new remedy; the rheumatism fled at its approach, and toothache, which is often cured by the mere sight of a dentist, vanished before Perkins and his marvelous steel-plates.

The benevolent Society of Friends, of whose body he was a member, warmly patronized the invention. Desirous that the poor, who could not afford to pay Perkins five guineas, or even five shillings, for his tractors, should also share in the benefits of that sublime discovery, they subscribed a large sum and built a hospital, called the "Perkinean Institution," in which all comers might be magnetized free of cost. In the course of a few months they were in general use, and their lucky inventor in possession of five thousand pounds.

Dr. Haygarth, an eminent physician of Bath, recollecting the influence of imagination in the cure of disease, hit upon an expedient to try the real value of the "tractors." Perkins' cures were too well established to be doubted, and Dr. Haygarth, without gainsaying them, quietly, but in the face of numerous witnesses, exposed the delusion under which the people labored with respect to the curative medium. He suggested to Dr. Falconer that they should make wooden tractors, paint them to resemble the steel ones, and see if the very same effects would not be produced. Five patients were chosen from the hospital in Bath upon whom to operate; four of them suffered severely from chronic rheumatism in the knee, ankle, wrist, and hip, and the fifth had been afflicted for several months with gout. On the day appointed for the experiments, Dr. Haygarth and his friends assembled at the hospital and with much solemnity brought forth the fictitious tractors; four out of five patients said their pains were immediately relieved, and three of them said they were not only relieved, but very much benefited; one felt his knee warmer, and said he could walk across the room; he tried and succeeded, although on a previous day he had not been able to stir; the gouty man felt his pains diminish rapidly, and was quite easy for nine hours, until he went to bed, when the twitching began again. On the following day the real tractors were applied to all the patients, when they described their symptoms in nearly the same terms. The same experiment was tried in other hospitals with the same results.

An account of these matters was published by Dr. Haygarth in a small volume entitled, "Of the Imagination, as a Cause and Cure of Disorders, exemplified by Fictitious Tractors."

The friends of Perkins were unwilling to confess they had been deceived. They found at last that no one believed in them. The Perkinean Institution fell into neglect; and Perkins made his exit from England, carrying with him about fifty thousand dollars.

Anti-Vaccination Experience.

The following is the experience of a man who refused to have his child vaccinated as narrated in an English legal journal:

"It was an action brought against the governor of Portsmouth jail and two of his wardens for improperly treating the plaintiff while an inmate of the jail. The plaintiff, a commercial traveler, was ordered by a magistrate for the county of Sussex to cause his daughter, Charlotte Mabel Kennard, aged three, to be vaccinated. This he refused to do 'on principle,' as he said. He was consequently summoned before the magistrate and fined. He refused to pay this fine. A distress was accordingly levied on his goods, but was returned unexecuted. The magistrates accordingly ordered the plaintiff to be imprisoned, but without hard labor, for fourteen days in the Portsmouth prison, in default of the payment of the fine. The plaintiff was accordingly arrested and conveyed to Portsmouth jail. There he was or-

dered to take a bath, and whilst he was in the bath his ordinary clothes were taken from him and prison-clothes substituted, which he was compelled to wear. His deceased wife's wedding-ring, which he always wore, was removed from his finger. He was also throughout the fortnight compelled to pick oakum, to sleep on a plank bed, and to take his exercise with the ordinary prisoners. He was also not allowed to procure his own food, although he offered to pay for it, but was compelled to live on the prison fare. Counsel contended that he was not a criminal, subject to prison discipline. Lord Justice Lindley gave judgment for the defendants. This seems *prima facie* a hard case, but if men choose to break the laws, they must not expect any lenity because they act 'on principle.'"

Dental Caries in Normandy.

From a foreign exchange we learn that several departments in Normandy furnish a considerable number of rejections among the recruits drawn for military service. The Seine Inférieure for example, furnishes a mean of 50 per cent. of rejected conscripts. This singular fact in so wealthy a department, in which the population seems strong and prosperous, has excited the attention of Dr. Chervin. He finds that the most frequent malady giving rise to rejection, after cases of "general weakness," which preponderate, is dental caries, which, taking the department altogether, furnishes 15 per cent. If the different cantons in the department are examined, a great difference among them is discovered, varying from 80 per 1,000 the lowest, to 229 the highest number. Pursuing his investigation of the department for twenty years, M. Chervin arrives at the conclusion that race is the chief cause of the predominance of caries. Examining one of the ethnic elements which is the most persistent, and which furnishes most information on the subject of race-stature, he finds that the department is inhabited by two different races, the shorter in the east, and the taller in the west. In the population of the higher stature, dental caries is far more frequent than in that of the lower stature; and this fact is not peculiar to the Seine Inférieure, but is observed also in other departments.

The Placenta of Birds.

The *British Med. Jour.*, August 9, 1884, says:

"Birds have hitherto been considered to be implacentary; but some recent researches by M. Duval, communicated to the Society of Biology of Paris, seem to show that their ova possess a rudimentary form of that characteristic organ of the mammalia. In the course of his investigations, M. Duval has made a number of complete sections of the eggs of small birds, at various stages of incubation, and has found them to be divisible into three layers or levels: 1, that of the large end, which contains the embryo; 2, that of the middle, with the allantois; 3, that of the smaller end, which is occupied by a pouch-like prolongation of the allantois containing albumen. From the wall of this pouch a number of villosities project into its interior. These persist during incubation, and disappear on its completion, the albumen being by that time absorbed. The outside of the pouch is applied to the inner surface of the egg-shell. This villous bag M. Duval takes to be the rudiment of a placenta, and considers that its inner surface is concerned in the nutrition, its outer with the respiratory function, of the embryo."

The Doctor without a Coat.

In the *Med. Record* we read that Prince Bismarck's physician, Dr. Schweininger, who was some time ago made a professor, has now, it is said, been given an order of nobility and made Professor in the Faculty of the Berlin University, with authority to deliver certain courses at Charité. *Apropos* of Dr. Schweininger, the German papers publish in the humorous column the following story: "A servant in Münich was showing the sights to a country visitor. The latter wanted to know all about the figures and statues on the University building. Rather than confess ignorance, his city friend gave the names of distinguished contemporaries to the various gods and goddesses, and other immortals in stone. 'And that figure,' he said finally, pointing to a very classically-dressed statue on the façade of the left wing, 'is Dr. Schweininger.' 'Aha!' said the admiring visitor, 'but where then is his coat?' 'Oh,' replied his friend, 'since he cured Prince Bismarck, the people have sent for him from all over the country, and he has had to travel so hard that he has worn off his clothes!'"

The Virus of Hydrophobia.

The *N. Y. Med. Jour.*, August 23, 1884, published the following letter received by Dr. A. S. Heath, of New York city, in reply to a letter to Pasteur:

"August 8th.

"*Sir:* In the absence of M. Pasteur, who is in Copenhagen, I reply to the letter which you addressed to him.

"In an animal that has died of hydrophobia there is nothing virulent except in the saliva, the salivary glands, and the nervous system. The blood, the muscles, and the viscera, do not appear to contain the virus of rabies. I do not know of an instance of inoculation of rabies by the performance of an autopsy.

"The attenuated virus that you ask for is still under investigation. Thus far, it has been tried only on dogs, and in the present state of our knowledge, M. Pasteur would not dare to make one of it on man.

"Accept, sir, the assurance of my highest consideration. Dr. Roux,

"Adjunct Director of M. Pasteur's Laboratory."

Does a Man Own His Head?

One of the questions which an Englishman recently left his heirs to quarrel over, was the right to his head. The deceased had sold it to the local physician in consideration of his paying the funeral expenses, and when the time came for the delivery to be made, he called for it; but the heirs, who said they were perfectly willing to pay the funeral expenses themselves, demurred, and refused to carry out the agreement. The aid of

the courts was then invoked, and at last accounts the matter was not decided. In the meantime, the value of the head for purposes of dissection, if that is what the physician wanted it for, is rapidly diminishing, and soon will be of no value whatever. The English courts have at various times held that there could be no property, in the ordinary sense in which the term is used, in a dead body; and the interesting question now comes up whether the ownership, such as it is, is vested in the person himself or in his representatives.

Victoria and Tasmania as Resorts for Consumptives and Persons Afflicted with Lung Disease.

Dr. J. W. Barrett concludes an article on this subject in the *London Med. Times*, by thus summarizing:

1. That they should, if possible, go out by the fastest and best equipped steamers.
2. That they should go to Melbourne and at once travel north of the dividing range to such places as Sandhurst, or anywhere in the valleys of the Goulburn or Murray.
3. That they should obtain out-door employment on a sheep or cattle station, or some similar place.
4. That, should the summer try them, and the practice of midday rest fail to relieve, they should go to Tasmania for January and February.

That, however, in all cases, they must remember that their place of safety lies north of the great dividing range.

Incomes of English Physicians.

From *Gaillard's Medical Journal*, we learn that of English doctors, Radcliffe made over $35,000 a year in the height of his fame; Mead, $25,000; Baillie, $45,000; Sir H. Halford, $55,000; and Sir B. Brodie $85,000 in the year but one before his retirement, the largest income known. Radcliffe once received $8,000 as special fee for visiting Lord Albemarle at Namur; Granville $5,000 and his traveling expenses for a visit to St. Petersburg; and recently Sir W. Gull $5,000 each for two visits to Pau, and $7,500 for traveling to Perthshire and remaining a week with a patient. But the fee of fees was that received by Dr. Dinesdale in 1768, for inoculating the Empress Catherine and her son at St. Petersburg, viz., $60,000 paid down, a pension of $2,500 for life, and the dignity of a baron.

Items.

—Lawson Tait says: Any woman who has an ovarian tumor removed in her own house is a fool for her pains.

—The Roumanian Government has sent Dr. Maccovich as a "commission" to Marseilles, in order to study the cholera.

—Somnambulism is one of the subjects to be taken up by the committee for the collective investigation of disease in England.

—The British Medical Association created a new section at its recent meeting at Belfast—that of Pharmacology and Therapeutics.

—Clear boiling water will remove tea stains; pour the water through the stain, and thus prevent its spreading over the fabric.

—In the *Brit. Med. Jour.*, June, 28, 1884, Mr. H. A. Latimer reports a case of retained menses from imperforate hymen; epilepsy; operation; recovery, with temporary relief from epilepsy.

—In the Cincinnati *Medical News*, June, 1884, Dr. George W. Vogeler reports two cases of intestinal obstruction; one from impacted fæces; the other by stricture due to cancer.

—Professor R. Harvey, of Calcutta, advocates the use of the forceps in breech presentations in certain cases (*Indian Medical Gazette*, June, 1884). A number of obstetrical authorities have now declared in favor of this innovation.

—A remedy for rhus poisoning is proposed by Mr. Wiegand, in the *Am. Jour. Pharm.*, July. It consists in the application, without friction, of cloths moistened with fluid extract of senega. Two or three applications are said to effect a cure.

—Before undertaking a *post-mortem* examination, Dr. Clevenger recommends holding the hands over strong aqua ammonia, when the smarting will reveal all the sensitive or abraded places that need a touch of the caustic before beginning the examination.

—In a case of death from the eating of raw ham, which occurred recently at Arietta, in Hamilton county, N. Y., and which has been investigated by a committee of the State Board of Health, the muscular tissue of the patient has been found to be swarming with trichinæ.

—"Doctor, I want to thank you for your great patent medicine." "It helped you, did it?" asked the doctor, very much pleased. "It helped me wonderfully." "How many bottles did you find it necessary to take?" "Oh, I didn't take any of it. My uncle took one bottle, and I am his sole heir."

OBITUARY NOTICES.

ROBERT E. ROGERS, M. D.

Dr. Robert Empie Rogers, late Professor of Chemistry in the Jefferson Medical College, of this city, died suddenly on September 6. He was born in Baltimore, Md., in 1814. After a thorough preliminary education he graduated in medicine from the University of Pennsylvania in 1836. From 1844 to 1852 he was Professor of Chemistry in the University of Virginia. He assisted his brother, J. B. Rogers, in preparing his edition of "Turner's Chemistry," and, on his death, succeeded him as Professor of Chemistry in the University of Pennsylvania. Dr. Rogers was a son of the late Dr. P. K. Rogers, of this city, and a brother of James Blyth Rogers, late Professor of Chemistry in the Washington Medical College at Baltimore, and then in the Medical College at Cincinnati. Another brother was Henry Darwin Rogers, the geologist and Fellow of the Royal Society, who died in Glasgow.

In 1877 he resigned his chair in the University to accept a similar position in the Jefferson Medical College, which he held until a few weeks since. Mrs. Rogers died a few years ago. Dr. Rogers leaves no children.

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

INTERNAL HEMORRHOIDS—THEIR TREATMENT—A PLEA FOR CARBOLIC ACID.*

BY T. J. HAPPEL, M. D., TRENTON, TENN.

The pathology of hemorrhoids is too well understood to need any comment—their causation is a matter with which every surgeon is familiar. I purpose confining myself to their treatment only.

Gross, in his last edition, says: "For the radical cure of internal piles, the proper operation is ligation," etc. This position is taken by Erichsen, Druitt, Allingham, and in fact also by all of the older writers upon the subject.

This mode of operating is superior to that of the knife or scissors, which should never be resorted to in the treatment of internal hemorrhoids; but to my mind it has always been an unscientific, not to say an unsurgical procedure, to ligate a tumor and return the same within the rectum, and there leave the gangrenous mass, suppurating and slowly sloughing off—the patient suffering all the while this process goes on (from five to ten days) more or less pain; sometimes so intense as "to resist large doses of opium," and then frequently a slow convalescence, often complicated by the existence of long-continued and painful ulceration at the seat of one or more of the ligatures, and then sometimes death from pyæmia, tetanus, constitutional disturbances, or from the drain from the ulcers above referred to. Fatal cases from this operation have been reported by many surgeons, among whom are Cooper, Brodie, Lee, Lane, and others. Mr. Lane reports four cases of death from tetanus alone. Prof. Ashurst reports two from the same cause. Mr. Henry Smith reports several fatal cases as having occurred in his own practice and in that of personal friends.

The most favorable exhibit for the operation by ligation is that made by Mr. Allingham; but a close reader after Mr. A. will inevitably come to the conclusion that many of his cases of operations, when slow in recovering, were sent from the hospital to the country, and when they did not return for further treatment were considered cured; but such a conclusion can hardly be considered correct, inasmuch as many of those cases perhaps concluded, as is the habit of persons afflicted with any chronic disease, that nothing could be done for them, and remained away in despair, or have gone to some other surgeon.

The danger of septic poisoning in such an operation, if there were no other danger, seems to me to be sufficient to deter any one from it, if any other operation is possible. We know that the rectum does absorb medicines when injected into it, and if medicines, why is there not always more or less danger of the absorption of the putrid material thrown off during the five or ten days occupied by the hemorrhoids in sloughing off, to say nothing of the fine opportunity afforded for this absorption when the slough separates, leaving a healthy surface ready to absorb anything.

One more objection to the operation is the liability to a return of the disease, perhaps not at the site of the hemorrhoid removed, but adjacent to it. I have in my mind cases in which such results followed within two years.

* Read before the Tri-county Medical Society of West Tennessee, June 10, 1884.

The operation by "clamp and cautery," originally practiced by Mr. Cusack, of Dublin, and then by Mr. Henry Lee, of London, and then much more extensively by Mr. Henry Smith, of the same city, is certainly a great improvement, at least upon theoretical grounds, upon the method by ligation. You remove with the knife or scissors, after clamping the tumor, that portion which, in the method by ligation, is returned within the rectum and left to slough off. You thus remove at least one element of danger of death from pyæmia or septicæmia.

The question might be asked, "Does not the eschar left after the application of the actual cautery give rise to the same danger that the method by ligation does?" Not to near the same degree, nor for half as long a time. As the bulk returned in the method by ligation is greater, to that extent is suppuration greater; and whilst the time occupied in the sloughing process, after an operation by ligation varies, as claimed by its strongest advocates, from five days as the shortest to ten as the longest, the separation of the eschar left by the second method requires only from three to five days.

Whilst the operation by clamp and cautery is a little more lengthy and tedious, the pain attendant upon it is no greater than in that by ligation, and in many cases less; especially is the pain less in the first five days after the operation.

In the operation by ligation the patient is confined to his bed, as a rule, for at least a week, whilst in the operation by clamp and cautery the confinement to bed does not usually extend beyond the third day, and at the end of a week the patient is, as a rule, walking about. In this operation we have the same ulcerated surfaces to heal that are met with in the operation with the ligature, and hence an objection to the operation.

I have performed the operation with success in several cases, and was often annoyed by the complaints of the patients about the long-continued discharge of mucus, muco-pus and blood from the rectum.

One troublesome symptom common to both these methods of operative procedure as a sequence of the operations, and very often present, is retention of urine.

Of the two operations, it seems to me that there can or ought to be no hesitancy in choosing the latter, were nothing better offered.

The operation by nitric acid is almost universally condemned, except in the case of sessile tumors, which are small or moderate in size, of a bright red aspect, resembling a small strawberry, composed of arteries, not veins. The most satisfactory, as to results, of all the operations performed for the radical cure of internal hemorrhoids is that by the use of carbolic acid injections.

Mr. Allingham opposes the method, from having tried "the injection plan on some few cases, but the result was much pain, more inflammation than was desirable, a lengthy treatment, and the result doubtful." He bases most of his objections to the plan of treatment upon a pamphlet read before the Kentucky State Medical Society in 1878, by Dr. Matthews, of Louisville, Ky., in which Dr. M. endeavors to show that the injection of the pile is painful, and that death is to be feared from peritonitis, embolism, or pyæmia. The operation at that time was in its infancy, and was no doubt done very unskilfully. No one now would think of injecting as much as ten or twenty drops of the solution of carbolic acid and glycerine. No wonder the pain was excessive and the inflammation greater than was desirable.

Dr. Gross, in the last edition of his great work, sets forth very plainly the *modus operandi* with carbolic acid, fixing the amount to be injected at from three to six drops. The smaller the quantity the better, and very rarely will it be found necessary to use more than that, except in very large tumors. The process of the cure is generally that of shriveling up or mummification, occasionally sloughing. The larger the quantity of the acid, as a rule, the greater the amount of inflammatory action likely to be set up, and the greater the probability of the tumor sloughing out. The weak solutions of the acid are objectionable on account of the bulk necessary to be used. Where only two, three, or four drops of the acid are slowly injected through as small a needle as possible, the less in degree and rapidity is the inflammation, and the surer is the tumor to shrivel and gradually disappear. The mummifying process is attended with virtually no danger of pyæmia—and it is extremely doubtful whether there has ever been a case of embolism from the operation. The action of the carbolic acid (two parts of the acid, to one of glycerine or olive oil) injected in small quantities into these tumors, seems to be altogether different, so far as producing coagulation is concerned, from that of any other agent heretofore used. Other agents produce this coagulation (clotting) of the blood contained in the veins or arteries of the tumor almost instantaneously, whilst the circulation through them is active, and hence the danger of embolism, and the almost certainty of sloughing. The

carbolic acid, when injected in small quantities, appears to act directly upon the coats of the blood-vessels, ramifying through them, gradually inflaming, and thickening them, thus producing a gradual narrowing of their calibres, decreasing in this way slowly, yet surely, the supply of blood and finally cutting it off altogether, so that the pile mummifies instead of sloughing. Where the larger quantities of the acid are injected the whole process is carried on so rapidly that the vessels are, so to express it, at once ligated or sealed up, and the tumor sloughs. In those cases operated on by myself I have never had one to slough—they have always shriveled. In the largest tumors I have never injected more than five drops of the carbolic acid and glycerine mixture of Dr. Gross. The fact that the tumor *sometimes* sloughs cannot be used as an argument against the operation as this sloughing process always is met with in the operation by ligation. No progress is there made toward a cure by that method of operating until the ligated portion of the tumor sloughs. If, then, in every case treated by carbolic acid injections, every tumor sloughed the patient would be in no worse condition than he would have been in had the tumors been ligated. The fact of suppuration and sloughing would weigh then equally against both, and would make an argument in favor of the clamp and cautery, where the tumor is entirely removed and nothing is left to slough except the cauterized line of tissue. But the facts in the treatment of hemorrhoids (internal) by hypodermic injections of carbolic acid are that not more than ten per cent. of the cases properly treated even slough. The rule is that they are cured by shriveling up, due to the gradual cutting off of the supply of blood sent to them.

In 1878, I operated by this method upon my first patient. The case was one of twenty years' standing. He was unwilling to submit to the ligature, and agreed that I might inject. I chose the two largest tumors, carefully coated them over with cosmoline, and then applied it pretty thoroughly to the other tumor and the rest of the protruded and everted rectum. The tumors were nearly as large, each of them, as small hen eggs, always protruded when the bowels acted, and had to be replaced by manipulations long continued. Frequently the patient lost as much as a pint of blood at one sitting.

I injected four drops of carbolic acid and glycerine solution into each tumor. The patient complained of a pain resembling that produced by a bee sting, and continuing for five minutes. After that, there was no pain of any consequence, and each day grew less. On the day after the treatment the patient went to some light work, and lost no time at all after that day. The tumors gradually decreased in size, mummifying slowly. The third tumor, not injected, underwent atrophy. At the end of a month the patient reported himself almost well, and at expiration of the second month as entirely cured, becoming relieved at the same time of a troublesome dyspepsia. This same patient has been under observation from that time till now, and never has been troubled at all since.

My second case was operated on in August, 1880. The history of it is almost identical with the first one as to duration, etc. The patient was utterly unfitted for anything, and would never consent to any operation as long as he could replace the tumors, which were always forced out beyond the sphincter of the rectum with each action. Finally, on one occasion having failed himself to replace them, and his family physician not succeeding any better, he sent for me to operate on him, expecting me to use the clamp and cautery. Remembering the favorable result of the first case, I decided to inject. There were two large tumors and one small one. I injected the large ones each with four drops of the acid and glycerine, and then with difficulty replaced the protruded and swollen mass. The injection of the first tumor gave almost no pain, but the needle being full of the acid when the point came in contact with the surface of the second hemorrhoid, the acid spread over a small space and caused him to complain for a few minutes. After replacing, I then administered morph. sul. grs. $\frac{1}{3}$ hypodermically, and left him with directions to keep in bed three days and take a dose of morphiæ sul. gr. $\frac{1}{4}$ every four hours if needed to produce freedom from pain.

On the third day he was to move the bowels. I saw nothing more of him until I met him in town three weeks afterward, when he reported himself well. He said that he had suffered no pain, except when his bowels moved the first time; that he was able then to do more work than he had done in years. This patient I see frequently, and up to this date—nearly four years—he has had no trouble. Since those two cases I have operated frequently, with the same uniform good result.

No tumor has ever sloughed out under my treatment. I attribute that result to the fact that I inject a very small quantity of the acid. I have operated on patients at my office, and have known them to get well without losing a half day even

from work. In May, 1883, I injected a case of thirty years' standing. The tumor would, as the patient expressed it, drop out when he was simply walking about, and always protruded if he attempted to lift or carry any heavy weight.

The treatment and progress was the same as in the other cases. The patient now reports that he is entirely well, and that the only evidence of ever having had any trouble with the rectum is that one part of it feels rather gristly. This condition is no doubt due to the non-absorption of all the plastic matter thrown out into the cellular tissue between the mucous and muscular coats of the rectum.

In none of the cases that I have operated on have I ever had any excessive inflammation, or, as already said, any sloughing. The pain has always been slight at the time of the operation—similar to that produced by the sting of a bee, as expressed by most of the patients; and this pain has been followed by a sense of relief, due to the anæsthetic effects of the carbolic acid.

I cannot see how peritonitis can be caused by the treatment, as suggested by Allingham and others, unless the acid were injected into the cellular tissue of the pelvis by thrusting the needle through the pile, and then through the muscular and peritoneal coats of the rectum; but such an operation would be inexcusable. The needle must only be carried to the base of the tumor. Any one with any skill at all can easily measure on the needle the proper depth to carry it—then and then only should the acid be ejected, and drop by drop then. The needle having been retained in the tumor for a minute is then withdrawn. I cannot see where the danger from embolism or pyæmia can be nearly so great as in the other methods of operating. Granting, however, that there is danger from embolism, there is fully as much danger from the same source in all surgical operations. If the large injections are used, we have a condition of things similar to that produced by ligation of the tumor; for the blood vessels are closed almost instantly, and under such circumstances the one operation offers no danger not presented by the other. When the small injections are used, ♏iij. to ♏iv., the process cannot possiby involve any danger of embolism. The progress of the case toward recovery is that is of mummifying or shriveling, or, perhaps, more properly, atrophy begins.

So far as pyæmia is concerned, what has already been written will show how little danger belongs, in my opinion, to the operation by injecting carbolic acid, as compared with that by ligature, or that by clamp and cautery. One danger belonging to the operation by ligation, admitted and frequently referred to by Mr. Allingham, and a number of cases reported in which it occurred with almost fatal results, is that of secondary hemorrhage. The operation by carbolic acid injection is entirely free from this danger when injected in small quantities, so as to produce shriveling, not sloughing.

So far as after-treatment is concerned in cases operated on by injecting carbolic acid, you will need nothing except to cause the bowels to move every day, or every second day at least, unless the patient is debilitated, when it will be necessary to administer suitable tonics.

This matter of after-treatment presents one of the great arguments in favor of the carbolic acid injection. In all of the other operations the after-treatment is generally a matter of great importance. An ulcerated surface is left to heal and cicatrize. It often becomes necessary to stimulate the process of cure by astringent and other injections, or to dilate the rectum with a speculum, and make caustic or other applications directly to them. Nothing of this kind is necessary after the use of the acid, unless too much has been injected and the tumor has sloughed. This, however, is the exception, not the rule.

Another objection which can be urged against all the other methods of operating upon hemorrhoids, referred to in this paper, is the possibility of a stricture of the rectum, following and resulting from the healing and cicatrizing of the ulcer, always in those operations produced, with the contraction of the rectum therefrom resulting.

There can be no possible danger of such a result after the method by injection, except in the few cases of sloughing of the tumor from the too free use of the acid.

UTERINE AND OVARIAN REFLEXES.

BY A. E. CALKINS, M. D.,

Of Bath, Clinton county, Mich.

Nothing so perplexes the ordinary physician as making a correct diagnosis between inflammatory diseases of the organs of generation and idiopathic disturbances of the stomach, heart, brain, and lungs. Very frequently indeed are we called to prescribe for a patient with all the symptoms apparently of gastritis, valvular disease of the heart, meningitis, or phthisis, for which we give the appropriate remedies indicated from every possible standpoint, and authorized by every imaginable theory of etiology, with no results what-

ever, excepting perhaps to further irritate the patient and befuddle ourselves; until at last, perhaps a more careful examination of the minutiæ and an appreciation of the more trivial symptoms, with a greater or less admixture of miraculous chance, we are led to remedy some abnormal condition of the sexual organs, when an almost instantaneous happy result follows.

Dr. Fothergill thus writes of these cases: "All sorts of combinations of drugs are tried, and fail to procure any alleviation of the condition. The medical attendant is nearly worried out of his life, consultants are called in without avail, the friends of the patient are worked up to a state of feverish anxiety, the sufferings of the patient are not inconsiderable, and so the case wears on for weeks. Here the absence of local indications throws the medical man off the scent as to the real nature of the malady with which he is brought in contact, and the ovaries are unsuspected. All the remedies are futile and inoperative, because not directed to the origin of the trouble. The case lingers on till it would seem the general mal-nutrition starves down the congested ovary into quietude, and then the reflex disturbances cease."

To make the difficulty in diagnosis still more formidable, there is an entire absence of local pathological changes in a majority of these cases, while in the remainder similar pathological conditions produce varied and often antagonistic phenomena; and again, there exists no relative proportion between the gravity of the lesion and the effects following it; in one case the reflex disturbances far surpassing what would be expected, and in another falling far short of it. Of course we must admit some existing irritation, either special or general, even if the most conscientious investigation fails to disclose it, for undoubtedly these exceptional cases will be satisfactorily explained when future researches in pathology more accurately determine what constitutes morbid anatomy and pathology.

The anatomy of the nerve supply of the body and neck of the uterus and ovaries has been, and still is, the subject of much controversy. All are agreed, however, in giving to the sympathetic system the much larger control of their functions; and especially are the fibrils of this system numerous in the fundus and body of the uterus and ovaries. As the hypogastric has filaments from the sacral nerves, it is exceedingly probable anatomically, and clinically certain, that the cervix is controlled to some extent by the cerebro-spinal system; its nerves passing directly through the hypogastric plexus to the cervix. The effects of uterine and ovarian excitation are very similar, and are explained anatomically by the connection of the two organs by their nerve supply from the sympathetic; the ovarian and hypogastric plexus freely anastomosing with each other between the folds of the broad ligament. In this manner a direct and continuous chain of communication exists from the hypogastric plexus to the ovarian, and through this with the upper aortic and renal, and so with the solar plexus. This makes the communication close between the organs of generation and the stomach, heart, kidneys, and lungs, through the sympathetic system; and through the cerebro-spinal nerves with the brain.

The nervous supply of the sexual organs in the female fully explains their physiological action, and to a great degree the results occurring when from any cause they are excessively or morbidly irritated. Physiology teaches us that stimulation of the sympathetic system excites contraction in the coats of the arteries and capillaries, and therefore inhibits the secretion of the gastric juice and other digestive fluids. Thus we can easily understand why and how nervous currents set in motion by pelvic irritation, contract the gastric blood vessels, for example, and arrest the flow of the fluids necessary for digestion, and hence arise all those symptoms of indigestion described by writers under the head of "Ovarian and Uterine Dyspepsias," such as acid stomach regurgitation and fermentation of food, flatulency, diarrhœa or constipation, with pain, nausea, and vomiting.

The causes producing uterine and ovarian reflexes may be studied as exciting and predisposing. Under exciting causes may be mentioned all malpositions of the uterus and ovaries, traumatisms, hyperæmias, and inflammations, however produced. These exciting causes would of course produce their appropriate reflexes even in a healthy organism, but when the general system is reduced and otherwise weakened by some one of the predisposing circumstances, their manifestations are made more emphatic and decided. A constitutional "dyscrasia," or "susceptibility," or "neurasthenia," inherited from parent to child, the same as occurs in other diseases, would be the most evident predisposing condition; while a particular acquired condition of mal-nutrition, both local and general, is perhaps the most constant factor, as well as the one that would be the most readily influenced by the proper treatment. That such a localized condition, resulting from changed

nutrition, is a cause of no small moment in the production of pelvic reflexes, may be perceived at a glance, as past cases are reviewed in the memory. Nothing is more common than an abnormal supply of blood to the pelvic organs. It may be decreased in quantity, resulting in atrophy, superinvolution, and the menopause; but more commonly it is increased, or the return flow retarded, as is the case in all flexions, versions, and prolapses. So, also, is the nutrition materially disturbed, and hence the reflex centres more intensely irritated, by any mechanical conditions, whether from local congestions pressing upon nerves, or old cicatrices imprisoning nerve filaments. or adhesions resulting from past inflammations, or any conditions changing the normal blood and nerve supply, and position and mobility of the pelvic viscera.

General mal-nutrition is likewise a cause of considerable magnitude in the production and continuance of uterine and ovarian reflexes. The want of general "tone" of integrity, resulting most frequently from a non-assimilation of food, produces a susceptibility to all kinds of nervous irritations. Neuralgias, myalgias, and hysterias are but the cry of weakened nerves for more nourishment. *Debility*, either general or special, is an universal condition of the sympathetic nervous system in all cases of pelvic reflexes. A small number of patients may have an externally healthy appearance, as indicated by a ruddy complexion and a fair amount of muscular development; yet in them it cannot be admitted that these appearances exclude the possibility of debility either structural or functional, of the sympathetic centres and nerves. Debility is also the chief cause of neuralgias, and we have, as might be expected, similar and even identical symptoms resulting from reflex disturbances. We have the intercostal pains, with the three tender spots of Villeix, one under the left mamma, the second at the base of the left scapula, the third at the exit of the posterior rootlet of the sixth or seventh intercostal nerve from the spinal column, and palpitation.

It may be claimed by some that hyperæmias and inflammations must necessarily furnish an increased amount of pabulum to the neighboring nerves; but it must be remembered that in such congestions the nerve filaments are pressed upon by the increased bulk of the tissues, without in any manner being protected, as they are during the hypertrophy of gestation by an increased protective envelope. In fact, I think that it would be very hard to show any condition resulting in uterine reflexes that would not show either a lessened number of nerve filaments from destructive lacerations, or a crippled condition of those remaining. Another proof that debility of nerve structure and centre is a paramount circumstance in all nervous reflexes, is the good results obtained from a tonic and supporting treatment, and the opposite effect in depressing and weakening management.

The landmarks by which we are to judge of uterine and ovarian irritation are many and somewhat novel, yet all have a definite significance. As their remote manifestations are all transmitted through the sympathetic nerves and reflected by the sympathetic ganglia, it is in the organs supplied by this system that uterine and ovarian reflexes will appear, and the character and function of such organ will determine the form and character of the reflexes as symptoms. But it must be remembered that the severity of the reflex manifestation bears no sort of relation to the location or intensity of its cause in the sexual organs.

(*To be continued.*)

Hospital Reports.

NEW YORK HOSPITAL.

CLINIC OF PROF. WILLIAM H. DRAPER, M. D.

Reported by W. H. Seelye, A. M., M. D.

Varioloid.

This patient was admitted December 17. He is 20 years of age, single, was born in the United States, and is a waiter by occupation. Gives no family history bearing upon the present difficulty. Has never had syphilis, and does not use alcoholic liquors. Has never had rheumatism or malarial fever. Patient was perfectly well until last Thursday night, when he had a chill, followed by a slight fever and headache, and pains in the back, limbs, and face. On Friday the chill was repeated, and he felt sick and became weak. He did not have any cough or sore throat, but he did have a slight nasal catarrh. Has no vomiting, and his bowels are regular and micturition normal. On admission his pulse was 108, respiration 28, and temperature 102.6°. His urine was free from albumen.

Gentlemen, this is the history of an acute disease in a young man who was perfectly well until last Thursday, when he was seized with a chill, which was followed by pain in the head, back, and a considerable degree of fever besides. He came in on Saturday, and I saw him for the first time last evening, and then he had a temperature of nearly 104°. I examined him then for an eruption, and I found one. I saw some erythematous spots which looked a little suspicious, and also some follicular spots, which looked like an acne, on the breast. It was too early for a typhus

eruption to appear, and although we get an eruption in variola on the second or third day, yet I did not then think that this was a case either of variola or varioloid. But from the appearance of the eruption to-day, and the fact that I now find a well-formed vesicle upon his soft palate, I conclude that it is one of the variolus diseases.

But you might ask me how I would distinguish a variola from a varioloid by the eruption. The variola eruption appears on the third day, but it is quite copious and it appears all at once, and all of the spots present one characteristic form and appearance; while the varioloid eruption comes out in a sparse and irregular way, a few spots appearing one day and a few more the next, and so on for several days—so that by the fourth day you have spots representing the several successive stages of the varioloid eruption; thus some will be erythematous merely, and some will be papules, pustules, and vesicles, some of which will be umbilicated and others not. You see then the importance of the eruption in all cases of essential fevers which begin, as this did, with no local organic disturbance, in enabling you to decide which one you have to deal with. And this is not always easy to determine in the first stage of the eruption. But the period at which the eruption appears will aid you, for it varies much in the different fevers. Thus, in scarlet fever it appears on the second day or earlier, in variola on the third day, in measles on the fourth, in typhus on the fourth or fifth, and in typhoid on the seventh. The eruption here is not very numerous, but some new spots have appeared since I last saw him, upon the abdomen, chest, and face, and some have already reached the vesicular stage. There are also a few on the legs and upon the back. Here then we have the eruption in its erythematous and vesicular stages, but it has not yet arrived at the pustular stage. I find in the roof of his mouth upon the soft palate a vesicle which is perfectly characteristic, and which therefore provides a point which would enable you to diagnosticate a case of this kind at once. So far as I know there is not any such vesicle to be found in the mouth in typhus or typhoid fever, and in scarlet fever and measles there is only an erythematous condition of the mucous membrane. But in variola and varioloid a vesicle is formed of the same nature as those upon the integument.

Now, as to the course of this malady, after seven or eight days there is a subsidence of the fever, and a resolution of the tegumentary lesion then begins to take place, and is completed in the course of three or four weeks. This is a mild case which we have here, though there is a pretty high temperature; but this sometimes occurs in varioloid. He at one time had a temperature of 104.3° and 104.5°, but it has diminished some to-day. You will sometimes meet with this degree of fever in varioloid, and there may even be delirium, and neuralgic affections of great severity. So, though I suspected at first that this was a case of variola, I now believe it to be varioloid.

Rheumatism.

The next patient was admitted December 12. He is a man 20 years of age, single, a native of Scotland, and an iron-moulder by trade. Has never had syphilis or gonorrhœa, nor any rheumatism before this attack. There is no family history of rheumatism. He is a beer drinker, but does not use liquor to excess. Last summer, while he was working in an iron foundry at Cold Springs on the Hudson, he had an attack of malarial fever. He has been very well since then. But three weeks ago he was out one night, and exposed himself and caught cold, which settled in his left knee and right wrist, which became swollen and painful. The pain in the joints continued, and it finally became so severe that he applied here for relief. He did not complain of any præcordial pain, and his bowels and micturition were regular. On admission his pulse was 70, respiration 18, and temperature 100°. There was no albumen in the urine.

You observe, gentlemen, that this is not the history of a very acute attack of rheumatic fever. He has been a healthy man, and he traces this attack to exposure to cold. And I have told you before, that exposure to cold and wet is not an infrequent cause of arthritic inflammation. Some authors recognize the possibility of a catarrhal inflammation of the joints, just the same as of the mucous membranes, as a result of exposure to cold. Whatever the truth as to this fact, it is certain that we often see rheumatism originating, as in this man, after more than usual exposure and fatigue which causes a more or less severe inflammation of the joints. But I think that in such cases the rheumatism is of a very much less acute variety than in those cases which depend upon a diathetic condition of the blood, which has become deteriorated by indulgence in fermented liquors. This man kept about for several days after his attack began, and he received no benefit from the treatment which he had. But when he came in here, and a blister was put upon the joints, and salicylic acid was administered internally, the salicylic acid and the blister, one or both, relieved his pain. But there was not the subsidence of the fever also which we usually get from salicylic acid, which appears to be an antipyretic of very great value in this disease. As it did not act as such here, however, while it seemed to produce some disturbance of digestion it was withdrawn, and salicylate of cinchonidia was substituted for it. This combination is sometimes more easily borne by the stomach, and it is highly spoken of as a substitute for salicylic acid. But there still continued to be some fever until this morning, when it fell to the normal.

Now, a word about the use of blisters in the treatment of inflammatory rheumatism We do not very often resort to them in acute cases of inflammatory rheumatism where there is a high temperature and great tenderness and swelling of the joints. And, in my experience, they are not nearly so valuable here as in cases of subacute rheumatism. But where they are used in the very acute cases, it is almost invariably in connection with some other anti-rheumatic treatment, so that we do not get, I think, a true estimate of their value. But in those subacute cases where there is a moderate amount of effusion into the synovial cavities and some thickening of the tissues around the joints, I believe that rest of the part, and the local application of a blister, are very valuable—while in cases of acute inflammation of the joints I do not believe that

blood-letting and counter-irritation are of much value.

There is one remark I wish to make about the salicylic acid treatment of rheumatism. I have told you before that of all the remedies which have been suggested for the cure of rheumatism, and their name is legion, none have given such satisfactory results or proven so valuable as salicylic acid. Now the history of the treatment of rheumatism constitutes a very remarkable chapter in the history of therapeutics. There is no disease for which a greater diversity of remedies has been proposed. At one time acids were in favor, and at another alkalies; at one time purgation was practiced, and at another opium was used; and salts of every variety have at different times been supposed to have some superiority in the treatment of this disease. As a result, skeptics have arisen who doubt the efficacy of any treatment at all in rheumatism. So about fifteen years ago, at the time of the introduction of Fuller's alkaline treatment, Drs. Gull and Sutton treated a number of cases with simple mint-water, and their results were as good as were obtained with the alkalies. They believed that all cases ran a regular course, and all had a tendency to end in a week or nine days, or in a fortnight, or else in the classical period of six weeks. But when you come to the salicylic acid treatment, there is no question as to its power. When you see, as we frequently do here, the greatest relief produced within twenty-four hours by the administration of ten-grain doses every two hours, and you find at the same time a great improvement in the appearance of the joints, I think that we get here not only a "post hoc" but a "propter hoc" argument to justify us in attributing the improvement to the use of salicylic acid.

Pneumonia.

Patient is 50 years of age, and a widow. Was born in Ireland, and is employed as a domestic. Was admitted December 17. Has been accustomed to have occasional attacks of rheumatism, and three years ago had malarial fever. Six days before she came to the hospital, she caught cold while scrubbing the floor, and the next day, Tuesday, she had a chill and complained of malaise, nausea, headache, pain in the right side, and fever. There was no disturbance of micturition, and the bowels were regular. At the time of her admission, she was suffering from headache, and she complained of pain in the lower portion of the right chest, and also in the upper part under the axilla, which was increased by pressure and upon taking deep inspirations. Her pulse was 120, respiration 28, and temperature 103.4°. Her urine contained a little albumen, but no casts, and it was dark colored, and had an acid reaction, and the specific gravity was about normal.

This patient, gentlemen, entered on the sixth day of the disease, and she has been here two days. Her temperature when she came in was 103.4°, and the next day it rose so high as 105.4°, and since then it has ranged from 103.4° to 104°; but this afternoon there is a falling temperature. This morning it was 103.7°, but at noon it had declined to 102°, where it remains now. There is also a falling pulse and respiration, so you are now seeing this patient in the period of defervescence; and as this is the eighth or ninth day of her disease, she will probably by to-morrow evening have a temperature of 99° or 100°, or possibly it will be normal. This, therefore, is a typical case of pneumonia.

Now, in making the physical examination, it is not always a good plan to move a patient with pneumonia, and to make him sit up. You should not be too curious about getting all the physical signs, for you may be doing harm by disturbing the patient, and the vital signs which you can take without disturbing him constitute a very fair guide as to his condition. It now and then happens that syncope takes place unexpectedly when a patient with pneumonia is suddenly brought into the erect position, and so many cases terminate. In examining this patient now, I do not know as I shall be able to make out the same condition of affairs as was found when she came in—that is, a pneumonia affecting the upper and lower portion of the right lung, with an area of healthy lung tissue between. It is possible that this area has been absorbed and included in the inflammatory process, and so I shall now find evidences of consolidation over the whole lung posteriorly. However, we will see.

Upon percussion and auscultation, I find that the lung is still in the same condition as I have just described.

Now, gentlemen, you observe that the safety limits in the vital signs have been exceeded in this patient, for she had at one time a temperature as high as 105.4°, but she has not had a pulse exceeding 120, nor have the respirations been greater than 36. These variations in the vital signs are sometimes of very great importance. For example, a rising temperature may accompany a fall in the pulse-rate, and this is not a good combination. And here there was a very high temperature at one time, but a pulse that was not excessively rapid, namely, 120; but I would not consider that a very grave combination. If, however, there had been a very high temperature and respiration, and a very slow pulse, that would have been a bad combination; and so, also, would a slow respiration and a high temperature and rapid pulse. There is no combination so good as one which shows a sort of harmony in the vital signs, and to have them all rising together is better than any irregularity among them. If you have a harmony, though it may be a harmony at a very high pitch, yet it is better than a condition of discord. With a temperature of 104° and a pulse of 120, and respirations 40, you have a harmonious condition of things, and you may consider that the patient is all right. But with a temperature of 105° and a pulse of 60 or 70 and respirations 50, you have a very discordant condition, and there is little reason to hope for a favorable result.

I will make no extended remarks upon the treatment of this case, for it is the same as is carried out in most cases of pneumonia. The indications are simply to control the fever and support the heart. The fever is controlled by quinine and alcohol, and the heart's vigor is sustained by digitalis and stimulants. In many cases little or no treatment is required but rest, proper feeding, and watching. The patient has been taking

moderate doses of quinine, alcohol, and digitalis. The indications for the use of these I have already described to you.

Medical Societies.

LOUISVILLE MEDICAL SOCIETY.

Reported by Allen Kelch, M. D.

The subject for consideration by the Louisville Medical Society at its meeting on Thursday evening, July 10, was "Uterine Reflexes." The discussion of the subject was opened by Dr. Douglas Morton, who read a paper reporting several cases of reflex disorders due to no manifest local disease, and closing his paper with the report of others in which sufficient local structural change existed to account for the reflex disturbance.

The first case reported was that of a lady thirty-five years of age, who had been married fifteen years without having children. In this case the reflex manifestation assumed the form of cerebro-spinal meningitis, the leading symptoms of which were intense occipital headache, opisthotonos, obstinate nausea, and vomiting. These symptoms were so severe in the early part of the attack as to require the regular administration of morphia hypodermically to control them. Paroxysms occurred in which these symptoms were intensified. She had fever at first, but this at no period of the attack exceeded 102° F.

This attack lasted several months, at the end of which time she apparently recovered for about two weeks, when on attempting to walk the symptoms reappeared. There had now been used in the case morphia, hypodermically, the hydrate of chloral, and bromides until they ceased to bring relief. At this time I had one of the physicians who had seen her before to visit her with me, and together we determined to subject her to a course of uterine therapeutics. She objected strenuously, expressing her positive conviction that no disease existed there. She finally yielded, however, and irrigation was at once begun with water as hot as could be borne. This was followed by the application to the surface of the os of the strong tincture of iodine. She had no return of the trouble after the irrigation. After a year of excellent health she had another attack which did not yield to the same treatment. Free discharge was now set up by the application of nitrate of silver, when she was once more relieved. In this case there may have been a genuine cerebro-spinal meningitis in the beginning which, through its influence upon the nervous system, left it in a condition to be easily unbalanced by any existing local pathological condition or irritability.

Case 2 was a woman 45 years of age, and the mother of several children. For more than a year her health had been declining. She had suffered from numbness in the leg, especially at night. She sometimes awoke to find the left limb completely anæsthetic; this caused her to fear paralysis. Beyond this there was no especial prominence of pelvic symptoms. Throughout her life she said she had been unusually healthy in this respect. Constitutional treatment for several months gave indifferent results. Finally, examination revealed but little evidence of local disease. Still, I advised local treatment for a time. I therefore applied iodine, followed by glycerine tampons and irrigation. She still menstruated, but irregularly, and accuracy demands that due prominence be given the influence which the climacteric period exerts over the system. Under this treatment she recovered. It is therefore of no little interest to note that this method of therapeutics enabled us to treat this case with success at this period of life.

The third case was a woman 40 years of age, mother of two children, the youngest of which was six years of age. She suffered from occipital headache for several years, and from dyspepsia; her general health was much reduced. Large quantities of quinine had been used without affording relief. Through the influence of the bromides she had been relieved for a time, but they had now lost their efficacy in her case.

Uterine symptoms were entirely absent. Examination revealed the upper portion of the anterior lip of the os uteri affected with granular erosion. At this point it was exquisitely tender. The womb, however, was but little if any larger than in health. The strong tincture of iodine and hot water injection here afforded relief complete and permanent.

Case 4. A woman 24 years of age had a child two years of age; she suffered from intense abdominal pain, extending to and implicating the stomach. She was treated for a long time by constitutional remedies without relief. She had no backache, no leucorrhœa, nor other pelvic symptom. Digital examination revealed considerable hyperplasia. There was from the beginning of the treatment a profuse discharge from the cervical canal. Relief and general improvement followed, and recovery finally took place.

A young woman, 20 years of age, had been in bad health for several years. Menstruation was painful, and the other pelvic symptoms plainly but not prominently marked. She had long been receiving constitutional treatment without benefit.

Examination revealed anteflexion, with a considerable amount of corporeal metritis. The usual local treatment was applied for three months, when she had found greater relief than she had experienced for years. Her previous long suffering had implicated the stomach, and a considerable experience proves that when this new center of disturbance has been added to that already existing, the results of local treatment cannot prove so satisfactory. Still it is better than that secured by constitutional remedies alone.

The general condition of the subject of uterine disease can, I admit, be improved by tonics and general treatment; but the original disease will surely show itself again, and anything like relief must be sought through the medium of a judicious combination of local and general treatment.

The last case differed from the preceding in that all the pelvic symptoms were prominently marked, and examination revealed a pathological state sufficient to account for any amount of sympathetic disturbance.

A woman, thirty-two years of age, the mother of several children, had long suffered from troublesome dyspepsia, was unable to walk but a few feet, had, as before stated, all the pelvic symp-

toms well marked, and in addition, considerable involvement of vision. Examination revealed not only great enlargement, but also retroversion in a marked degree. The correction of the retroversion and the application of suitable measures to secure the resolution of the hyperplasia afforded relief likewise in this case.

The question must arise to every enquiring mind why the same pathological condition, apparently, existing in some women should give rise to so much disturbance, while by another it will scarcely be noticed? and, again, why apparently identical pathological conditions should give rise to such diverse manifestations in different subjects. In the first place, the identity of pathology may be more apparent than real. As our facilities for investigation increase, differences in this respect may become discernible. It ought likewise to be remembered that under constant irritation and suffering the weakest part of the system will first fail, and the force of depression in these cases brings particular strain upon the nervous system. In some cases the general symptoms seem out of all proportion to the local condition present. Their presence, however, continued may generate real disease; palpitation of the heart, brought about by uterine disease, may result in what is called irritable heart. The spine may be likewise affected. Local treatment, when secondary diseases have become established, will not suffice. The treatment must then, as I said before, be composed of a judicious combination of general and local treatment.

Dr. W. H. Wathen said: "This is certainly a subject in which every physician is interested, because it is to the general practitioner that such cases usually first appear. Unfortunately I did not arrive here in time to hear all of this interesting paper; but if I gather the import of it correctly, the speaker was reporting a series of cases of reflex neuroses resulting from uterine and ovarian disease. At any time during the fruitful period of woman's life she may have manifestations of this kind, but their occurrence is much more to be expected at the menopause. While we are all very much interested in this subject, it is one, unfortunately, which is not, even by the most learned in the profession, very well understood. It is, as has been said by the late Dr. Beard, the Central Africa in medicine, the unexplored wilderness. Yet we know much more of the subject than we did a few years ago.

"I was much interested in the closing remarks, in which Dr. Morton called attention to the widely different constitutional manifestations which result from the same kind of local disease, and the relative excessive manifestation in one patient over another. Often we find in this class of diseases extensive local pathological changes producing in one woman but little general disturbance, while another, perhaps, with an insignificant degree of local change, will be the subject of many and varied constitutional disturbances. We know that the susceptibility to disease of any character is not the same in different individuals; yet we can not always explain why this is so. There is, in other words, in some constitutions a predisposition to the development of disease. So it may be in these cases. A predisposition exists in one individual that does not exist in another. That predisposition may be handed down from parent to child, and obey the general rule of inheritance. This might be styled the transmission of neurasthenia, or impoverishment of nerve-force, a condition that places a woman's system in such a state that it responds by a reflex disturbance to the least local trouble. This reflex neurosis affects especially the ganglionic system of nerves, which supplies all the blood-vessels, even the most minute, so that a little excitement of this system produces certain local congestions. We sometimes see women in whom a little excitement of this kind will produce a local congestion in the face or in some other part of the body; but the structure, above all others, where we find this local congestion to occur, is in the uterus and its appendages. This state of congestion then continuing, results in so-called chronic inflammation and hyperplasia—uterus becoming enlarged and heavy. In this state flexions are much more liable to occur, and pelvic symptoms at this stage are almost certain to manifest themselves.

"To relieve this condition of things there is nothing better than hot water. This should not be used in small quantities for a little time, but large quantities for weeks and months if necessary—from one to two gallons at a temperature of from 95° to 110°. The hot water is locally anæsthetic. At first it causes congestion of the parts, but after a few moments the coats of the vessels begin to contract, its calibre grows less and less, and the parts are left finally in a depleted condition.

"This treatment, persisted in with appropriate constitutional treatment, will often result in a cure of these patients, and no other treatment benefits them so much. The present occasion is not a fitting one to enter into the discussion of massage, which has as its effective principle the relief of local congestion by encouraging the flow of blood to other parts."

Dr. Erwin said: "The ground has been so thoroughly covered in the discussion that it leaves little to be said that is of anything like scientific accuracy. I think, however, we are too apt to refer all reflex symptoms to disease of the womb, forgetting that diseases of other central organs may produce the same kind of manifestations; for example, a middle-aged lady, whose reflex troubles had baffled the skill of several of the best physicians who had examined her and treated her locally and constitutionally, fell into my hands, presenting the usual pelvic symptoms, leucorrhœa, backache, etc., and in the way of reflex trouble, acid eructations, frontal headache, vertigo—in fact, everything that would suggest uterine disorder. An examination revealed an excessive flow from the neck of the womb, which resisted all attempts to relieve it. We examined the rectum, and there found a polypoid tumor attached by a pedicle above the sphincter. It was removed. The leucorrhœa, which had heretofore existed in spite of treatment, ceased of itself, the pelvic symptoms disappeared, and the woman recovered entirely. The intimate connection between these important organs located in the female pelvis should not be overlooked.

"Another case that came under my notice was that of a comparatively young woman, the mother of two children, who had for a couple of years

been suffering from something like monomania. She had no loss of appetite, no constitutional disturbance of any character. She complained of but one trouble, and that was when left alone she felt an irresistible desire to wash her hands and face. She would bathe herself in this way all night long. Otherwise she presented no signs of disease whatever. Upon questioning her why she did this, she said she had a feeling of uncleanliness which the frequent washing relieved, and she could not resist the desire to perform these ablutions. Suspecting that perhaps there might be some local condition to account for this, an examination was made, and revealed an abscess pointing in Douglas' cul-de-sac, which no doubt had been coming on there for two years. This, when relieved, brought relief from the other singular manifestation. There is another case in which the womb was not involved. These cases must not be forgotten."

Dr. J. H. O'Reilly said: "Dr. Morton has spoken of the prominent general symptoms occurring in some cases, and supposed to be due to constitutional disturbances, and treated constitutionally by skilled physicians, which finally come into his hands when his familiarity with uterine disease led him to investigate the uterine region, and there he usually found leucorrhœa and congested if not inflamed cervix, whilst in other cases nothing unusual presented. In the latter cases he has applied local treatment anyhow. Well—ah—I suppose that was done on the same principle upon which a man once highly recommended his dog to be a coon-dog. When interrogated as to why he recommended him to be a coon-dog, he said, 'Well, everything is good for something, and the dog ain't good for nothing else, consequently he must be a good coon-dog.' (Laughter.) So these cases, not being anything else, must be uterine.

"Medical literature teems with the history of such cases as have been recited by Dr. Morton and Dr. Wathen, the development of them occurring upon this inherited or acquired neurasthenia. Such cases are explainable, have been heretofore explained, and we have just listened to an admirable elucidation of them from the lips of Dr. Wathen.

"Regarding Dr. Erwin's assertion that the gynæcologists have the fault of attributing everything to uterine disease, I would say for myself individually that I should certainly not have thought that an irresistible desire to wash the hands and face could have any connection with uterine disease. I should certainly have thought the woman was crazy.

"In another case the gynæcologist would arrive at his diagnosis by exclusion. There are certain head pains in women that have always been recognized as of uterine origin; for example, the bi-parietal pain—this, however, may arise from constipation of the bowels. A persistent occipital pain is almost pathognomonic of cervical trouble. These pains are different from the common neuralgias, both as to the nature of the pain and the recurrence of it. The admonition, however, to be on our guard against infatuation by a special theory or practice, I recognize as timely and well-put. In this situation there may be vesical, urethral, and rectal troubles, and there are an immense number of rectal troubles that give rise to pains closely simulating those characteristic of uterine trouble. So that good gynæcologists, like other good men, are not misled easily.

"I would not disturb the completeness of Dr. Wathen's explanation of the influence exerted by the acquired or inherited disposition or impoverished nervous condition to produce local congestions, and in that way chronic inflammation and enlargement of the uterus. But there is still another explanation that can be given. Dr. Hodge speaks of irritable uterus, a condition of things suggested before him by Bright and Gooch—a theory that has often been opposed, but, to my mind, never yet successfully refuted. There are still other causes concerned besides neurasthenia and irritability. There is a want of good red blood and a want of solid muscular tissue generally in these subjects. Again, there is a periodical congestion of the uterus which normally soon passes away. Should it not do so, however, as sometimes happens, a chronic inflammation is apt to arise as the result of the prolonged congestion. Still, once more, in married women who have given birth to children, a laceration may have occurred, healed, perhaps, completely, yet in the healing cicatricial tissue may contract upon terminal nerve filaments and produce an amount of general disturbance, while no adequate local condition could be discernible through the speculum to explain it."

Dr. Wm. Bailey thought there was being too much examination done entirely. It was the custom, said he, for a man whom most of the members of the Society were acquainted with, to tell a female patient to put out her tongue, and to make the diagnosis of womb disease immediately upon seeing it protruded. So the specialists will look into a woman's throat, and say, "O, you have womb disease."

Dr. Preston Scott said: "I am anxious to hear from the specialists present to-night on this subject, since I have no doubt that most of them have recognized in the disturbed vision of some females reflex symptoms referable to central irritation. While my friend Dr. Bailey makes light of his friend who sees uterine disease in the patient's tongue, it is a fact beyond controversy that other gentlemen now present have recognized from the persistence of disturbances of vision without adequate local trouble to cause them, the probability of their central origin and their manifestation through the sympathetic system. But if we contract our conclusions to one case, we may suppose we have discovered the key to all these nervous disturbances of females.

"There is no doubt of the accuracy of the suggestions made by Dr. Morton, and their application to the series of cases he has reported. There is a larger and broader view, however, to be taken of this subject. While a large number of the symptoms of general disturbance may arise from local causes, yet a large proportion of them arise from disturbances of nutrition. What better illustration have we than in the pregnant female? Now and then we will meet with a case of nervous irritability in a pregnant female whose life will be imperiled by the extreme sympathetic disturbance of the stomach. This illustrates certainly that

the local impression can exert a powerful influence upon the nervous centres. Woman has a ganglionic system more highly organized than man, and as she becomes the subject of various mental nervous disorders this ganglionic system becomes more easily disturbed, and then we find pathological states arising in which the ganglionic system must be regarded as an important factor. Therefore it is that measures of treatment addressed to the general condition alone often result in a cure without resorting to local measures. There naturally arise two conditions or two schools or classes of practitioners. One man looks with a single eye through the speculum, and finds that the only method of diagnosis and treatment; another treats them upon general principles. Happily, both sometimes succeed; unfortunately, both sometimes fail. Weir Mitchell has had wonderful success in the treatment of these neurotic females. In these cases the uterine plexus is greatly disturbed, and with the improvement of the general nerve state, and through that improvement of the blood, local disturbances are often overcome. So I say we must not allow ourselves to fall into the practice of local treatment alone, nor confine ourselves on the other hand to general treatment in all cases. A wise practitioner will remember that these local disturbances are acting upon a ganglionic system already sensitive from improperly performed functions of nutrition. Keeping this in mind, he will give to each its due importance and its appropriate measure of treatment."

Dr. Dudley S. Reynolds said: "I have listened to this discussion with a great deal of interest, and I have been impressed with the idea, as the discussion has progressed, that there are two important points for consideration. They relate to the causes concerned in reflex manefestations; one the disposition or predisposing cause, the other the exciting. The predisposing causes are disturbances of nutrition, which I do not think ought to be regarded as inherited, in that respect taking issue with my friend, Dr. Wathen. Disturbed nutrition is the one essential and never-absent state in all that class of people who have reflex nervous disturbances. Local mechanical conditions, whether from local congestion making pressure upon nerves or effusion, laceration or inflammation, exert their effects more potently then upon this complex and little understood system of nerves.

"Then the first thing it seems to me is to set about the improvement of nutrition. Treatment ought not, I think, be limited to the uterus nor to the rectum, yet they may be regarded as important regions through the medium of which adjacent parts may be inspected. But the mere inspection of the cervical canal, or that the presence of a flush here or an erosion there constitutes the sum total of the trouble, I doubt. Whether the application of hot water does more than to soothe pain, or in that way relieve the irritation, is a question to be settled by clinical experience. I know, as you all do, that distubances of vision are particularly liable to occur in women suffering from flexions. These disturbances are particularly troublesome during the menstrual period. I have a patient under treatment now who has a dry throat, cough, exceedingly sensitive pharynx, even to the presence of food. The laryngoscopic micron allowed to touch the walls gags her, and if persisted in produces emesis. This person is quick in her movements, she does not eat prudently, and bears the other evidences of a neurotic female. She has a flexion of the uterus, and is now under treatment by one of our best practitioners in that special department. If I am correctly informed, flexions of the uterus nearly always give rise to serious neurotic distubances, which are greatly aggravated in married women by a knowledge of the fact that they are sterile. While Dr. Mitchell, of Philadelphia, has done much in the interests of this class of debilitated subjects by studying more closely the subject of irritation, and adding somewhat to our knowledge of the means by which it may best be improved, it yet remains painfully evident that flexions of the uterus are incurable in most cases. Therefore, one of the prime causes of the reflex nervous disturbances made the subject of discussion this evening, it must be admitted cannot, in the present state of our knowledge, be removed, and the field is still open for original research and experiment. Heroic feeding has its advocates, and I am impressed with the fact that better feeding promises more than any local measure yet suggested for the correction of the mechanical causes of hysteria.

Dr. Wm. Bailey: "I want to express myself upon this subject in this way. We should not overlook the fact that woman has nearly the same anatomical formation and nervous system that man has. I believe that there is a tendency upon the part of specialists in this department to attribute too much to disturbances of the uterine function or to uterine disease. I believe we should treat many of these cases just as we treat men. Men may have corresponding or similar disturbances, local changes, for instance, in the throat, not referable to this as a cause; and we should not overlook the fact that general constitutional conditions, departures from normal nutrition, may have much to do with these conditions, when they may be simply concurrent with uterine disturbance. I take it that if you will examine carefully, there is scarcely a woman whose functions in this respect are all regularly performed, or who has not some degree of displacement. Yet, thousands of them will go on enjoying perfect health with these displacements, until their attention is called to them by some specialist in this department of practice. I believe the majority of these cases can be successfully treated by means of improvement of the nutrition, disregarding as far as possible the uterine disease. I think much evil has been brought about in the last twenty or thirty years by the very constant use of the speculum in the treatment of women's diseases. While I am not disposed to disregard many cases that are successfully treated by this local method, I do wish to express myself as decidedly opposed to the very frequent use of local applications. The hot water will often, no doubt, of itself accomplish all that can be accomplished in the way of local treatment."

Dr. Wathen said: "I agree with Dr. Bailey that local applications are often made to the uterus when there is no necessity for it. I have frequently had women come to me desiring to be treated locally, they said, for ulceration. Now,

ulceration very rarely exists unless it is specific or cancerous, and examination has revealed that these women had no ulceration. Thus, one examination made by a competent man is often sufficient to make the nature of the case clear, and the necessity for non-interference in the way of local applications apparent. Instead of specialists, who understand their business, making these frequent applications when unnecessary, it will be found more frequently that it is those opposed to specialism who do it. There are cases in which you might use hot water and almost everything else without doing any good, yet applications of the particular kind required may bring complete and permanent relief.

"As regards the ability of the specialist to determine the probable existence of uterine disease by an examination of the throat, I wish to refer to just one case, though I might cite many others. I very seldom examine unmarried females, yet I do so occasionally. Something like a year and a half ago a young woman from the country came to my office bearing a note from Dr. Kelch, which stated that from the condition of things presented by an examination of the throat, in conjunction with other symptoms, he was led to suspect that trouble of some character existed about the uterus. The young woman presented many of the symptoms of consumption, but none of the physical signs. She had a dry, irritable throat, and a constant cough. A brother had died the preceding year of what was called consumption; and as she was the only living child, her parents grew very anxious about her. I acted upon the suggestion, made an examination, and found an abrasion of the os probably as large as a ten-cent piece. Under appropriate local treatment she soon recovered vigorous health, and remains well to this day.

"Beyond painful menstruation, this young woman presented no pelvic symptoms that would call attention to that region as the seat of disease."

Editorial Department.

Periscope.

Cases Illustrating Acute Traumatic Malignancy.

As of interest in connection with our recent editorial on the subject, we present the following cases, which Dr. Lambert H. Ormsby publishes in the *Lancet*, July 26, 1884:

Case 1.—B. H., a young gentleman, aged ten, in the month of June, 1869, fell off some rocks at the sea-shore. In falling, he came in contact with a large stone, which struck his right leg about two inches below the tubercle of the tibia. He felt the place rather stiff and painful for two or three days after the injury, which was treated by cold lotions, bandaging, and rest. However, the pain never altogether disappeared, and in about a fortnight the whole circumference of the limb began to swell, and the seat of the injury, on the front of the tibia below the knee, became very painful. He was unable to walk, and began rapidly to lose flesh and appetite. The limb by this time had become considerably enlarged, glazed, and tense, with large blue veins coursing over its surface. About the end of July his father consulted the late Mr. Adams, who recommended that Sir George Porter should also be consulted. At this time the nature of the case was clearly defined, being considered by the surgeons mentioned to be a rapid development of malignant disease of the tibia, at the seat of injury. Amputation at the lower third of the thigh, above the knee-joint, which was already more or less implicated, was suggested as the only means available to save the little patient's life. The father, however, would not consent, but took the child to London, where he consulted Sir James Paget and Mr. Cæsar Hawkins, who also recommended that amputation should be performed. After remaining in London some few days, the father brought the boy back to Dublin, who by this time had become very much weaker and more emaciated, being apparently worn out by the incessant pain and sleepless nights. At the request of the father the limb was amputated at the lower third of the thigh by Sir George Porter, assisted by the late Mr. Adams, Mr. William Stokes, and myself. The boy recovered the shock of the operation, but sank three weeks afterwards from sheer exhaustion. In this case the patient was apparently in the best of health up to the time of the fall, and from that period rapid development of malignant disease (fungus hæmatodes) set in, and he died within three months of the receipt of the local injury.

Case 2.—Robert F., aged twenty-five was admitted to the Meath Hospital from the county of Keary, on March 18, 1884, under my care, suffering from an enormous tumor growing from the left side of the neck. His previous history was as follows: About ten months before he received a severe blow of the fist on the left side of his neck, and from that time he felt pain and uneasiness in the part. A slight swelling soon appeared and grew rapidly till it reached its present dimensions, as depicted by photograph, which was taken while in hospital. His family history was good; none of his relatives were affected with cancer; he has had to work very hard, subjecting himself to much wet and cold. Latterly, he thought, the tumor had increased more rapidly in size, it had become very painful, and he had lost flesh. He had difficulty in swallowing, owing to the encroachment and pressure of the tumor internally on the fauces. Several consultations were held with a view to decide as to the propriety of an attempt being made for its removal. He was exhibited at a meeting of this section, and several members present saw him. However, it was considered advisable not to operate, as the operation would necessitate the removal of the entire lateral aspect of the neck. The patient on hearing the decision regarding his case, left the

hospital about April 24, 1884, for the country, without having any operation performed.

Case 3. Thomas N——, aged forty-nine, was admitted to the Meath Hospital from Roscrea on September 11, 1883, under my care, recommended by Dr. Powell, of Roscrea, suffering from an obscure, doughy, tense enlargement of the lower inner third of the left thigh. In June of last year he was working as a navvy on a railway, where he received a severe blow on the inside of his left thigh, at the seat of the present swelling. The part was painful for a few days, when the uneasiness passed away. However, the limb always remained swollen at the point of injury, and slightly stiff. He received the blow in June, and about the middle of August he experienced great uneasiness, with sharp darting pains through the part. He then applied to Mr. Powell, of Roscrea, who sent him up to the Meath Hospital. On admission, the man was rather debilitated, having lost much flesh lately; his left knee and lower part of the thigh were a good deal swollen, with large blue veins distinctly visible over the surface. As the swelling was rather obscure at first, rest, tonics, and strapping the enlargement with compound mercurial ointment were tried, but with no effect. He complained of the bursting tense pain of the tumor, and thinking there might be some fluid present I accordingly, on October 9, 1883, made an exploratory puncture with trocar and canula, and removed a large quantity of dark-colored bloody fluid, which gave him great relief. But the tumor continued to enlarge rapidly, and the clinical characters of the tumor were becoming manifest, as was verified afterwards by a careful microscopical examination by Mr. Abraham, that it was an ossifying sarcoma. A consultation of my colleagues was held, at which consultation Mr. Wm. Stokes was present, when it was decided to recommend amputation at the upper third of the thigh. The patient on hearing this said he would rather die than allow the limb to be removed. He accordingly left the hospital for the country about October 20, 1883.

On January 3, 1884, the man returned to Dublin, and was admitted again to the Meath Hospital in a very much worse state. He seemed greatly worn out with pain. He said that he was now quite determined to allow the limb to be amputated, as he could no longer endure the pain. The tumor had increased considerably, and its clinical appearances were well marked. Accordingly, on January 7, 1884, I amputated the limb by the circular method at the upper third of the thigh, with full antiseptic precautions, and the man made a rapid recovery, and left the hospital at the end of February last. It was remarkable how quickly he recovered health and strength after the limb was amputated, no doubt owing to the removal of the excruciating pain he experienced in the limb before its removal. He had been perfectly healthy up to June, 1883, when he received the local injury, and from that time the malignant character of the tumor was clearly defined in the course of three months.

Case 4. Frances J——, aged fifty-eight, a farmer from Kesh, was admitted to the Meath Hospital, under my care, on September 24, 1883. On December 10, 1882, during the hard frost, he fell with great force on the point of his left shoulder. It was a little sore at the time, but gave him no trouble till five weeks after the accident, when the shoulder began to swell and grew very painful. He then went to the local practitioner, Dr. Geo. Leeper, who applied anodyne liniments, followed by blistering. This gave him some slight relief, and, acting on his advice, the man went into the County Infirmary at Enniskillen, where he was poulticed and afterwards blistered. He, however, did not improve, and left the infirmary, after remaining there for seven weeks, to return to his home. He then, by the advice of his friends, applied poultices of herbs to his shoulder, which produced suppuration at the part. At this stage, Dr. Leeper was sent for, who made an incision in the tumor and gave free exit to a quantity of very offensive pus, after which the swelling in the shoulder went down considerably, and he felt better in every way. While under Dr. Leeper's care a piece of diseased bone found its way to the surface. Dr. Bagot, of Enniskillen, saw the man at this time, and recommended him to seek admission to a Dublin hospital.

On examination, the contour of the shoulder was found very much changed, presenting an immense lobular malignant-looking enlargement (probably sarcoma), with a tense, semi-elastic surface, resembling a boiled leg of mutton, with large veins coursing over it. The glands in the axilla were also implicated, and became merged into the swelling. There was also a constant discharge of thin sanious pus, from two small openings where the piece of bone was removed. The disease and enlargement extended from the insertion of the deltoid along the clavicle and down the great pectoral muscle, across the anterior fold of the axilla, round the arm, to the posterior fold of the axilla and scapula as far as the attachment of the deltoid to the spine of that bone. On September 26, 1883, two days after admission to the Meath Hospital, a full consultation was held on the man's case. The only operation that could have been performed was amputation at the shoulder-joint, but as the disease had extended to the pectoral muscle on the front of the chest wall, as well as implicating the scapular muscles behind, it was thought such an operation would fall short of removing the entire disease, and further, as the patient was so reduced in strength and emaciated by the constant pain, it was considered that he would not be able to undergo such an operation. Tonics were administered and the shoulder poulticed, and on October 15, 1883, he returned home to the country, where he died a fortnight afterwards quite suddenly, probably from an embolism. In this case the man was in the best of health up to the time of injury, on December 10, 1882, and he died a little over ten months after the accident, of undoubted malignant disease.

The Treatment of Cholera.

Dr. Alexaner Harkin thus writes in the *Lancet*, August 16, 1884:

The disease and its treatment naturally divide themselves into three stages: the pulmonary, or diarrhœal; the stage of violent purging and vomiting and cramps; and that of collapse.

For the diarrhœa nothing in my experience an

swers so well as dilute sulphuric acid, which should be administered every hour in doses of twenty to thirty drops in some agreeable menstruum, with mustard or turpentine epithems to the abdominal region, and iced water when available *ad libitum*. Should the second stage supervene, it is necessary to take decisive steps, lest the third rapidly develop.

It is in the second stage that my peculiar experience becomes available. Physiologists teach that the phenomena of vomiting and purging depend altogether upon the nervous mechanism of the organs affected. According to Michael Foster, "the dilatation of the cardiac orifice is caused, in part at least, by efferent impulses descending the vagi, since, when these are cut, real vomiting with discharge of the gastric contents is difficult, through want of readiness in the dilatation. Since the vagus acts as an efferent nerve in causing the dilatation of the cardiac orifice so essential to the act of vomiting, it is difficult to eliminate the share taken by the vagus as an afferent nerve, carrying up impulses from the stomach to the vomiting centre" (pages 275–6). The influence of the vagus is thus demonstrated in the act of vomiting, both as an afferent and an efferent conductor of nervous energy. Kolman, too, quoted by Hall,* has shown that the right pneumogastric supplies the whole of the small intestines. "This is an inhibitory nerve," he says; "and Moreau and Lauder Brunton have demonstrated that the division of all the nerves going to a portion of intestine is followed by the secretion of a fluid just like rice-water stools of cholera. May not the stimulation," Hall continues, "of the inhibitory vagus be followed by results much the same as if the sympathetic supplying the small intestine were paralyzed?" In accordance with these physiological views, I have latterly treated every case of English cholera in the second stage by remedies applied to the pneumogastric nerve in the cervical region, with the satisfactory result of putting an end at once to the profuse vomiting and purging so characteristic of this stage. Arguing from its controlling effect in extreme cases of English cholera and cholera infantum, which our best authors say differ only in degree from the Asiatic type, I have every confidence that it will prove equally useful should the latter epidemic gain a footing in this country. There is another important indication, which will be subserved by counter-irritation over the vagus—viz., the restoration of the cardio-inhibitory function of that nerve; thus the violent contraction of the heart will be controlled, the expansive power of its cavities restored, and the congestion of the pulmonary and arterial system put an end to. The application I have always used is the epispastic solution of the Pharmacopœia, applied freely with a brush behind the ear and on the neck as far as the angle of the lower jaw. No matter how violent the vomiting or purging, I have never failed in stopping both by this application; a stimulating effect is produced at once, and with it all gastric disturbances cease.

For the stage of collapse, which, according to Claude Bernard, is due to great irritation and hypertrophy of the sympathetic nervous system, Dr. Hall, who has seen a large amount of cholera in India,* proposed to the Royal Medical and Chirurgical Society of London, on October 13, 1874, a plan of treatment which received the approval of the Society, as well as of Sir Joseph Fayrer, who was present. He recommends the subcutaneous injection of a solution of chloral hydrate, 10 grains in 100 parts of water, in four or five different places, according to the size of the syringe. If reaction does not commence in an hour, he injects again. The sedative soothes the contracted nerves, and relaxes the contracted vessels; the blood is once more uniformly distributed, and consequently the pulse reappears at the wrist, the cramps and abdominal pains subside, sleep is induced, the respiration becomes regular, the discharges lessen, the face fills out, the voice becomes stronger, and the natural secretions are restored. Mr. Higginson, in his report to the Deputy Commissioner at Keri, Oude, states that he has treated nineteen cases of cholera according to Dr. Hall's method, of whom seventeen recovered, being about 89 per cent. of cures. For purposes of illustration I append a statement of two cases out of many which I have treated during last autumn.

Case 1. *English Cholera.*—Constable C—— sent for me on September 18, 1883, at 8.30 a. m. I found him in the act of vomiting, with small quick pulse, violent cramps, forcible palpitation of the heart, great debility, faintness, and coldness of the extremities. He was purged at frequent intervals, and the dejections were of the rice-water character. He informed me that when on duty in the police-cells at 4 a. m. that day, he was attacked with profuse vomiting, followed in an hour by violent purging, with cramps, an attack occurring about every fifteen minutes. I did not order him any medicine, but painted him at once in the hollow behind the ears down to the angle of the jaw with an epispastic solution, assuring him that he would not have any return of his symptoms. I visited him again at 10:30 a. m., and found him quite convalescent, not having had any sickness or suffering, as I predicted.

Case 2. *Cholera Infantum.*—On September 24, 1883, I was summoned to see a child living in Upton street, Belfast, aged twenty months, at 11:30 p. m. I found it lying on its face across its mother's knee, with its arms and legs lying listlessly at either side; it was purging and vomiting at the same time. The child was almost pulseless, and was cold and feeble. The mother informed me that it had sickened at 6 p. m., and that it had vomited at least every quarter of an hour till the time of my arrival. She attributed its illness to a mess of soup which it had taken the previous day. She had administered milk with lime water, without any benefit. I did not recommend any medicine, but, having had the child placed on its back, I painted it with the blistering fluid behind both ears, informing the mother that from that moment both vomiting and purging would cease. Soon after the application of the remedy the child began to improve, the heat returned to the extremities, and at the end of half an hour it was fast asleep, when I left for the night. Calling at 10 a. m. the next day, I saw the child in its mother's

*British Medical Journal, vol. ii., 1874, p. 600.

*Ibid., vol. ii., 1874, p. 254.

arms, looking quite lively and well. As I foretold, both vomiting and purging had instantaneously ceased.

There is no need of multiplying examples; these two are the representatives of a great number, irrespective of cases of bilious vomiting and gastritis from alcoholism, similarly and successfully treated.

In the cases related I applied the remedy behind both ears; in several others I found the single application behind the right ear sufficient for the purpose; and this appears to me preferable to the double blister, as, from its powerful inhibitory effect upon the heart as well as upon the abdominal viscera, the modified application is perhaps the safer. In these cases of severe suffering any one can understand the satisfaction that is felt when he is justified in saying, "Permit me to apply this external remedy, and all your troubles will at once depart."

The Use of Antiseptics in Puerperal Cases.

In the *Jour. Am. Med. Ass.*, August 2, 1884, Dr. Madison Reece thus writes:

During one of the hottest days of the month of July, 1881, I was called to see Mrs. W., near London Mills, in consultation with Dr. Wilson, of that place. I found her in a small bed-room, only large enough for the bed upon which she was lying, with but one window in the room. She had been confined a week previously. Her pulse was 160, her temperature 106°, the tongue dry, abdomen distended to the size of a woman at full term, the secretion of milk suppressed. She was delirious, and an odor filled the room like that of a body far gone in putrefaction.

The husband was informed that there was no probability whatever for the recovery of his wife, every symptom indicating a speedy dissolution. However, I suggested a thorough washing out of the uterus with antiseptics. A half gallon of warm water with two drachms permanganate of potash was prepared. After being placed in a proper position across the bed, a gum catheter of the largest size, with several fenestra in the lower end, was passed up into the uterus as far as it would go. A common Davidson syringe was attached to it by means of a piece of rubber tubing. The uterus was thoroughly washed out, the injection being continued until the water returning was perfectly free from all odor and clear in color. The discharge from the uterus was of such a peculiarly strong odor, that it was impossible to free the hands from it. It was like that one acquires in the dissection of bodies.

Such a change as took place in this woman's case within an hour, I never before saw in any case. Immediately after this cleansing process the delirium passed off, the temperature fell, the pulse came down—in short, the effect was simply magical. She was given twenty grain doses of the sulphite of soda. The husband was taught how to administer the injections, which were to be given every three hours—one of a solution of permanganate of potash, the other of carbolized water, alternately. The patient made a speedy recovery from the severest attack of puerperal septicæmia I have ever seen.

Twelve years before this case, in September, 1869, I was called to see a woman who had had an abortion produced by mechanical means. She had a rapid pulse, high fever, hot skin, unquenchable thirst, irregular chills, an icteric countenance, and a sanious discharge from the uterus that smelled horribly.

A half dozen intra-uterine injections of carbolized water, thoroughly administered, rescued her from impending death.

Ever since that time I have used this method in all such cases with similar results, with a few exceptions. They are to be regarded as similar to surgical fever, the result of decomposing *débris* in the uterus, which is absorbed from the uterine surface, and which Sir James Simpson has aptly compared to the flap of an amputated thigh, with its raw and bleeding surfaces, and patulous vessels ready to absorb the decomposing fluids with which they may lie in contact.

The following long-continued case illustrates, in another way, the value of these intra-uterine injections. The last day of January, saw Mrs. M. A., aged 24, living near Hermon, a strong and vigorous woman. She had been confined twenty-four hours previously. The child was dead when delivered, and was so much decomposed that portions of the skin slipped from the body when handled. She had a chill and profuse flooding a few hours before I saw her. The pulse was 140, the temperature 105°, skin hot, tongue dry, and abdomen tympanitic and distended to the size it was before her confinement.

The uterus was immediately washed out with carbolized water, giving great relief to the patient. The injections were kept up every three hours for a week, with the effect of reducing the temperature after every injection. Quinine was freely administered. Thinking, perhaps, that the septic matter was sufficiently removed from the uterus, the injections were discontinued. Within 24 hours a severe chill, followed by a high temperature, announced the absorption of more septic material. The intra-uterine injections were again resorted to, with the same results, diminishing of temperature, and lowering of the pulse. At the end of a week, as there seemed to be so much improvement, they were once more discontinued. Again, in a short time, there was a chill and return of former symptoms. Again we returned to the use of the intra-uterine injections, and kept them up until every vestige of fever had disappeared from the case for several days.

In this case there was no bad odor from the discharges, as in the former cases, and the effect of the injections in arresting the poison of the septic matter was prompt and striking.

Should antiseptics be used in every puerperal case? I believe so, especially as antisepsis has come to be considered as the use of every means of cleanliness, and the prevention of infectious or contagious matters. And just here let me record it as my fixed belief, that thousands of women have come to their deaths from the dirt and other matters under the finger-nails of their attendants. That dirt, the nest of infectious particles scraped from the body of himself, or possibly bathed in the infectious fluids of another person, is conveyed by means of the touch to the abraded surfaces in the puerperal patient, and she becomes inoculated with the virus that causes her death. I believe that any one suffering from a chronic skin dis-

ease, or who is afflicted with a chronic ulcer of any kind, should not attend upon puerperal patients, any more than he who is attending patients with scarlatina or erysipelas. In fact, it is my deliberate judgment that puerperal women should not be attended by the general practitioner at all, and for one I will gladly welcome the day when I can turn over all such patients to well educated and thoroughly trained lady physicians, who will make that their special calling.

Begging pardon for this digression, I would say in conclusion that within twenty-four hours after confinement the use of vaginal injections of carbolized water affords the greatest comfort to the patient, bathing and soothing the neck of the uterus where there may be abrasions or lacerations, and cleansing and purifying the parts. If the discharges become foul in odor, and there is a marked rise in the temperature, then the injections should be *intra-uterine*. One precaution should be borne in mind in prescribing vaginal injections, and that is to have the hole in the end of the pipe or syringe closed. I have in several cases seen a severe and dangerous uterine colic, caused by the injection passing into the uterus through the patulous and open os. In the rubber syringes that are sold for female use, I often prepare the pipe for such purposes by closing the central hole in the end, and enlarging the others in such a way that a backward current is given to the injection.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Dr. R. W. Johnson, of Baltimore, in a reprint from the *Transactions* of the Medical and Chirurgical Faculty of Maryland, relates a case of cryptorchidism, and adds a table of all the reported cases of this rare malformation.

——A neatly-prepared little pamphlet on the feeding of infants has been published by the Mellin Food Co., of Boston, describing the constituents and use of their food preparations. It will be found an instructive guide.

——*Godey's Lady's Book* for October appears with its usual full assortment of pleasant reading for the family. The stories are such as are well suited to the household. It is one of the oldest of our magazines, and is one of the most successful.

——Dr. W. T. Briggs, in a reprint from the *American Practitioner*, gives valuable directions as to the treatment of epilepsy by surgical procedure. His conclusions are as follows :

1. That the operation should be done as early as possible, because the long-continued irritation and interference with the healthy nutrition of the brain and nervous system will often beget a permanent impression, which will remain after the point of irritating bone has been removed.

2. The operation should be thorough and complete, for if all the offending part is not removed no benefit will accrue.

3. The operation should be carefully and cautiously done.

4. The wound should be dressed after the open method.

——The "Transactions of the South Carolina Medical Association," for 1884, fill a volume of 131 pages. It contains the proceedings, the address of the President, Dr. R. A. Kinloch, and a number of original articles in the various departments of medicine, one on the "Sanitary Uses of Plants and Flowers," by Dr. James Evans, opens a subject of wide interest in general hygiene. Dr. T. J. McKie gives a local study of epidemic continued fever, which is instructive. An outbreak of diphtheria is described by Dr. J. R. Bratton. The effects of a poisonous rat bite are described by Dr. W. T. C. Bates. The volume is throughout a creditable one.

——A study of gun-shot wounds of the small intestines, by Dr. C. T. Parker, of the Rush Medical College, Chicago, makes a neat pamphlet of 67 pp. It is illustrated, and gives numerous cases.

BOOK NOTICES.

Visions of Fancy. By N. M. Basket, M. D. Pp. 109. J. H. Chambers & Co., St. Louis.

One always turns to a volume of poetry with suspicion, so much of it being published which had better have been burnt. We do not, however, wish this fate had overtaken this unpretending volume, as it certainly contains several pretty pieces worth reading and preserving. Its spirit is too uncheerful to suit many tastes, and a little of the sunlight of life would have helped it.

Diphtheria, Croup, etc.; or the Membraneous Diseases. By C. B. Galentin, M. D. 8vo., pp. 174. J. H. Vail & Co., New York.

The point to which the writer of this volume gives his especial attention is the treatment of the diseases he names, and especially their treatment by *chloral*. This he has employed in over 400 cases, and has come to look upon it almost as a specific. He administers it constitutionally and locally, and claims the most satisfactory results.

He also gives a quite full notice of the recent plans of managing the membraneous diseases advocated by other writers, and his book will be found a convenient and practical manual on the subject.

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CANNIBALISM.

We intended at first to refrain from any comments on the published reports of cannibalism among the survivors of the Greely Arctic expedition. But so much has been said on the subject, and the poor, half-starved, and nearly frozen victims of a foolish desire to discover the undiscoverable have been regarded with so much horror, because it is rumored that they were compelled to eat the flesh of their dead comrades in order that they might preserve their own lives, that we feel called upon to express an opinion from a medical standpoint.

While, of course, no one would *choose* to eat human flesh, yet we feel sure that any man or woman, placed in a position similar to that of these poor men, who waited, day by day, hoping against hope, for the rescue that their government should have sent them a year sooner (before any of their party had died), would rather eat the flesh of a human being than die of starvation. It is all very nice for us down here, able to procure all the necessaries of life, to shudder at these reports, for it is almost impossible for us to realize how terrible were the sufferings of this little band. This is not the first time that cannibalism has been resorted to in dire extremity by civilized and intelligent men, for Dr. Aug. M. Tupper, in the *Boston M. and S. Jour.*, September 4, 1884, calls attention to the case of the wreck of the schooner Almon Bird, published in full in the *Boston Sunday Globe*, January 8, 1882. Briefly stated the facts are as follows: She foundered in a gale January 2, 1882, and the crew, or the survivors of them, were picked up some forty miles north of Cape Ann, and brought to Boston by a fishing vessel. The men were exposed for three days and nights in an open boat. All were wet through but the mate, and he was the only one who escaped frost-bite. Three men died in the boat, and one a few days after being rescued, his feet and legs frozen stiff almost to the knees, all his fingers and both thumbs also. The captain's feet were badly frozen, and he lost portions of both of them.

On the morning of the third day, says the cap-

tain, "famishing with hunger and actually dying with thirst, we were compelled to do that which made our hearts revolt with horror. Driven to the last resort, and in an untold agony of desperation, I opened the jugular vein of the second mate, who had been dead about two hours, and we wet our parched lips and throats with his blood, still warm. * * * The draught of blood revived us wonderfully, and it is my earnest belief that it was that alone which saved our lives."

He happened to be one of the physicians who had charge of these men after they were landed, and they all assured him that it did "*revive them wonderfully.*" "It put new life in me," was the way each one expressed himself. Of course they felt delicate about questioning them much, and consequently did not make very particular inquiry, but every one knew it, and no one thought for one moment of blaming the poor fellows, as each heart was filled with pity for the unfortunate men. These men had some food (pilot bread) but no water.

In conclusion, we venture to say that even if these poor sufferers did eat their dead comrades (and it is not yet certain that they did), that there are very few, if any, who would not have done likewise in similar circumstances.

AMERICAN MEDICAL COLLEGES.

That our native institutions of medical learning are forging rapidly to the front, we all know. We speak not of the host of colleges that have been started as money-making concerns, but of those well-established institutions whose reputations are national. There was a time, not many years ago, when it was impossible for a man to procure a first-class medical education in this country. After graduating at a licensed school, he was, of course, entitled to practice, but if he desired to thoroughly educate himself in his profession, he was obliged to visit Europe and study for a time in one of the famous institutions there to be found. But, as we say all this has changed. To-day a man can find in the most famous universities and colleges of his own country, just as good facilities for medical education as are to be found anywhere in the world. Indeed, we imagine that the time is not far distant when we will have European graduates and students of medicine seeking our shores for instruction. We are glad to note that so high an authority as Mr. Lawson Tait, of England, entertains the same views, for at the recent meeting of the Canadian Medical Association he said:

"I might gather further illustrations of that intensely conservative spirit which governs everything English. I might wander into the lines of religion and politics and hundreds of other sources, but I prefer to take one of which I can speak at length and in detail; one upon which I believe, if I read aright the compliment you pay me by asking me to appear here before you, I can speak with some authority.

"In my early days the medical education of a British youth was not considered complete unless he had made a tour of the schools of France and Germany, and, like others, I felt of myself as was said of Proteus:

> "'Twould be a great impeachment to his age
> In having known no travel in his youth.'

"But I wish now that the time and money therein spent had been directed to the western instead of to the eastern continent; and I now venture to predict that ere long it will be to the medical schools of America rather than to those of Europe, that our students will travel, as did the apprentices of old before they settled down to the serious exercise of their craft.

"For many years past I have been visited by numbers of my professional brethren from this side of the Atlantic, many of whom have settled down for days and weeks, and even months, to see my work. I have been overwhelmed by the kindliest invitations to visit this continent, but till now I have never ventured across. This delay is an instance of British conservatism, for it is very little the fashion amongst us to take long holidays. My American visitors have one and all impressed me with their possession of that feature of mind which in England I fear we do not possess—the power of judging any question solely

upon its merits, and entirely apart from any prejudice, tradition, or personal bias. No matter how we may struggle against it, tradition rules all we do; we cannot throw off its shackles, and I am bound to plead guilty to this weakness myself perhaps as fully as any of my countrymen may be compelled to do. I may have broken free in some few places, but I know I am firmly bound in others, and my hope is that my visit to a freer country and a better climate may extend my mental vision."

ANOTHER SIDE OF THE QUESTION.

The Swiss Federal Council has lately made a somewhat startling report to the Assembly, embodying the results of an official inquiry into the liquor traffic, induced by petitions sent up from various cantons for legislation against such traffic, The petitions give statistics which show that the consumption of alcohol in Switzerland is greater per head than in any other country of Europe. Statistics also show that the consumption of brandy among the Swiss is increasing, and that parallel with this there is an increase of mental diseases and an increase of misery and want. In spite of all this, the Council refuses to recommend restrictive legislation. It states that the sale of liquor in Switzerland represents an annual return of 150,000,000f. In one clause of its report, headed "The Advantages of Spirituous Drinks," the Council is outspoken in defence of social drinking. Among other statements, it says: "The practice of social drinking of spirituous liquors brings a cheerful temper into society, effaces the traces of daily labor, opens the heart to other impressions, and is intimately associated with the development of public life. The public house fosters intellectual activity, and is a remedy against misanthropy, egotism, vanity, narrowness of ideas, and extravagance of imagination." The report has taken the country by surprise.

These ideas are, however, not new. The belief that a moderate use of stimulants is necessary to maintain the body at the height of its functions has been that of some of the eminent physiologists.

The arguments they adduce are that those nations who have abstained altogether from stimulants, have never a long power. The Moslems are wholly temperate, but their conquests, though brilliant were of short duration.

There is no doubt that by changing the current of the thoughts, brooding on gloomy topics is prevented by alcoholic beverages. Specialists have for this reason recommended them as a preventive of alienation. The flagging energies of the body are likewise led to take on more vigorous action.

Could a nation be confined to light and pure beers and wines, their advantages would probably more than compensate for their drawbacks. This is just where the trouble lies. Distilled and adulterated liquors are the real and main cause of the evil results of which we see so much. So long as we have no means of guarding against these, our safest course is in total prohibition.

PREPARATIONS FOR PESTILENCE.

The frightful devastation of the cholera in Naples should act as a salutary warning to other cities, both in Europe and America. We may indeed consider ourselves as safe from the scourge this autumn, but there is every probability that the germs which are now known to convey the disease will survive the winter in some of the many localities in which it has now obtained a foothold.

Next summer, therefore, we may look out for a recrudescence of the plague, and an extension of its ravages over a yet wider reach of territory.

So far as can be judged, the principal cause of the excessive mortality in Naples was due to the faulty water supply. It is both insufficient and of poor quality. Travelers are always on their guard against it. It has long been known as one of the causes of the prevalence of typhoid fever in that city.

To parallel such morbific intensity, we must look back to some of the pestilences of the middle ages, when the laws of health were still a sealed book to the masses. So they still are to the people of Southern Europe. The sanitary

condition of both Toulon and Naples has been simply atrocious, if the accounts of the papers can be relied upon.

How completely cold may be depended on to destroy the germs becomes a question of great interest just now. In one epidemic in Russia, the cholera continued its destructive march through the intensity of a winter in that severe latitude. The winters of Italy are short and mild, and would favor the perpetuation of the life of the germ until the spring.

These considerations should influence us not to relax our efforts, public and private, and to employ every means that an enlightened sanitary science suggests to meet effectively the approach of the pestilence in the spring.

The heavy death-rate, about 50 per cent., proves with sad conclusiveness that the therapeusis of the disease has not made any real progress. It was about that at its first inroad in 1832, and in later years. By so much the more should we lay stress on the value of hygienic measures, which have repeatedly proved their preservative power.

Notes and Comments.

The Arrest of Primary Hemorrhage after Amputation.

From the *London Med. Record* we learn that Dr. E. Weibel, in the course of a statistical report of the amputations performed in the Tübingen surgical clinic from 1877 to 1882 (*Mittheilungen aus der Chirurgischen Klinik zu Tübingen*, 1883), alludes to the well-known fact that, after a limb has been rendered bloodless by Esmarch's method, the primary hemorrhage from the smaller vessels and from the capillaries is likely to be very profuse. The muscular structures of the arteries, the contraction of which would otherwise excite considerable constriction of the divided vessels and speedy closure of the smaller branches, seems to be temporarily paralyzed by the compression of the limb and its prolonged deprivation of blood. Hence, as a rule, the necessity of tying many more arteries after elastic compression and after isolated compression of the main trunk during amputation. With the object of showing the number of vessels that are ligatured in amputations with elastic compression of the limb, Dr. Weibel has added to his tables two returns giving the number of ligatures applied before and after the removal of the elastic band. These tables show in the first place that the number of vessels to be secured varies extremely even in the same parts of a limb. Thus in amputations through the forearm the smallest number of vessels to be secured was 9, and the largest number 25; in the arm the numbers vary between 15 and 30, in the leg between 7 and 68, and in the thigh between 17 and 67. The average numbers of ligatures applied in the major amputations were as follows: In amputation of the thigh (46 cases) 38.1; in ampntation of the leg (65 cases) 24.3; in amputation of the arm (6 cases) 22.5; in amputation of the forearm (7 cases) 15.7. The following are the average numbers of ligatures applied before and after the removal of the constricting band: Amputation of the thigh (39 cases) 25.1 before, 14.9 after removal; amputation of the leg (49 cases) 15.3 before, 8.1 after removal. The number of ligatures it is found necessary to apply increases, as a rule, together with the thickness of the segment of the limb at which the amputation is performed. Thus, in amputation through the lower third of the leg (47 cases) an average number of 20.9 was needed; in the middle and upper thirds (18 cases) the average number was 33.2; in the lower third of the thigh (27 cases) 37.3; in the middle and upper thirds of the thigh (19 cases) 39.3. Dr. Weibel recommends, as the best means of arresting the free parenchymatous hemorrhage that follows the removal of Esmarch's constricting ligature, elevation of the stump and compression of the flaps by a large sponge previously cleansed by a carbolic acid solution. The application, with the same object in view, of compresses saturated with oil of turpentine, has also been followed by very good results.

Bacteria in the Intestines.

To discover the germs of disease in the alimentary canal, it is necessary to be acquainted with these microbes, which are always met with in the intestines. Prof. L. Brieger, in Berlin, has made a special study of this subject, and published the results of his investigations in the *Zeitschr. f. Physiol. Chemie*, 1884, vol. 8, p. 306–311. From this interesting article we take the following notes:

The coccus of the fæces is found in large quantities. It has about the size of the coccus of pneumonia, and is frequently met with in the form of diplococci. Cultivated on Koch's beef-tea

gelatine, this coccus grows in the form of flat, whitish pyramids; it develops as well on albumen as on hydro-carbons, but better at the temperature of the blood than at that of a room. Injected into the circulation of animals, the coccus proved itself perfectly innocuous.

In combination with this coccus one often finds two species of bacilli, possessing very characteristic peculiarities. The one kind, of varying size according to the length of its existence, causes the gelatine gradually to become fluid, and imparts to it a greenish, fluorescing color, very similar to that of eosin, the coloring matter dissolves in an alkaline solution, and is easily destroyed by acids. More important for the organism is the other bacillus, appearing in the form of very minute rods, and growing in the same culture-soil as the coccus, but in the shape of irregular, concentric rings. Injected into guinea-pigs, they cause their death within 24 hours. A few hours after the inoculation, the animals lost their appetite, became quiet; their respiration was stertorous and dyspnotic, the action of the heart increased in frequency, and the animals suddenly dropped down dead. But if these bacilli were introduced into the alimentary canal of the animals, by being swallowed by the food or injected into the rectum, they caused no symptoms whatever. Rabbits and mice were not affected by them. In the blood of guinea-pigs, that died in consequence of the introduction into the circulation of these bacilli, the latter were always found in great numbers.

Hæmaturia in Cancer of the Kidney.

Dr. A. Seibert has published a valuable contribution to our knowledge of cases of cancer of the kidney in the *Jahrb. für Kinderh.*, vol. xxi., H. 3. Besides mentioning one case of his own in detail, he gives a short description of fifty more cases collected by him, from which we may draw the conclusion, that male and female children and the right and the left kidney are equally often affected with cancer.

Infants suffer most frequently; seldom children after the fifth year. Jacobe is of the opinion that in cases of infants the cancer of the kidney is born with them, and usually develops itself most rapidly in the second half year. The diagnosis is based upon a kidney-tumor, emaciation, pains, frequent vomiting after meals, and early appearance of hæmaturia.

Bloody urine in cases of calculi and of kidneys in the state of caseous degeneration is rarely met with, is then not so profuse, and the blood not so pure, being mixed with mucus, pus, epithelium, and gravel. The pain of cancer of the kidney is not intense, appearing more as a heavy pressure; severe seizures or colampsia, as in colic, never happen. With the appearance of blood in the urine the pain at once ceases or becomes much milder. In cases of inflammation of a kidney we have at times hæmaturia, but here the quantity of the urine is lessened, and the bloody discharge ceases simultaneously with the phenomena of inflammation. Should, in case of cancer, inflammation of the healthy parts be added, there is an increase of the blood-flow, while the quantity of the urine increases, and symptoms of obstruction are wanting. But should the first hemorrhage appear after the commencement of the sympathetic inflammation of the non-cancerous kidney, the hemorrhage then taking place is very sudden and copious. While these hemorrhages are very frequent in cases of cancer of a kidney, they never by themselves cause a fatal issue.

A Case of Homicide by a Wound of the Vulva.

Dr. F. W. Draper reports a most interesting medico-legal case in the *Boston Med. and Surg. Jour.* for September 4, 1884, wherein within the space of five hours (taking outside limits of time) a strong, plethoric, and healthy woman bled to death by a wound of the vulva an inch long and half an inch deep. Such an occurrence, if standing alone as one observed for the first time, would be regarded as extraordinary, perhaps as incredible; but it is fortunate in being in accord with similar observations recorded in surgical and medico-legal writings. It is really a typical example of an interesting class. Ogston* quotes the case of a woman who died in ten minutes after receiving two wounds about the genitals, one on the left labium and the other at the entrance of the vagina at its upper part; the fact that she was pregnant, and that the vascularity of the parts was thus increased, may have had some influence upon the rapidity of the hemorrhage. Taylor† alludes to the case of a woman, eight months pregnant, who "fell from a chair, which also fell with her. There was hemorrhage, and she died in a quarter of an hour. The blood had flowed from a wound an inch and a half long, situated between the right labium and the urethra." In another case "a contused wound of the clitoris proved fatal. A woman, aged thirty-six, received a kick from her husband in the lower part of the

* Lectures on Medical Jurisprudence, p. 486.

† Principles and Practice of Medical Jurisprudence, i., p. 677.

abdomen while she was in a stooping posture. When seen, in about three quarters of an hour, she had lost from three to four pounds of blood; she was sinking, and expired a few minutes afterward. The wound was at the edge of the vulva, extending along the ramus of the pubes; it was about an inch long and three quarters of an inch deep. The left crus clitoridis was crushed throughout its length." These cases are of use in teaching the medical witness that, whether in the presence of a jury or elsewhere, he should be economical in the use of terms like "impossible," or "incredible," or "inconceivable."

In the case reported by Dr. Draper, the jury found a verdict against the husband.

A Case of General Idiopathic Atrophy of the Skin.

Before the last meeting of the American Dermatological Association, Dr. W. A. Hardaway read a paper on a case of this nature, and exhibited photographs illustrating the case.

The patient was a blind man, twenty-three years old. He had a sister also blind, and with the same skin disease, as he stated. The skin of his face was thickened and reddened, there were scars around his mouth, and he had the so-called "strumous lips." The integument of the trunk presented a checkered glistening aspect; patches of pigmented skin alternating with atrophic spots. The skin over the latter was tense and glistening, and could be picked up with difficulty. No dilated vessels were visible. The skin and muscles of the hand were atrophied, and the sides of the fingers had grown together over half their extent. There was necrosis of the conjunctivæ, corneal opacities and adhesion of the lids to the globes.

Dr. Duhring said that the atrophy was the only essential feature of the disease under consideration. All grades are met with, from those having no tendency to degeneration to those developing carcinoma or sarcoma.

Dr. Taylor said that in his opinion the condition of the skin in the case described in the paper was not like that met with in the disease known as angioma pigmentosum et atrophicum, as this patient presented simply an ill-nourished senile-like condition of the integument.

Theories of Color Perception.

Dr. Swan M. Burnett, of Washington, D. D., elaborately discusses in the July number of the *American Journal of the Medical Sciences*, the various theories of color-perception, and points out that none of them accounts in a consistent manner for all the phenomena normal and abnormal colored-vision, and that, moreover, there are certain objections on physical grounds which, with our present knowledge of the laws of molecular and wave-motion, are insurmountable. He advances a theory which he thinks meets the requirements of the case in the light of recently acquired knowledge. He holds that it is essential to do away with the idea of the retina as a differentiating organ, and that it should be looked upon simply as receiving and transmitting structure which shall give up faithfully to the optic nerve the impressions made upon it by the waves of the luminiferous ether. These impressions are carried by the nerve to the brain, and are there properly differentiated and converted into sensations. He believes that by this means all the phenomena of color-perception and color-blindness can be explained in a natural and consistent manner, without the necessity of imagining new tissues, or novel or unusual reactions of these tissues to light. Dr. Burnett considers the retina to be a substance whose ultimate structure is such as to allow it to respond at one and the same time to a large number of ethereal vibrations; at least such a number as shall be represented by the clearly distinguishable colors of the spectrum.

His theory, Dr. Burnett holds, explains the phenomena of defects in color-perception, and receives support from biology and embryology.

Tubercle Bacilli in Urine and Kidneys.

In the meeting of the Berlin society for internal medicine, June 30, Dr. Mendelssohn presented a specimen of the urine and the kidneys of a patient who had been attended several days in the surgical clinic of the University of Berlin for incontinentia urinæ and bladder trouble. On account of a beginning lung affection, discovered the fourth day, he was transferred to the medical ward, where two days later he suddenly died of meningitis. The urine was scanty, opaque, and of alkaline reaction, and contained besides albumen a sediment with light-red clouds, which on nearer inspection were determined to be tissue-debris. The evaporated residue of this urine was examined under the microscope, and found to be full of tubercle bacilli. Their presence in the urine has already been mentioned by Lichtheim and Rosenstein. Very interesting were the grouping of the bacilli and their collective accumulations. Koch, in his most recent communication on the etiology of tuberculosis, has described the type of the growth in pure cultures of tubercle bacilli as elegant figures with various snake-like shapes, the smallest of them resembling the

Roman S. Exacty the same forms are met with in the urine of the patient above mentioned, and also in the pus contained in the kidneys. The microscopical examination *intra vitam* had determined the diagnosis of uro-genital tuberculosis, and recognized its violent form on account of the great number of fresh bacilli. The rapidly fatal issue of this instructive case proved the correctness of the diagnosis.

A Suggestion Concerning the Treatment of Acne and Acne Rosacea in the Male Subject.

At the last meeting of the American Dermatological Association, Dr. S. Sherwell read a paper on this subject. He said that too little attention had been paid to disturbances of the genital tract as causes of the diseases which formed the subject of his paper, and gave credit to Piffard and Hyde for having recognized their importance in this regard. He then spoke of the occurrence of chronic congestion and hyperæsthesia of the male urethra in some cases, and recommended for its relief the use of cold steel sounds. He concluded by detailing two cases which were greatly benefited by this means.

Dr. A. R. Robinson thought the suggestion a ensible one, and if followed benefit would result in some cases.

Dr. G. H. Fox spoke of the liability of physicians to ascribe results to a certain line of treatment, when the improvement might have been due to a change in regimen on the part of the patient without the knowledge of the physician. He also thought well of Dr. Sherwell's suggestion.

The Treatment of Gonorrhœa.

The treatment of gonorrhœa to-day still consists mainly of injections of astringent solutions, sulphate of zinc, acetate of lead, and nitrate of silver being the most common.

Since, however, recent investigations have demonstrated the fact that the discharge of pus is due to the presence of bacteria, the attention of physicians has been drawn to disinfectants and their employment in this disease. The latest report on this subject comes from the *Allg. Med. Centr. Zeit.*, which in its number of July 5, publishes an article of Dr. Kirchbaur, who as a surgeon in the Regular German Army had sufficient opportunity to try the effect of disinfectants in gonorrhœa. He used a four per cent. solution of boracic acid for injection, and in each of the cases he mentions in detail, he succeeded in stopping the purulent discharge by the fourth day, when it gave place to one of a mucous character, which totally ceased by the end of the second week. As boracic acid can do no harm, it may be well worth a further trial in this obstinate complaint.

A New Observation Concerning the Patella Reflex.

Dr. Baierlacher, in Nurnberg (*Centrlbl. f. Nervenh.*, June 1, 1884), has made an observation regarding the patella reflex, which may be of diagnostic value. In a man æt. 55, suffering from neurasthenia and for years accustomed to the injections of morphia, the remarkable discovery was made that the knee-phenomenon was totally wanting without the existence of any symptom indicating locomotor ataxia. For a few minutes after each injection the patella reflex was present and could be plainly distinguished, but it soon ceased and continued absent until the next injection was made. This observation agrees with that of Heinrichs, who noted that before the total disappearance of the patella reflex during chloroform-narcosis the symptom becomes exaggerated for a short time. These facts would tend to prove that the phenomenon is not caused by direct muscular irritation, but is totally of reflex character.

Hepatic Albuminuria.

Dr. C. C. Thayer thus concludes a paper in the *Med. Record*, August 2, 1884 :

1. Crude albumen in the circulation may be excreted as such by *healthy* kidneys.

2. Crude albumen in the circulation may arise from a retrograde metamorphosis of albuminoids in the process of digestion and assimilation from liver *disease*.

3. Crude albumen in the circulation may arise from a luxus consumption of albuminoids in excess of the capabilities of a *healthy* liver.

4. Crude albumen in the urine denotes that albuminose, in its hidden course to its legitimate and ultimate end, viz., fat and urea, has escaped its proper destiny as an aborted proteid.

5. Crude albumen in the circulation denotes not a defective metamorphosis of tissue, for it has never been tissue, but a defective metabolism in tissue construction.

Fatal Case of Hydrophobia.

The *Courier Medical* describes a fatal case of hydrophobia from the bite of a dog evidently not rabid. The patient had been bitten slightly about three months before his admission to the hospital, by a pregnant bitch which was not mad, and which had since brought forth and suckled a litter of puppies. The owner of the animal ad-

mitted that this bitch when pregnant was evil-disposed, and attacked men and animals, whilst she had never been mad nor otherwise ill. The fear of hydrophobia was evidently not the cause of the symptoms observed, since the patient attached no importance to the bite which he had received, and did not even connect it with his illness. The writer adds that "it is prudent to mistrust dogs and cats when in the state of heat or of gestation, and when sick, and also when they become quarrelsome."

Diphtheritic Nephritis.

Apropos of this subject, about which we have already had something to say, we note that Professor Joseph Fischl read before the German Medical Society of Prague a communication on diphtheritic nephritis. He observed that the epithelium is always swollen and fatty. The lesions are always accompanied by lesions of the stroma. Dr. Fischl has found in nine cases out of ten of interstitial nephritis, especially when subcapsular, that the Malpighian bodies are attacked. He also found vascular lesions, periarteritis, and desquamation of the epithelioid lining. He never observed micro-organisms, although his investigations were conducted with the greatest care, and the most perfect optical instruments were used. A number of microscopic preparations and drawings were shown in support of his assertions.

The Etiology of Cancer.

Dr. J. H. Stallard speaks wisely when he says, in the *Pacific M. and S. Jour.*, July, 1884:

No subject presents a more hopeful field for the conjoined action of the profession. We want a more exact personal history of those who suffer from malignant disease, especially as regards the great questions of diet and regimen; and it is much to be hoped those physicians in England and America who have promoted this mode of investigation, will take up this great and important subject. It is now settled that our best remedies are failures, and that early extirpation is our best resource. If we should be able to attack our enemy by preventing the predisposing condition, there will be hope that the cancer mortality will fall.

Tic Convulsif Cured by Stretching of the Facial Nerve.

A woman, æt. 37, had been suffering for eight years from tic convulsif of the right side. All treatment had been in vain. Dr. G. Zesas, who reports the case in the *Weiner Med. Woch.*, 2, 1884, divided, under the carbolic spray, skin for a distance of 4 cm., beginning at the ear, and searched for the nerve behind the organ, and found it without trouble and without serious bleeding after separating the soft parts. Having isolated the nerve he stretched it five times in its centre, and also peripherally. The wound was closed by catgut, and healed by first intention. On the fifth day after the operation, which was performed November 16, last year, the pains became much less, and ceased totally January 4, when the patient was discharged as cured. She has since not suffered from the complaint.

Treatment of Cholera.

The *London Med. Times*, August 2, 1884, tells us that Professor Hoyen has just published an elaborate lecture in the *Revue Scientifique* on the treatment of cholera, in which he chiefly advocates ipecacuanha and opium in the earlier stages, and black sulphide of mercury, with salicylate of bismuth, in the more advanced periods. When the patient falls into the state of algidity and collapse, the professor recommends the intravenous injection of the following solution:

Aq. simpl.,	1,000 parts.
Chloride of sodium,	5 "
Hydrate of sodium,	1 "
Sulphate of sodium,	25 "

A Good Tooth Paste.

Dr. A. W. Harlan, of Chicago, recommends the following in the *Dental Cosmos*, September, 1884:

℞. Precip. chalk.
Powd. orris root, āā ℥ij.
White castile soap,
Powd. borax, āā ℥ss.
" myrrh, ℥ii.
Honey and glycerin, q. s. to make a soft paste.
Color rose pink.
Perfume to suit.

To be used before retiring and after breakfast, on a brush not dipped in water and not too stiff.

The Use of Aperients in Scarlatina.

Commenting on some cases wherein calomel had been given to patients suffering from scarlatina, and where the reports the next day say that the patients passed restless nights, Dr. Edward Wells writes to the *Brit. Med. Jour.*, July 12, 1884, that in his experience, the administration of even the mildest aperient during the eruptive stage of scarlatina is liable to be followed by the gravest symptoms. He should be glad to learn the opinion of the profession on this point.

Correspondence.

A Case of Elephantiasis Arabum.

Eds. Med. and Surg. Reporter:

After graduating from the College of Physicians and Surgeons, Baltimore, the writer began the practice of physic in a city not a thousand miles from his alma mater. His shingle had not been extending a cordial invitation to the public many days before he had a caller. A messenger bearing an urgent message from Mrs. G., who was suffering from erysipelas, caused him to go forth with professional haste and cheerfulness to conquer. Arriving at the house of his benefactor, he was ushered into the presence of an elderly woman, who was seated in a rocking chair with her feet on a chair in front of her.

Nothing unnatural attracted his attention in her appearance, nor did the patient hint at the character of the mystery concealed under her petticoats. She described with exasperating minuteness the suffering she had endured with patient fortitude from chronic erysipelas of the right leg, and when in the course of the morning a request for an examination was inserted into the current of conversation, she drew up her skirts and showed the most remarkable-looking object that was ever attached to a human body. The limb was about three times its natural size, and covered with a scaly black crust, which was seamed and fissured like oak bark or alligator's skin. To say the physician was surprised would but feebly express the condition of affairs at that moment; he had been led to believe from the meagre amount of space allotted to the subject in text-books, and also from the cursory glance given it by the professor of dermatology, that cases of elephantiasis were like angel's visits. However, with a desperate effort to look as if he had taken a dose of *fl. ext. Solomon's wisdom*, the disciple of Esculapius proceeded to investigate the subject. From Poupart's ligament to the ankle joint the limb looked like a charred log, no vestige of comeliness remaining. At the folds in the loins were surfaces presenting the appearance of *eczema madridars*, and in this region the limb measured many inches in circumference; and all resemblance of a joint was obliterated by the product of the lymphatic hypertrophy. The lower boundary of the swelling was clearly defined, overlapping the foot, and leaving raw edges, which were the seat of intense itching and irritation.

The case was an interesting one, and afforded ample room for speculation and experiment. Gross and Reynolds gave the history of the case with surprising faithfulness, and during frequent visits a pretty full account of the case was obtained from the patient. The woman was fifty-six years of age, had been married twice, and was the mother of nine children. Her disease had commenced when she was about fifteen years of age, and was attributed to menstrual disorders, which may or may not have been the cause—in Copland's Dictionary a case is reported caused in that way. The usual course of inflammatory swelling, gradually subsiding to recur at irregular intervals, each time leaving the limb larger, was observed. A crop of scales always accompanied an outbreak, lasting several months. When she was twenty years of age, she was married the first time, and was frank enough to state that the diseased member had never given her husband any trouble. Only since her climacteric has the leg become so unwieldly as to interfere with locomotion. About eight years ago, while on a visit to a town forty miles distant from home, she had fractured the femur in the middle third, and from that time, though the bone united firmly with the formation of a large amount of callous, she was constantly worried with pains and aches. An ointment of pyrogallic acid acted very kindly in healing the denuded surfaces, and in the course of two months the patient exfoliated the scaly covering, and the limb, though enormously enlarged, assumed a semi-human appearance.

At the present time the woman is failing rapidly, and her prospect for length of days is not at all bright. On one occasion not long since, during convalescence from an attack of malarial fever, her limb became covered with purpura hemorrhagica, and she exhibited more alarm than she was ever known to have shown in her life.

This case is not reported with the idea of adding to the stock of professional knowledge, by any means. All that the writer has in view is to impress upon the minds of young physicians that they are liable to be called upon to do anything, from pulling a tooth to holding a post-mortem.

Text-books rear bounds for diseases that are often not observed, and professors often lay down laws which it is some poor unfortunate's luck to see broken early in his career.

Elephantiasis is a native of warm and damp climates, or rather those liable to sudden and violent atmospheric changes; but occasionally susceptible individuals are met with in our own country who have the diathesis suited to its development, and our patient at least had the diathesis in her right leg. While the study of the disease may be unprofitable because of its rarity and incurability, it is nevertheless interesting on account of the deformity it causes; and no matter how fabulous reported cases may appear in the future, the writer will be tempted to believe them.

Emporium, Pa. J. E. Free, M. D.

A New Method of Covering Bone Denuded of Periosteum.

Eds. Med. and Surg. Reporter:—

Some years ago I was called to see David K——, aged about twelve years, who was severely injured by being run over by a heavy wagon. The boy was thrown in the gutter, and the wheel passed over the left side of the head, tearing away the scalp and periosteum, and exposing the skull for a little over one-third of its extent. The boy was carried home in an unconscious condition, and was kept quiet.

In the morning a cathartic was given to act on the stomach and bowels, as a revulsive to the brain. Strange to say, after consciousness returned the next morning, no more cerebral symptoms appeared, and there was very little constitutional disturbance.

But the great trouble was, what to do with the denuded bone, as the scalp and periosteum were ground from the skull and mixed with the mud in the gutter.

Here was an unpleasant dilemma to be placed in, and one difficult to solve. I washed off the mud and blood, and used water-dressing to the head, and covered the denuded part with oiled silk. The inflammation was slight compared with the extent of the injury, and in a short time was subdued, the edges presenting a healthy granulated appearance.

But how was the exposed bone to be covered? If the periosteum had been left, the task would not have been so difficult.

An idea presented itself to my mind, which I have never seen or heard of being put into practice. I had the scalp shaved, and with a chisel cut away the outer table of the skull on opposite sides of the denuded part for about two lines in width, and with adhesive plaster drew the granulated surfaces over the chiseled parts, and to my best wishes had the pleasure to see them insinuate themselves into the diploë and adhere.

This method of chiseling was continued until the entire surface was covered, which took about three months to complete it.

The exposed bone was painted with glycerine and covered with oiled silk, to prevent exposure to the atmosphere as much as possible. The result was very satisfactory, and the cicatrix which was left was small, being less than two lines in width.

The nature of the case and its happy termination, is the reason for bringing it to the notice of the profession, in the hope that in similar cases the above method, if adopted, might lead to as satisfactory results. JAMES CRAIG, M. D.

Jersey City, N. J.

Another Monstrosity.

EDS. MED. AND SURG. REPORTER:—

Noticing Dr. Gardner's "Monstrosity" in last week's REPORTER, induces me to briefly report a case which recently came under my observation.

Mrs. N., aged 38, mother of six healthy children, was confined at 2 o'clock a. m. Found, when called soon after, a well dilated os, vertex presentation with tendency to glide above the pubic arch. After twelve hours ineffectual labor (during which convulsions occurred), introduced blunt hook—fœtus being dead—and drew down the head, when delivery was soon completed.

The head was well and normally developed. Cervix measured ten inches in length. Upper extremities almost a perfect representation of the front legs or arms of the turtle, with palms turned outward. Body broad and flat. Lower extremities much resembling the hind legs of a dog with talipes varus. The cervical vertebræ were of the proper number, but abnormally developed, while the osseous structure of the extremities were simply indescribable.

The only cause assigned by the parents for this freak of nature was the fact that the husband, being a farmer, was the owner of a large flock of sheep, and the ewes dropping the lambs during a cold, damp period, the lady herself during this period, which was soon after her conception, nursed, cared for, and handled a number of the young lambs, feeding them until they were strong enough to follow the herd.

J. F. RICHARDSON, M. D.

Harper, Iowa, Aug. 28, 1884.

Calculus in a Boy Aged Four Years.

EDS. MED. AND SURG. REPORTER:—

I saw the report of a case of calculus in a boy five years old in your last issue. Suppose it was reported because of the age of the patient.

In 1882 I reported a case to the *Indiana Medical Journal* of a calculus in a boy aged four, which came under my observation while assistant physician at the Indianapolis City Dispensary. The patient was colored. Was consulted by his parents because of his frequent and painful urination, which condition they said had existed since the child was old enough to complain. He had been subjected to all manner of medication, and even circumcised, without relief. Suspecting calculus, I examined the bladder with an ordinary probe properly bent, detected the stone, and subsequently Prof. Jos. Eastman removed it by lateral lithotomy. The stone was about an inch and a half long. The patient made a hasty and complete recovery. G. A. COBLE, M. D.

New Augusta, Ind., Sept. 3, 1884.

NEWS AND MISCELLANY.

A Too Hasty Diagnosis.

From a foreign exchange we note a case that carries with it a very strong moral. It appears that the plaintiff in a suit recently on trial in England, a Mr. Yarndley, whilst on yeomanry duty in June last, became saddle-sore, a circumstance by no means uncommon to persons not in the habit of riding much. In order to protect the abraded skin he applied a handkerchief to the part. On his return home, his wife, not being satified in her mind as to the origin of the blood-stains, took the kerchief to a local practitioner (Dr. Pike), who pronounced in favor of the husband's misconduct. Nor did he retract his expressed opinion after he had personally examined the plaintiff, at the invitation of the latter. Horrified at the charge made against him, Mr. Yarndley sought the advice of several doctors in the neighborhood, who unanimously declared that the diagnosis made by Dr. Pike was incorrect, and, with true professional courtesy, advised him to withdraw it. For some reason or other Dr. Pike failed to do this; hence the action brought by the plaintiff, to clear his character from the aspersions cast upon it. Apart from the fact that no manner of stain upon clothing could in itself be taken as proof of venereal disease, the circumstances were strongly suggestive of what was no doubt the real explanation, for the wound on the thigh exactly corresponded with the blood-marks on the trousers. We do not for one moment suppose that the defendant acted from vindictive motives, nor without a *bonâ fide* belief in the accuracy of his diagnosis; but for all that, if the evidence can be relied upon, he showed a lamentable want of forethought and discretion, both in the first instance and afterwards, when his position was shown to be untenable. He ought to have carefully weighed every available fact, and acted with the greatest caution before venturing to give an opinion which would, in all likelihood, destroy the happiness of a home and leave the hapless husband under the stigma of immorality.

It was to be regretted that the case was allowed to proceed to trial, but we are glad to state that the plaintiff was honorably cleared.

Signals to Note the Approach of Marked Changes in Temperature.

The Signal Service of the United States has taken measures to notify of the approach of marked changes in temperature by a system of signals. The "cold-wave flag," white with black centre, will be displayed at the central station, and it is suggested by the chief signal officer that smaller flags (to be procured by individual contributions, as the department has no money available for such uses) be shown at all places to which the *Farmer's Bulletin* is now supplied. The advantage of a general warning of thermometric changes to many industries and interests is obvious.

Mississippi Valley Medical Society.

The Mississippi Valley Medical Society will hold its annual meeting in Springfield, Ill., September 23, 24, 25, and 26. This is the old Tri-State Society organized about ten years ago, but at the meeting last year changed to the present name, through earnest solicitation of adjacent territory, to increase its boundaries.

It is hoped that a large number of the profession in the valley States will participate in an active way at the coming meeting.

Items.

—Doctor (engaged six months after the death of his first wife, soliloquizing over a letter)—"This is better. She addresses me as 'darling duck.' My first wife used to speak of me as 'old quack.'"

—In the *Lancet*, August 9, 1884, Mr. Sydney Jones reports a case of bony anchylosis of lower jaw, with removal of a wedge-shaped piece of bone on each side, and recovery, with good movement of jaw.

—The French method of administering castor-oil to children is to pour the oil into a pan over a moderate fire, break an egg into it, and stir up. When it is done, flavor with a little salt, or sugar, or currant jelly.

—To prevent grating the teeth during sleep, a correspondent of the *Dental Cosmos* says that a rubber plate, made thin, and covering the molars and bicuspids above, and used during the night, has proven very efficient in his practice.

—In order to make a plaster set quickly, mix it with water into which a little sulphate of potash has been dissolved; to make it set slowly, mix it with fine slaked lime. The time of setting may be regulated by changing the relative quantities.

—"What is that invisible power," asked an Austin (Texas) Sunday-school teacher, "that prevents the wicked man from sleeping; that causes him to toss about on his pillow; and what should he do to enjoy that peace that passes all understanding?" "Go to the drug-store and buy some insect powder. Ma sent me for a dime's worth last Wednesday, and we haven't felt——" Johnny Spilkins would have gone into particulars if his sister, who is a little older and has ten times as much sense, hadn't pulled him down.

—A subscription has been opened at St. Petersburg, Russia, in order to raise funds for instituting at the University five bursaries in the name of Charles Darwin, to be employed for the maintenance of five students in the five chief branches of natural science.

—The mortality of the globe, as given by a continental journal, which has made the computation, is as follows: Per minute, 67; per diem, 97,790, and per annum, 35,639,835; whereas the births are 36,792,000 per annum, 100,000 per diem, and 70 per minute.

—The *National Druggist* calls attention to some bad effects following the application of iodoform externally, and attributes them to adulteration with picric acid, which it says is largely used for that purpose. The subject is important, as iodoform has grown into extensive use.

—In consequence of the extension of irrigation works in the province of Rajputana, in India, and the opening of the Rajputana-Malway railway, rendering the produce easy of access to Bombay, poppy cultivation has been constantly on the increase within the last two or three years.

—To overcome a repugnance to the odor of chloroform in certain patients, Prof. Nussbaum, of Munich, has a few drops of oil of cloves placed on the towel before giving the anæsthetic. The addition of one part to six of cologne to ether, makes it much more easy of administration in some cases.

—"Pasteurized" beer is now being sold in Canadian cities. The process of Pasteurization requires the heating of the liquid to a point sufficient to destroy the vitality of yeast cells and other germs. This is accomplished by a temperature over 131° F., and the heat should be applied for a considerable time. If the process is imperfectly performed, the cells will develop as soon as circumstances are favorable.

—Dr. A. A. Willcox, of Cleveland, Ohio, writes to the "Dental Cosmos" that the severe pain which often accompanies the application of arsenious acid for the destruction of the dental pulp may be almost entirely obviated by the application of a little chloroform on a pellet of cotton before the "nerve-paste" is applied, allowing it to remain a few seconds, and immediately stopping, thus preventing a rapid evaporation.

—The death of Dr. J. Collis Browne is announced from London. He formerly belonged to the medical staff of the British Army, and devised the well-known preparation "chlorodyne," for the cure of diarrhœa and similar diseases prevalent in the tropical possessions of England. Although the remedy was largely imitated and counterfeited, it is said to have secured great wealth for its inventor.

—Dr. Koch was born in 1843, and, when twenty-three years of age graduated, in Germany, as a doctor of medicine. For some six years he labored as an assistant in an obscure hospital, and in 1872 got an appointment at Wollstein, where he continued for seven years. His first marked step upward was gained by the publication of methods for coloring miscroscopic slides, and more particularly those of bacteria. Since then he has been principally engaged in those researches which have made him famous.

THE

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Original Department.

Communications.

THE DESTRUCTIVE EFFECTS OF ALCOHOL.

BY JAS. L. PERRYMAN, A. M., M. D.,

Of Belleville, Illinois.

Opinionum commenta delet dies naturæ judicia confirmat.—*Cic.*

Time obliterates the fictions of opinion and confirms the decisions of nature.

Said the Right Hon. W. E. Gladstone, Prime Minister of England: "The evils of intemperance in the United Kingdom are equal to the combined calamities of war, pestilence, and famine, and this is the measure of our discredit and disgrace:"

It is a fact well known that alcohol is a product of fermentation of substances containing carbon, which is abundantly found in sugar and starch, and exists nowhere in the world as a natural product. It is the result, then, of a slow and destructive distillation of the natural chemical products of the vegetable world, and not until that fungus called yeast has produced death and decay is alcohol formed.

Thus it will be seen that alcohol is a chemical combination of carbon, hydrogen, and oxygen, discovered and made by art.

"Nature," says Count Chaptel, "never forms spirituous liquors. She rots the grape upon the branch, but it is art which converts the juice into wine; no chemist has ever yet found it among the substances formed by plants."

This statement is corroborated by the ablest physicians and chemists everywhere, and we shall try to show in the course of this article, to some extent at least, that alcohol, being an unnatural product, cannot be a nourishment, nor is it a life-giving or a life-sustaining element or substance. We are well aware of the fact, however, that there are some unsolved problems connected with its *modus operandi* upon the human body, and prejudice in its favor by mankind that must be overcome; but enough is known in reference to its baneful influence upon the animal economy to arraign it before a court of justice and at the bar of public opinion. The evidence that has accumulated by the statistics of the vital statistician and chemist, history and tradition warrant us in stating at the very outset of the investigation that the verdict of condemnation against the use of this fell destroyer and public enemy of the human race is not too severe; but in the course of the investigation we shall try, in our humble way, to give it and its advocates a fair and impartial hearing, for it is a principle of equity and justice that nothing should be condemned as pernicious and hurtful until an investigation has been obtained. And we shall assert, without the fear of contradiction or refutation, that alcohol is no more the gift of a beneficent Creator than small-pox, yellow fever, diphtheria, measles, typhus, typhoid, leprosy, or any other contagious or infectious disease.

I am well aware of the fact that not many years ago Baron Leibig, the distinguished German chemist, made the startling declaration that no alcohol left the animal economy unchanged, and that it greatly assisted combustion in the production of animal heat in combining with oxygen and passing out of the system as carbonic acid and water. A theory from so distinguished a scientist and chemist satisfied many and silenced

others; but it was a theory only, and, like all theories of the kind, it was soon doomed by more careful investigation of science to the shades of oblivion, which we shall presently show.

One fact that we all know and are familiar with, is that alcohol passes off by the breath, in fact, by all the excretions or emunctories of the body. Says Dr. James Kirk, of Scotland: "I dissected a man who died in a state of intoxication, after a debauch. The operation was performed a few hours after death. In two of the cavities of the brain—the lateral ventricles—was found the usual quantity of limpid fluid. When we smelled it the odor of whiskey was distinctly perceptible, and when we applied the candle to a portion in a spoon, it actually burned, the lambent blue flame characteristic of alcohol playing on the spoon for some seconds." Dr. Ogdon, of Aberdeen, corroborates the statement of Dr. Kirk. He says: "I am happy to be able to add one case to the number. The body of a woman, aged forty years, by the name of Callic, whom it was believed had drowned herself in a state of intoxication, was found on the 23d of August, 1831, in the Aberdeen canal. In company with another medical man, I was requested to examine the body. We discovered nearly four ounces of fluid in the ventricles, having all the physical qualities of alcohol, as was proved by the united testimony of two other medical men who saw the body and examined the fluids."

Three similar cases have occurred in the experience and practice of the writer. Three persons who had died after a drunken debauch. In company with several competent physicians and chemists, we discovered in the ventricles of the brain of two of the deceased upwards of two ounces and a half of fluid that had the odor of alcohol, and burned with a blue flame. Analysis by a competent chemist and a distinguished professor, demonstrated the presence of alcohol; in the ventricles of the other case it contained less than two ounces of fluid mingled with alcohol, which was proven by the tests applied.

These facts have been proven by experiments that have been made again and again by distinguished chemists and physicians upon the human body, and also upon the inferior animals. Chemistry has a tongue that is sharp and decisive. Like figures, it does not lie—for dogs, with other inferior animals, have been given alcohol until intoxication was produced—and from the blood alcohol was separated by chemical analysis and chemical reagents; it has been proven to be alcohol beyond the possibility of a doubt. *These facts go to establish not only a theory, but a fact*, that alcohol passes through the animal economy, unchanged, scorching, burning, disorganizing, paralyzing, and breaking down *sooner or later*, every tissue that it comes in contact with. Now I think that it can be clearly demonstrated by experiments and by post-mortem examinations, that alcohol produces death by its specific action upon the nervous centres, and not by coagulating the blood, as was asserted by Orphila and others; but in this age of light, lightning, steam, and gold, the exacting genius of this scientific and progressive age demands that everything pertaining to science must be demonstrated. "That which we know is little, but that which we know not is immense," exclaimed Laplace; a truism that we should keep in our mind's eye. It was also asserted and believed by Bouchardot and Sanders, that alcohol disappeared in combustion and respiration, that once formed carbonic acid and water, from its chemical affinity for water. These observers readily concluded that alcohol had been changed in its transit through the lungs, and that the carbonic acid gas produced death by asphyxia.

It has further been asserted by astute and learned chemists that a variety of chemical combinations have been formed from the presence of alcohol in the circulation, and that it was finally disposed of and thrown out of the system as carbonic acid and water—an assertion that is not borne out by the conclusions reached by the ablest chemists of both Europe and America.

It may be stated here, once for all, that recent scientific deductions based upon actual experiments with alcohol upon living animals, and by a post-mortem examination, the Leibigian theory of alcohol being a food was premature, and this unfortunate theory has been the author of as much drunkenness and debauchery, if not more, than any theory that was ever promulgated by any scientific physician and chemist, for it is now known that alcohol is not a food, it is not a medicine, nor is it a stimulant; neither does it prevent tissue change; neither does it produce any warmth of the body; but it is an anæsthetic—a narcotic poison which depresses and paralyzes the vital forces.

Dr. John Higginsbotham, of Nottingham, England, says that *is neither food nor physic.*

Let us suppose Leibig's theory is true—that alcohol is oxydized in the body—what will be the result? "The alcohol having a greater affinity for oxygen than for other elements of food, the hydrogen in the alcohol will unite with the free

oxygen circulating in the blood, and life is burned out too fast." Let us admit further for the sake of argument, that his theory is true. It would be a very costly nourishment, indeed, to say nothing of the quantity. It would require 2,920 quarts of the best Bavarian beer, which is equal to 116 quarts of pure alcohol, valued at $292, in order to obtain the nourishment that is in a five-pound loaf of bread, that will cost only thirty cents; and here it may be affirmed, without fear from the microscopic eye of chemical criticism, that no chemical of whatever name or nature, whether fluid or solid, animal or vegetable, taken into the system for the purpose of nourishment, can become a food unless it can be decomposed and oxydized in the lungs, blood, and tissues. The vito-chemical apparatus of the animal economy being unable to decompose alcohol, brandy, wine, and beer, the whole alcoholic family maintaining their chemical *union and integrity during their passage through the system unchanged, must exclude them as nourishment*, and for the same reason they should be excluded as medicine, which we shall prove by and by.

Dr. Gordon said: "It would be hard to find a more destructive poison than ardent spirits."

To recall that typical experiment of Dr. Percy, who injected two ounces of alcohol into the stomach of a dog, to use the doctor's own beautiful language, "Never did I see every spark of vitality more instantaneously extinguished." Death here must have been instantaneous—like that produced by prussic acid—by a shock to the whole nervous system.

The experiment of Lallemand, Perrin, and Duroy, forever exploded the food theory of Leibig, and on chemical grounds; for they demonstrated beyond a doubt that alcohol left the system as it entered it, a hydro-carbon unchanged, and "no one." says this triumvirate of genius and learning, "has yet found traces of any chemical resolution or combination;" and this statement is corroborated by Drs. Carpenter and Richardson, of England. Hence, says Dr. Hargraves, "Alcohol not being decomposed or oxidized in the system, it can neither generate heat, nor by assimilation become part of the tissues, and therefore can no more sustain vitality or produce force than the whip or spur can supply the place of oats, corn, and hay, and sustain the vitality or strength of a jaded nag." Referring again to the rapidity with which alcohol produces death, the writer has seen two persons die within a few minutes from an overdose of whiskey, one a well-to-do citizen, whom I shall never forget, who died wondering at the suddenness of his demise.

This makes us think of that terse, sharp, and truthful saying of Dr. Grindrod, who said: "A copious London beer drinker is all one vital spark—he wears his heart upon his sleeve, bare to a death wound from the claw of a cat or a rusty nail. Every medical man in London dreads a beer drinker for a patient in a surgical case." Dr. Gordon also says: "Among the coal-heavers who are brought to the London hospital, the mortality is frightful. Now, there is not a medical man in the kingdom of Great Britain, France, or the United States, of any respectability as a scholar in his profession, that would not corroborate the statement made by Drs. Grindrod and Gordon, of London.

If alcohol, wine, and beer could be acted upon by the system, as it acts upon sugar, starch, and fat, which is oxidized, partially burned off in the lungs, and partially in the system, leaving behind them their derivatives, carbonic acid and water; then it would be a nourishment, and the Leibigian theory would be true. But such is not the case, and the Leibigian theory, therefore, is false. Hence, I am not surprised at Dr. W. C. Carpenter, of London, who says alcohol cannot supply anything which is essential to the nutrition of the tissues. The reason for this is plain: it is not dissolved in the system, but it coagulates the blood, hardens the tissues, and coagulates albuminous substances, produces premature death in the blood-discs or corpuscles, robs them of their hematine, and is at war with every chemical tissue of nature, absorbing water from the tissues—for it is a great drinker itself—it is not a food, nor a *solvent* of food, nor can it in any way assist, directly or indirectly, in the building up of any tissue; nor can it prevent tissue change, the last ditch into which its friends and advocates have been driven, for it has been asserted by them that it prevents tissue change, which is not true. I am certain, after thirty years of experience in the practice of medicine and surgery, and close observation in reference to alcoholic stimulants in health and disease, that they are not necessary to sustain the vital forces, but on the contrary hurtful and positively injurious.

—The population of Japan, according to the census of 1883, amounts to 37,011,964; and at the end of the year 1883, the three largest towns contained the following number of inhabitants: Tokio, 299,191 families with 999,623 souls; Kioto, 203,477 families with 840,943 souls; and Osaka, 364,254 families with 1,585,696 souls.

UTERINE AND OVARIAN REFLEXES.

BY A. E. CALKINS, M, D.,
Of Bath, Clinton county, Mich.

(*Concluded from page* 314.)

The most common seat of all reflexes, originating both in the uterus and ovary, is through the solar plexus to the stomach, constituting a secondary indigestion or dyspepsia. A recent case of mine was as follows:

Mrs. B——, aged 37, small, weak, and anæmic, the mother of three children, the last born in March, 1884. Had a hard labor, and menorrhagia and leucorrhœa since, with frequent attacks of facial and intercostal neuralgia and nervous chills. Complains the most of pains at pit of stomach, accompanied with nausea and vomiting whenever food is taken. Bowels either costive or loose, seldom regular. Patient also troubled with palpitation of the heart and flushing of the face. Tongue clean and normal. Has formerly been treated with acids and alkalies, digestants of all kinds, hydrocyanic acid, nux vomica, etc., etc., with no favorable results. Physical examination revealed endometritis, which being treated, nervous communication lessened between stomach and cervix, and nutrition improved, resulted in a rapid and, so far, permanent recovery.

All reflex dyspepsias have a similar history, simulating closely in symptomatology, primary indigestion, so far as the stomach symptoms are concerned, but added to them, the neuralgias, hysterias, palpitations, and leucorrhœas of pelvic origin.

It is this same reflex dyspepsia that causes so much trouble in diagnosing and treating it. The cutting off of the gastric and intestinal juices causes fermentation of the food, which forms new foci of irritation in the solar plexus, and makes almost a primary disease from one that was originally entirely sympathetic. New symptoms are developed, dependent more upon the later points of irritation than upon the original cause. An intolerable vertex headache, accompanied with a sensation of swimming of the head and dizziness, are an almost pathognomonic evidence of cerebral anæmia, of brain starvation. The stomach not being competent to digest the food, the blood first shows the want of nutrition, becoming thin and pale; there is a venous hum in the neck, an aortic murmur, with palpitation and irregular heart action, showing muscular weakness as a secondary result of non-assimilation. The intellect becomes weakened from the same cause, and also from poisonous half-digested food.

The kidneys are influenced to some extent from the irritation sent up through the sympathetic to the renal plexus. Their blood-vessels are contracted, and the watery portion of the urine is lessened, while the specific gravity is increased. At the same time the uterine and vesical centres are in such close proximity in the lumbar region that more or less irritation is reflected to the walls of the bladder itself, producing what is known as the "irritable bladder."

The same is true of the rectum and sigmoid flexure, and this reflex stimulation may result in a corresponding diarrhœa.

Irritation may thus extend from the periphery of the nerves in the uterus and ovaries, along the sensory nerves, to vaso-motor centres in the organs affected, and there set up new foci of irritation producing the irritable stomach, heart, kidney, etc., or it may be reflected back to the immediate vicinity of the original irritation over the vaso-motor nerves and produce a form of transient hyperæmia, which in a healthy organism and from natural causes is perfectly innocent, but in a uterus or ovary morbidly sensitive, deformed or diseased, produces a condition far from innocuous.

With the organs of generation in a healthy state, the physiological rise and fall of blood pressure, representing the menstrual cycle; the transient congestion and engorgement characterizing the sexual act; the determination of blood to the part and hemorrhage in menstruation; the development of all the latent possibilities of the uterus, with subsidence of ovarian activity during gestation; and, finally, the gradual extinction of all the functions of propagation at the menopause; all of these acts are taking place for thirty years without in any way being injurious to the general well-being of the organism.

Capable as the uterus and ovaries are of filling their offices in a normal manner, yet it is the system most of all others liable to outside derangements, which acting in a circle tend to propagate and perpetuate mischief. An over-sensitive ovary, resulting from reflex irritation, as sexual excitement or excess, suddenly stands forth as a prominent cause of reflex disturbance in distant organs. There is pain over the ovary and extending down the leg, contracted muscles, with a marked degree of nausea, vomiting, flatulence, pain under the left breast and at the top of the head, and, above all, hysteria.

In primary flexions of the uterus, at first the only symptoms excepting sterility, are these distant reflex manifestations of nausea, palpitations, etc. The digestion is deranged, the amount of

food assimilated is insufficient to nourish the body, there is a gradually increasing want of nourishment, associated with feeble health ; the uterine tissues are starved, lose their firmness and tone, and the deformity increases with increasing results.

The same cycle of cause and effect, perpetuating each other, is illustrated in all hyperæmias and inflammations of the uterus and its appendages.

It is the management of uterine reflexes that proves the physician, and to a large degree founds his success financially. The treatment of pelvic reflexes may be studied under the three principal conditions producing them, viz. :

1. Social exciting causes.
2. Acquired mal-nutrition.
3. Hereditary susceptibility.

Whenever the exciting causes are prominent, and depend upon any mechanical or physical condition of the generative organs themselves, and can thus be satisfactorily diagnosed by examination and history, the cardinal indication is to remove the cause as far as possible. If it depends upon any abnormal position, with the organs still movable, replace and retain them in position by mechanical means of support. The simple act of replacement of a freshly-prolapsed uterus or strangulated ovary will instantaneously relieve all the urgent reflex symptoms. So also will sticking together the lips of a recently lacerated cervix or perineum ; while often scarification will more tardily relieve her sympathetic distress arising from subinvolution and endometritis. The continued injection of hot water has an important therapeutic action in producing softening and absorption of more chronic conditions of the uterus and peritoneum, while counter-irritation does the same work for a congested and tender ovary.

In many cases slight and seemingly trivial lesions must be followed to their origin before the key to the problem of cure is discovered. Thus, leucorrhœa is a very common companion of these reflexes, and a symptom which in itself may be caused by numerous and altogether opposite causes. We must go "back of the returns" in these cases, and remedy the first and "only cause" before we can hope for permanent relief.

Cases frequently occur in practice when sound judgment and keen discrimination must be used to determine whether to endeavor first to remove the cause, or whether to treat some of its reflex results, and in some cases the latter course is the only one left to the physician. These cases are mostly chronic ones, and in which long-continued irritation has produced new points or foci of disturbance, more important to be remedied than the original ones. Thus, when an irritable stomach is produced, which is utterly incapable of retaining a morsel of food, and exhaustion is imminent, a change of front is necessary, for nutrition must be maintained at all hazards. Then the indication for treatment is to lessen communication between the two irritated ganglia, and this is met by deadening the sensibility, and lessening the conductility of the sympathetic nerves. For this effect some combination of the narcotic stimulants are of great service, and especially the bromide of potassium. Whenever the stomach is so sensitive as to reject all medicines, it may be soothed by hypodermic injections of sulphate of morphia and a little ergotine to reduce the capillary congestion. Then the bromide may be administered by the mouth and retained, and the digestive powers of the stomach husbanded for a short time by injections per rectum of "beef peptonoids," etc. As soon as the intestinal tract has become able to furnish proper nourishment for the system, the uterus and ovaries should receive the whole attention of the medical attendant, and any displacement or disease appropriately treated. One method, right here, of common treatment I wish to write decidedly against, and that is the continued use of bromide of potash in cases of uterine reflexes. The only place it can occupy as a remedial agent is fully filled when the irritability of the stomach and other organs affected reflexly is overcome. Its long use proves so depressing to the nervous system as directly to aggravate its susceptibilities to reflex disturbances, for it is a well known law of physiology, that the more debilitated and ill-nourished an organ is, the more liable it is to irritations, and especially is this true of all viscera supplied by the sympathetic system. Tonics are the physicians' lever to move the world in these cases, after the organs have been restored to their normal functions as far as possible by removal of the local cause. Nux vomica with iron is the drug most powerful for good in my hands. It creates red blood, tones up and gives healthy tension to the nerve fibres, and every way acts as a special and general revivifier of no low order.

In regard to the management of cases of reflex manifestations in which no local lesion can be discovered, and in which no appreciable one is supposed to exist, little need be said. If it be a case with the tendency to reflexes inherited, the only treatment at present justifiable by our knowledge of pathology, is the judicious use of alteratives and tonics. A combination of iodide of

potassium and iron, with a liberal and digestible diet is of great value.

It is in the cases arising from acquired conditions of weakness, general and local, that our therapeutic armamentarium is of the most practical value. Here the indication is to meet and remedy a state of inactivity in the organs of digestion and assimilation. Poor food, poorly digested and imperfectly assimilated, has resulted in starvation to the tissues and nerve centres. To combat this state of affairs, commands careful attention to the diet, alimentary canal, and the perfect performance of the functions of that great blood-producer and renewer, the liver.

REFLECTIONS AND SKETCHES OF TOWN AND COUNTRY PRACTICE.—NO. 2.

BY GEORGE HILL, M. D.,
Of Hughesville, Pa.

"*I have taken much pains to learn how ignorant the graduates of the last twenty years are in relation to the art of bleeding, and find that they do not know how to do it.*"—Dr. Hiram Corson, July 15, 1884.

Only last week I was called in consultation with Dr. X., a young physician of large practice. In the case, venesection was decided the thing to do. The doctor tied a pocket-handkerchief loosely around the arm of the patient, and was about to use a stick *a la tourniquet!*—when I asked the privilege, in lieu thereof, of simply throwing a strip of muslin an inch and a half wide and a yard and a quarter long, twice around the arm, and archly remarking at the same time, that in *this case* it would only be necessary to *dam* the superficial veins. But when to my horror he was about to plunge the lancet directly at right angles to the vein, and regardless of the prominent tendon of the biceps and the pulsating brachial artery, a second halt in the proceedings was called.

The doctor told me afterwards that bleeding had been somewhat of a failure with him—as in a previous effort, he had actually cut the artery, "*but no harm had come of it!*" And further, in excuse for himself, he said that venesection had not been regularly taught during his medical course of study, but only briefly alluded to occasionally, D. H., of this place, who has been in practice three years, says he has never bled any one, and only in one instance in his life, witnessed the procedure. He is now very anxious to know *how* and *when* to bleed, which is certainly a most commendable ambition. He declares that he heard little or nothing during his entire medical course on the subject of blood-letting. Hence, he said to me this morning in my office, "*I am afraid to bleed.*" Such testimony is so astounding, as well as humiliating, that I forbear giving anything further of this sort; hoping, but somewhat against hope, that these are exceptional cases.

On the second of the present month I was called in consultation with Doctor E——. Case, labor. First pregnancy; age 33. A plethoric and healthy woman, normal weight 150 pounds. Found head extra-uterine, scalp doughy and much tumefied, labia swollen, vaginal walls tender, rough, and dry, pains regular and very severe. Recommended copious bleeding previous to delivery perforce. Was antagonized—and reluctantly, am sorry to add culpably, yielded. As the case was imminent, proceeded at once to administer an anæsthetic; when the Doctor, after some difficulty, succeeded in locking his forceps, but failed in his efforts to deliver, he asked me to take his place, which I did, finding the difficulty mainly *suction* or atmospheric pressure, which is one of the serious drawbacks in perfect anæsthesia. Hence, without deft manipulation, and the admission of air by means of the free hand, the traction necessary for delivery is absolutely unwarrantable. Permit me here to *emphasize*, as I am not aware that this feature is dwelt upon by those who teach. For if a time ever occurs when the accoucheur may be specially liable to break, unwittingly, the Fifth Commandment, it is in the trying moments when the *delicate atlas* becomes the pivot of all his power. In two or three minutes the head was delivered, but the trunk remained until after consciousness returned; and then, two teaspoonfuls of fluid extract of ergot were required to produce expulsive force sufficient for extrusion. The child was resuscitated, and the placenta was readily removed. In a fraction beyond two days I was again called to this case. Found pulse 120, occasional delirium, bowels tympanitic, much tenderness throughout the hypogastrium. Vaginal walls as far as visible highly inflamed, no laceration, reported chills yesterday and day before. The doctor in charge at once proposed *blood-letting*, which I could only then sanction so far as to say that a little bleeding would do no harm, but was compelled to utter the *unwelcome fact* that the time for bleeding and the removal of that surplusage, that was now probably working death, was past. This woman should have been bled hours before her delivery, and what would have been better still, a blood-letting two or three weeks before her expected time, and such diet and treatment as would have special view to the excretions, especially the kid

neys and bowels. This second visit was on the 4th inst.; she died on the 9th. The student of natural science, whoever he may be, cannot fail to see the apparent *over-work and waste* in reproduction down through all of animal and vegetable life, and to this the astute physician will ever find the *highest type of animal life* no exception.

Some years ago the writer was called in consultation a distance of twelve miles; arrived at 6 p. m. Case puerperal convulsions; first pregnancy; age twenty; medium in stature; usual weight 110; always healthy. Commenced with the fits twelve hours before. Patient unconscious, and had been for several hours. Os but little dilated and very rigid; child alive. In consultation, found the attending physician a clever talker, but mounted on his hobby high—*never bleed!* And when I proposed that we make this case an exception, he met me with arguments which there was no time to antagonize in this emergency. And very soon I was forced to break in upon him by saying, "Bleed and deliver, and you may save your patient alive; without it, she *must die:* this is my ultimatum; if not carried out at once I am of no use, and shall retire." Not receiving his consent, the pow-wow ended.

As I was about to depart in disgust, the father, mother, and husband, approached me, and the father said: "*Doctor, if thee thinks bleeding necessary, and can do anything for us in our great distress, remain and do so.*" Humanity proved stronger than ethics. I bled freely, and soon her livid and swollen countenance became more placid and pale, and the convulsion greatly mitigated in violence. In the use of cold applications to the head and warm to the extremities, at the termination of about two hours the womb had yielded sufficiently to admit the blades of the forceps. Being comatose, she was delivered in the interval without an anæsthetic, in order to have the feeble expulsive efforts that yet remained.

Five days after delivery, I again saw this patient. She had then, for the first, become conscious that she was the mother of a living child. She said: "*Doctor, I hear thee, but I cannot see thee. Shall I ever see?*" I assured her that not only sight but health would be hers. In due time she recovered.

Permit me to add the incontrovertible truth, that by this bold venesection a premature and dual death was averted. It is a well-known principle that in all the acute inflammations the fibrin of the blood is no longer so readily held in solution, or, more correctly, suspension, and thus in passing through the morbid tissues, produces stasis and hypertrophy, or is dropped as inorganic deposit or coagula; and thus that which in health is life, in disease works ruin and death. Hence, it was the intention at the beginning of this article to explain why I am more apt to bleed than some of my neighbors in this class of cases. This design was not carried out in this article, but may possibly be in the future.

It cannot be disguised that the medical profession has been greatly dazzled by the immense advances in every branch of the science during the last thirty years. This may be a *reason*, but ought not to be, why that mighty lever of our *art*, venesection, should be cast aside, or even put on half duty.

Hospital Reports.

NEW YORK HOSPITAL.

CLINIC OF PROF. WILLIAM H. DRAPER.

Reported by W. H. Seelye, A. M., M. D.

Pulmonary Abscess.

Patient is a woman 38 years of age, a native of Ireland, single, and a servant. She was admitted on the 13th of January. There is no rheumatic or phthisical family history. She had an attack of rheumatism fifteen years ago. Does not use stimulants, and has never had syphilis. Twelve days before her admission she had a chill, followed by fever, vomiting, pain in the left chest, and a feeling of prostration. But she kept about at her work, and only complained of shortness of breath, and a little cough, which was attended with a slight yellowish expectoration which did not contain any blood. She finally became so weak that she had to take to her bed. Her bowels have been regular, and micturition normal. On admission, her pulse was 98, respiration 28, and temperature 101°. Upon examination, patient's condition was fair; she was well nourished, and presented no œdema. Her treatment since her admission has been three to six ounces of brandy by day, and two to three ounces at night, with digitalis, spirit of mindererus, and carbonate of ammonia, and iodine has been painted over a portion of the left side of the chest. Last night she was seized with a violent fit of coughing, and she raised two cupfuls of gangrenous matter, with a foul and offensive odor. The odor of her breath was also very foul. At that time her pulse was 120, respiration 51, and temperature 101°. One ounce of brandy was ordered every hour, with 5 grains of ammonia carbonate and 13 of tincture of digitalis and spirit of mindererus.

Gentlemen, I find upon examination to-day very little expansive movement of the left chest, but the elevation movement is rather more satisfactory. I get no vocal fremitus either under the clavicle or at the side of the chest. Upon percussion of the left chest, I get no subclavicular dullness, and none till I come to the upper margin of the proper region of præcordial dullness. And outside of the region of præcordial dullness, I find

fair resonance as low down as the sixth rib. Below this I get dullness. Upon auscultation, I get a very good respiratory movement and murmur over the region of resonance, but at the fourth or fifth intercostal space I get very marked pleuritic friction-sounds. While she is sitting up I find that there is the same defective movement of the left side, which is almost still, while that of the right side is somewhat exaggerated. Posteriorly upon percussion I get a fair degree of resonance from above, down to a point about one inch below the inferior angle of the scapula on the left side. The vocal fremitus is not very clear, either above or below the line of dullness. I find very shallow breathing, but still vesicular breathing in the upper part of the left lung, and it seems so shallow because the lung moves very imperfectly. But at the line of dullness I begin to get bronchial respiration and bronchial voice, and upon forcible respiration I get a breathing sound, approaching to what is called cavernous breathing rather than bronchial.

You have heard the history, and you have seen the physical examination. It is now more than two weeks since she was taken ill with fever, pain in the left chest, and a cough. But note, she was not confined to her bed for several days, but kept about at her work. Now I have told you before that this is the history which we usually get here of pleurisy. It is not uncommon for such patients to come into the hospital, and then upon examination we find the chest more or less filled with fluid. The patient has, in fact, had pleurisy for some time, but he goes on with his work until he is obliged to give up because of the distress caused by the accumulation of the fluid in the chest, which interferes with the respiration. She came in last Friday, and from the physical examination there was some doubt whether the signs of dullness and loss of respiratory murmur indicated an inflammation of the lung itself, or only a simple pleurisy. To determine this the doctor punctured her chest with a hypodermic needle, but he failed to get any fluid; and so we came to the conclusion that we had to deal with a subacute pulmonic consolidation. There were some dry friction rales in the axillary portion of the lung, but there was no cough and no rusty characteristic pneumonic expectoration. But in furtherance of the idea that it was a consolidation of lung tissue rather than an effusion of fluid, was the fact that there was no displacement of the heart. Last evening she was seized with a sudden fit of coughing, and she began to expectorate very freely an extremely fetid mucoid expectoration, which nearly filled two ordinary cups. Now this might indicate one of two things: it might indicate that there had been a circumscribed empyema, which on account of its viscidity would not flow through the hypodermic needle, or else it was not reached by the needle. This formed an abscess which connected with the air by the bronchial tubes, and it continued to grow until it finally forced its way through the lung tissue into one of the larger bronchial tubes, and was thus discharged in a fit of coughing. Or this might be one of those cases of central gangrene of the lung which sometimes occur, and which are only brought to your attention by the usual signs of a subacute pneumonia.

I am inclined to think that the first hypothesis is not the correct one; because if a perforation of the lung had occurred so as to make a commuication between the bronchial tubes and the pleural cavity, there would have been a greater disturbance of the respiratory functions than there was here, and the perforation would have been indicated, probably, by the usual characteristic signs of perforation. For in the pneumothorax of perforation you get a very sudden and extreme agony of pain, with very great dyspnœa, as a rule, because there is a more or less complete collapse of the lung from the entrance of air into the pleural cavity. But there were no such signs here. You see she lies upon the sound side, and she therefore has enough of the left lung left to breathe comfortably while lying upon the right side. And the assuming of this posture is usually a sign that there is still a considerable amount of useful lung-tissue remaining in the diseased lung. For where one lung is obliged to do all the work, lying upon that side would impede its expansion, and thus increase the dyspnœa. So I think that we are led to the conclusion that we have to deal with a gangrene of the lung, together with a surrounding subacute pleuro-pneumonia. And the gangrene has probably spread by causing a softening of the tissues around it, until it finally perforated a large enough bronchial tube to allow the emptying into it of the contents of this gangrenous abscess. And this was what took place last evening, when she coughed up a very offensive expectoration. Her breath is even now offensive, and has a gangrenous odor. This disagreeable odor is one of the most characteristic features of this disease. The expectorations can be deodorized, but the foul breath is harder to manage.

Gangrene of the lung is not a very common affection, and the cause which gives rise to it is usually exposure; and, in fact, this is the only exciting cause that I know of. It is probable that what determines the gangrene is a localized apoplexy of the lung, or the formation of a thrombus in a branch of the bronchial arteries. The most frequent location for it is in the middle lobe of the right lung.

The prognosis of this disease is very unsettled. If the lesion is of small size it may heal up, and the patient may fully recover after a protracted illness. There is usually more or less pneumonia around the seat of the gangrenous disease, and the tendency is to the extension of this gangrenous cavity until it becomes so large that it finally gets beyond the capacity of repair. Under these circumstances it presents the features, and follows the usual course of phthisis. But you must not always suppose that because you get a gangrenous breath you have to deal with gangrene of the lungs. There is a peculiar odor to the breath in fetid bronchitis which is so like that in gangrene of the lung that you cannot distinguish any difference between them. But in such cases you have the signs of a more extensive bronchial affection than there are here. Here we have an acute history of a destructive process, resulting in the formation of an abscess which finally perforated through the lung into a bronchial tube, and an accompanying pleuro-pneumonia. Ultimate dissolution will probably be the end of this process.

Medical Societies.

PROCEEDINGS OF THE LOUISVILLE MEDICAL SOCIETY.

[Reported for the Medical and Surgical Reporter by Allen Kelch, M. D.]

The proceedings at the meeting of the Louisville Medical Society, July 31, were begun by the reading of a paper on

Umbilical Hemorrhage,

by Julia Ingram, M. D., who said:

"The subject of umbilical hemorrhage is one on which as yet the physician is much at sea. Its intractability and its generally fatal result render it a much dreaded as well as an interesting disease. In order to bring the subject before you, I shall report some cases which have come under my notice, and I hope from remarks elicited by my paper to gain instead of imparting information. The first case which I shall mention is recalled from memory. Labor slow; delivery instrumental. There was a slight abrasion made by the forceps on the inferior maxilla. During the ensuing night there was some hemorrhage from this abrasion and from the cord, which, according to the rule of the hospital, was not ligated. The hemorrhage ceased during the next day. The fourth and fifth days there was hemorrhage at the base of the cord, which was detached on the night of the fifth. The hemorrhage still continued from the umbilicus, and there was slight hemorrhage from the bowels. Compression, tannic acid, Monsel's solution, and needles, were successively used without material influence. The child died on the seventh day. No autopsy.

"While in charge of the Maternity Department of the New England Hospital, three cases occurred in unusually rapid succession.

"Case 1. A primipara, aged 25. Labor began 5 p. m., October 13, 1882; child expelled 7:45 p. m. A short, easy labor, no hemorrhage, child a male, weight 9 pounds, seemed strong and healthy. Nothing abnormal noticed until the morning of the third day, when a fluctuating tumor became perceptible on the posterior upper border of each parietal bone. October 17.—The tumors have increased in size. The larger one, that on the right, measures 11 cm. in the longer and 7 cm. in the shorter diameter. The mouth shows great congestion, especially at the back part of the hard palate, and the blood oozes from the surface in the act of sucking. Spots of extravasated blood are seen on the under part of the jaw and about the inner malleoli. October 18, the hemorrhage still continues. There is bleeding from the umbilicus, and blood in the evacuations.

℞. Tinct. ferri. chlor., 0.06.
Acid. sulph. (dil.), 0.12.
M. S. To be given every four hours.

"Tannic acid applied to the umbilicus having failed to stop the bleeding, ferri subsulphate is applied under a compress. The child still continues to eat when fed, but is not allowed to nurse on account of the pain and flow of blood from the buccal cavity. The bleeding from the bowels and umbilicus still continues. Faint lines of congestion are seen at the margin of the nails. A decided icteroid hue has appeared. October 19. Child died at 3 a. m. No post mortem.

"Case 2. Primipara, aged 17. Labor began October 13, 11 p. m.; child born October 14, 8:30 a. m. No hemorrhage. Child a male; weight eight pounds. October 15. Baby's left eye congested, and some pus. Treated with zinc sulph. $O.\frac{2.5}{3.0}$. October 17. The eye is still congested. The baby does not nurse well, and has little desire for food. October 18. Stump of cord separated to-day. October 24. There is slight bleeding at the umbilicus. Acid tannic was applied and compression used. October 25. There is still some bleeding. The application of yesterday is repeated. Baby nurses well; p. m., the bleeding continues; ext. ergotæ fld., 1.20 given per rectum. October 26. Dose of ergot repeated at midnight. It was not retained, and in one-half hour was again repeated. Another injection was given at 6 a. m. to be repeated every six hours. Compresses were changed at intervals of two hours during the night. They were saturated with blood. Spts. turpentine was applied to the umbilicus on absorbent cotton; compression is constantly kept up. There is a marked icteroid hue, October 27. The baby does not nurse well. Injections per rectum of milk and brandy are ordered to be given alternately every fifteen minutes. The finger is held on the umbilicus constantly to exert compression. October 28. Baby died this a. m. During the night it vomited blood four times, and during the morning three times. Nothing but brandy was retained by the by the bowels. October 29. *Post mortem*—Tissues and organs very anæmic. The heart of normal size, but the right ventricle very small. No septum between the auricles. Two stomachs were found, the first of normal size, the second smaller, but otherwise the exact counterpart of the larger. Both were filled with a dark liquid which appeared to be disorganized blood. The other organs were apparently normal.

"Case 3. Primipara, aged 25. Labor began October 22, 5 p. m. Child expelled October 23, 6 a. m. Labor normal. Hemorrhage not excessive. The child a male, unusually large and well developed; weight, ten pounds. The head greatly moulded. October 25. The child has a peculiar whining cry. The left side of the face is partially paralyzed. It nurses well. October 27. There is a slight umbilical hemorrhage and some redness at the base of the cord. The paralysis of the face is more marked. October 28. The stump of the cord detached. There is still some hemorrhage. October 29. Child has two convulsions during the night. The anterior fontanelle is slightly bulged. The hemorrhage from the umbilicus still continues. The child eats when fed. It is much blanched. October 30. Child died in convulsions this a. m. The hemorrhage continued up to death, in spite of compresses and styptics. No post mortem. So many cases occurring in so short a time, and in the same ward, gave rise to close and careful scrutiny of all surroundings and possible mechanical causes bearing upon them. Nothing could be discovered in the sanitary condition or nursing that could even indirectly influence such a result.

"One case of lacerated perineum operated on and placed in the same ward healed perfectly by

first intention, showing that there could scarcely be any very unfavorable sanitary condition.

"The mothers of these infants were primiparæ, and all made rapid recovery. They gave good family history. No trace of hemorrhagic diathesis could be found. Their condition during pregnancy was good. In two of the four cases icterus appeared after hemorrhage began. In one case there was rather obstinate constipation. In three cases the bleeding began before the complete detachment of the cord. In the one case of post mortem nothing abnormal was discovered about the liver. In no case was there any tendency to the formation of a clot. Some of the blood caught and exposed to the air showed no coagulum. These cases were all male infants.

"Hemorrhage from the umbilicus may occur either before or after the natural separation of the funis. If before, it usually arises from accidental or violent separation of the cord, or improper ligation. If it occur at the time or after the separation of the cord, it is more serious and in the majority of cases a fatal malady. Cases have been reported where, when the cord had separated, the blood-vessels had failed to close, and alarming and even fatal hemorrhage occurred. In others, the normal contractility of the vessels has been lost in consequence of some inflammatory condition. Again, abscesses may form here, which, on their discharge, are accompanied by blood. But far the greater proportion of these cases apparently depend upon some morbid condition of the blood itself, due to different causes. In some cases this impoverishment may be traced to syphilitic origin; in others to improper hygienic conditions during gestation. Yet it is not confined to puny infants. In these cases reported each was over average weight and size. In a number of cases which have been reported the mothers gave history of hemorrhagic diathesis, shown in menorrhagia, excessive loss of blood in parturition or on slight injury. Hereditary predisposition is quite marked in some cases. Mr. Ray reports a case which was the third male child of the same mother, who had died of hemorrhage from the umbilicus, and speaks of one where four male children of the same mother had died from this cause. Dr. Minot also mentions one case of a woman who had lost four children, and of another who lost two in the same way. Dr. Bowditch reports two cases of the same mother. The first a female; cord fell off the third day. Hemorrhage began on the fourteenth. Styptics, compresses, etc., were tried ineffectually, when hare-lip needles were used with temporary success. On the eighteenth day bleeding returned; on the nineteenth hemorrhage from the bowels, and on the twentieth death occurred. The mother, after being delivered of two children having no tendency to hemorrhage, gave birth to a male infant. The cord fell off on the fifth day, and on the tenth hemorrhage began. The child died on the fourteenth day, in spite of all means, the cautery included. Jaundice occurred during life, and the liver was found much diseased in this case. The character of the labor apparently has no bearing upon this condition. Short and easy labors are as prone to usher in a hemorrhagic infant as a long and difficult one. Jaundice is one cause given for this hemorrhagic condition. It is claimed that, whether due to malformation of the liver or icterus neonatorum, it results in an impoverishment of the blood, and diminishes coagulability. Dr. Minot mentions that in three or four out of seven cases the liver presented deviations from the ordinarily healthy appearance. Organic disease of the liver has not been found in the majority of cases, and these deviations spoken of by Dr. Minot may be secondary. In the cases where icterus has occurred, it is not found oftenest to precede, but to follow hemorrhage. May the discoloration of the skin be, at least in many cases, hæmatogenous, and this diminished coagulability be due to other causes than a morbid condition of the liver? I know of no treatment that is relied upon for any good permanent result. Compresses of various materials, styptics, needles, and the actual cautery, have been used with temporary relief, but with exceptionally permanent success.

"Theoretically, constitutional treatment of the mother during the period of gestation would afford best results; but this would apply only to cases of hemorrhagic history, and I know of no reports of supposed success in such cases."

DISCUSSION.

Dr. Frank Wilson had met with but one case of umbilical hemorrhage, and this, as usually happens, was fatal. He had frequently seen oozing of blood from the umbilicus after the cord had had dropped off, but this had usually ceased by the application of the simpler means for controlling hemorrhage. In the fatal case use was made of most of the means suggested in the paper just read. In fact, they comprise about all we can make use of in a medical sense. Beyond those mentioned, surgical procedures it appears to me might be resorted to by cutting down upon the cord and re-ligating.

Dr. Edward von Donhoff said: "I intended to say nothing upon this subject until Dr. Wilson's suggestion concerning the surgical aspects of these cases reminds me of an experience which I published within the time of Dr. Gailliard's residence in this city. I saw a case in consulation in the person of a boy three days old. The cord was apparently diseased, and from the base of it considerable blood had been oozing since its birth. The means as suggested in the paper having been used, I suggested the propriety of putting a ligature on the cord submurally. For the purpose of doing this I passed a short needle down around the cord, and endeavored to bring it out at the same opening as far as possible. In this I succeeded to that extent that the boy is still living, and is now some ten or twelve years old.

"This subject was discussed at the medico-chirurgical society, and the conclusions arrived at were that this cause of infantile fatality is largely associated with mechanical derangements of the cord, and often enough, though it is not possible to discover clearly syphilitic history, yet it is possible frequently enough to justify the inference that this constitutional infection is largely causative.

"I do not think that structural defectiveness is determinable without dissection of the cord. In the case to which I have referred, the bleeding was general throughout the entire length of the

cord, and when a piece of it was removed after applying this second ligature its structure presented a soft, loose, spongy appearance. To say that these cases are associated with the hemorrhagic diathesis, however, letting the matter rest there, is saying little or nothing. To constitute the hemorrhagic diathesis there must be a mal-organization of structure, and at the same time defective blood properties. There is defect of fibrin or of the albuminoids in the blood, as was apparent in one of the cases reported. The hemorrhage is but a factor even in the hemorrhagic diathesis, and the trouble against which it would appear impossible to do anything is the structural defectiveness. In the case which I reported, if that factor had been present the ligature would probably have amounted to nothing. I have no doubt that most instances are associated with immaturity at birth, although the cord may appear to be perfectly healthy, and yet be unfitted for the collapsing process which in the normal condition of things takes place readily.

"Syphilis is so fruitful of everything that can militate against the life of the child, that it is certainly important to notice the history and the evidences of its inheritance. In the case I have referred to, the child was the offspring of a mulatto woman and a white father, and presented an appearance such as might be expected of a child of such parentage, yet it was by no means cadaveric. Since that time the child has exhibited signs of inherited syphilis."

Dr. J. H. O'Reiley said: "The reader of the paper has so thoroughly canvassed the subject with reference to the causation and mechanical measures to be adopted for the relief of this condition, that but little remains to be said, and that only in a general way upon the subject. Most of these cases reported struck me as being clearly of that diathesis known as the hemorrhagic.

"I have not infrequently seen umbilical hemorrhage occur from loosening or slipping of ligature, and I have occasionally brought it about purposely to relieve congestion. I have never had, however, a case of hemorrhagic diathesis in this connection to deal with. In these cases reported the father's condition has not been ascertained. There may have been syphilis at the bottom of the blood dyscrasia.

"It occurs to me that there can be no better field for the application of the principles of prophylaxis than is presented in these very cases."

Dr. Leber thought it a matter of importance to consider the source of hemorrhage in these cases. Shortly after birth it is most likely to have as its source the hypogastric arteries, and later, the umbilical vein, and again it may occur from the capillaries extending with cord into the abdomen. In these cases bleeding is never violent, but constant oozing takes place. Of this variety I have never seen but two cases, both of which proved fatal. If the hemorrhage is due to traumatism then you may succeed in arresting it by religating. I believe that in every case some diathesis underlies this process. Icterus sometimes precedes, sometimes follows the hemorrhage. It is evidently due to some faulty condition of the blood or to some diseased condition of the walls.

Dr. Preston Scott said: "There is much that is accidental; something of good and bad luck in medicine. For instance, one speaker has referred to his rare observation of placenta previa. In an experience of over twenty-five years it has been my good fortune not to have had one case. Nearly so in regard to the subject before the meeting. Only one time has the accident, umbilical hemorrhage, occurred to me. That is now so long since I can only recall that the subject was icteroid, and the event fatal despite styptics and the ligature. There must be some dyscrasia or some congenital deficiency to favor this accident. Were struma, or syphilis, or jaundice, the predisposing conditions, I have had ample opportunity to observe the event. That the question of tying or not tying the cord, or the manner of tying, has but little bearing on this event, is seen in the fact that it occurs as infrequently in the skilled and unskilled.

"The experience of the leader of this discussion is assuredly a rare one. The report is interesting in its accuracy and authenticity. It is to be noted that, with one exception, there is no appearance of any constitutional state, hereditary or otherwise, to account for the event.

"In illustration of the rarity of the occurrence, the Vienna Foundling Asylum reports thirteen cases in fifty thousand. Vogel reports only one case in ten thousand children."

Dr. Dudley S. Reynolds said: "I have been much impressed by the reading and discussion of this paper. It opens up a very important question in this connection, and that is the question of development, as well as the question of the classification already suggested in the discussion. One kind of hemorrhage comes on in undeveloped creatures as a result of structural deficiency. This is the class to which belonged the case cited in the paper as having hemorrhages from the buccal mucous membrane, the abrasions wherever occurring on the body; the tumors about the funis from which the blood oozed away, and that general condition characteristic of undeveloped, incomplete structural organization.

"In the case reported by Dr. Donhoff, it is quite certain that that structural deficiency did not exist.

"Hemorrhage may be due to mechanical injury, it may be due to sudden and severe contraction of the abdominal muscles of the child, but those are entirely different things from that hemorrhage which is due to mal-nutrition of the mother.

"A long time ago the hemorrhagic diathesis was an interesting problem to me for study. It was equally interesting with the study of that other great problem of 'taking cold,' or 'diseased or disordered liver,' and kindred mysterious subjects. Thus I arrived at the conclusion that the hemorrhagic diathesis means simply incomplete or imperfect form or structure of the vessels or tissues in which they ramify. It is not proper to ascribe this condition to syphilis unless other evidences of that disease are present. Syphilis is a disease which, whether acquired or inherited, has distinctly marked characteristics in very many of its stages, and it ought to be discerned and is recognized by astute practitioners of medicine by these characteristics.

"As to the cases detailed, these children were most likely the illegitimate offspring of people in

indigent circumstances. So, too, a vast majority of cases will be found to occur among the unfortunate classes of people. From these classes came the mothers who give birth to children who die of umbilical hemorrhage.

"The question then, it appears to me, resolves itself into this conclusion, viz., umbilical hemorrhage purely local in character, can and ought to be controlled; but when associated with general hemorrhages are fatal by virtue of necessity, on account of imperfect development, and are beyond the reach of medical agents."

EDITORIAL DEPARTMENT.

PERISCOPE.

Lister's Antiseptic Treatment.

In the absence of Sir Joseph Lister, Professor Esmarch (Kiel) opened a discussion on this subject at the late meeting of the International Medical Congress. He began by expressing his regret at the absence of the illustrious master and teacher of them all; and then described the plan of treatment followed in his own hospital practice. The aim was the avoidance of suppuration, and the leaving of the wound undisturbed. This was best done by a permanent dressing, preventing the entrance of germs. The things required were: 1, exact hæmostasis; 2, the avoidance of cavities in the interior of the wounds; 3, drainage, artificial ischæmia, the application of numerous catgut ligatures on large and small vessels, and the application of a bandage before the removal of the tourniquet, support of all the deep parts by pressure, turning in of the edges of the skin, and pressure. Drainage-tubes, as preventing healing, were not now used by him, but openings were left for the escape of exudations. Asepsis was minutely studied. The bandages were sterilized by dry heat and corrosive sublimate. The spray was used only before operating, so as to disinfect the air in the room. In one operation, distilled water with salt, of the specific gravity of the blood, was used for irrigation, but at the end corrosive sublimate was employed. Other antiseptics, as iodoform, were occasionally used. For bandages, loose absorbent soft matter was needed. Peat was used in pillows (without macintosh) dipped in carbolic lotion. The parts were rendered immovable by glass splints till healing by the first intention was obtained. This occurred in from 4, 8, 10, or 14 days, to 5 or 6 weeks, after operation.

Dr. Mosetig-Moorhof (Vienna) advocated the iodoform treatment of wounds, and said that he used no other antiseptic. Hs used cold water during operations. There was no irritation, and asepsis was certain. Iodoform prevented transudation of the white blood-cells. He narrated a case of traumatic septic gangrene extending above the knee, where yet the knee-joint was found aseptic at the *post mortem* examination. Iodoform also diminished pain.

Dr. Schede (Hamburg) said that the principles of antiseptic treatment remained unaltered, though the methods had changed. After his training in Halle, when called to Berlin, he found Lister's method perfect in its results. But in Hamburg he never had perfect success with Listerism; he was now unable quite to exclude accidental wound-disease from his cases. The hospital was old, and in many respects undesirably arranged and situated. He tried iodoform with good results. He had also tried corrosive sublimate, and, after experience, had got from it brilliant results. Erysipelas at once disappeared; not one case had occurred under the sublimate dressing in his wards; no septicæmia, no pyæmia, no irritation. He used it in the proportion of 1 to 500, and had had no case of poisoning. Sometimes, however, there was tenesmus of the rectum. Children especially tolerated the sublimate well. In the dressings, he tried to keep everything dry.

Dr. Mikuliez (Cracow) did not agree with either Dr. Mosetig-Moorhof or Dr. Schede. In his hospital, which was much worse than Dr. Schede's, he had had no erysipelas with iodoform; but iodoform could not be used alone. Other soluble substances must be used, where its insolubility prevented it from fulfilling the indications. He disinfected with solution of carbolic acid, or of corrosive sublimate, and used no spray; in the vagina he plugged the canal with iodoform gauze; in the rectum he stitched one side and the upper end of the sphincter, and used no drain, even when the peritoneum was opened. Poisoning occurred only from excessive use.

Dr. Neudorfer (Vienna) said the aims of antiseptic surgery were the same, but the methods varied, and must vary, very greatly. Each surgeon was satisfied with his own plan, and really got good results; but statistics were not of much value. Surgeons must study rather in the direction of sepsis. Sepsis required water; therefore he used no water in his treatment of wounds. He used no sponges, but a dry towel crumpled together, to wipe up the blood. The serum of the blood should be studied; oxidation and deoxidation were important processes. He used for wounds peroxide of hydrogen, and had found singularly good results.

Professor Buchanan (Glasgow) said that the discussion of antiseptics without Lister was like the play of *Hamlet* with the Prince of Denmark left out. As a representative of Scotland, the home of antiseptic surgery, a colleague of Lister, and one who had witnessed his earliest results, he wished to contribute a few words to the discussion. He agreed that the principles of antisepsis were the same, though the methods might vary; and he described the method now employed in Glasgow.

Mr. Schelkley (America) said that the tendency to sepsis, etc., was different in different cases. His practice was in the tropics. At first he used thorough Listerism; he nev··, however, got heal-

ing by the first intention, but always slight sloughing of the surface, and union by the second intention; yet there was no pus nor any pain. He then changed the plan, ceased to use the spray, and irrigated during the operation with salicylic acid or corrosive sublimate, and used iodoform dressing or boracic lint. Salicylic acid and iodoform gave the best results, yet he did not get union by the first intention.

Dr. Koeberle (Strassburg) said that for some time he had used only linen to wipe wounds, and had since had no erysipelas among his operations. He claimed to have had better results than Schede; even his ovariotomies were all cured.

Professor Plum (Copenhagen) said that the Danish surgeons agreed entirely with Germany, but he could not support Esmarch's plan, on account of the cost. The chief antiseptics were soap and brush, and by simple means much might be done.

Dr. Trélat (Paris) said that he had three years ago laid down the following rules: The wound should be made of a form suitable for healing by first intention, and perfectly adapted. No foreign body, either mechanical or septic, should be left in the wound. Antiseptics did not exist in some countries—not on the top of Chimborazo; and half educated Americans did remarkable operations on negroes. The principles of antiseptics were not altered; the practice was being perfected. He used iodoform gauze, chiefly as plugs, and superficially as required. He applied a large cushion, pressed with elastic bandages, to the wound, changing the dressings on the fifteenth day.

Dr. Mosetig-Moorhof challenged Dr. Milkuliez to say that he had ever tried a thorough iodoform dressing; and, if not, how could he know that iodoform required other antiseptics to supplement its use. At the same time, when Dr. Schede tried iodoform, there was an epidemic of erysipelas all over Europe; and if he would try it now, he would get better results.

Professor Plum closed the debate with a compliment to Sir Joseph Lister, which was received with great applause.

Muscular Wasting Co-existent with Joint Disease.

Dr. William M. Ord, in his address in medicine, before the Brit. Med. Ass. at its last meeting, said:

For some years I have been led to observe, in a certain group of cases of chronic rheumatic arthritis, the co-existence with the joint-lesion, always well marked, of affections of muscles. These have been not merely weakness of extensors, and tonic contraction of flexors, the two factors which largely determine the character of the deformities of the disease, but marked and excessive wasting of muscles, closely resembling those of progressive muscular atrophy. Together with these, I have noted the existence of fibrillar tremors, and of electrical reactions like those of progressive muscular atrophy in the general, but with some indications of less loss of galvanic than of Faradic sensibility, with some slight indication of the reaction of degeneration.

In addition to those, I have noticed, as others before me have noticed, a wasting of the tissues other than the muscles of limbs.

These concern, in the hands, loss of substance in the soft parts of the digits, the wasting of the skin, which brings about a satiny or glossy quality of the surface, and a dwindling of the nails, which we see carried to the full in extreme true gouty affection of the fingers, where the nails become small scaly appendages of the carrot-like digits. In some cases, I have also observed exaggeration of the so-called tendon-reflexes, and in some, fibrillar tremors. In fact, as they present themselves to me, these are cases of progressive dystrophy of joints marching with progressive atrophy of muscles, and with atrophy of the other tissues of limbs. My friend, Dr. Hadden, who has taken great interest in these cases, has recently presented a paper to the Clinical Society of London, taking up some of the points here mentioned. I may here relate two cases which bear upon this relation.

M. K., a married woman, aged 60, was recently under my care. There was no history of gout or rheumatism in her parents, but she had one sister, who was said to suffer from gout. She presented the lesions of rheumatic arthritis in the hands, knees, and ankles, but the hands were most affected. The muscles of both arms were distinctly wasted; the skin of the ends of the fingers was glossy, and the soft tissues around the two last phalanges were much wasted. The right hand was affected more than the left. The tendon reflexes were greatly exaggerated, both at wrist and elbow, particularly on the right side. The hands showed the adduction deformity of chronic rheumatic arthritis, rather than the claw of progressive muscular atrophy. The electrical reaction, of both kinds, was lessened; she had, therefore, slowly progressing in company, arthritis, wasting of muscles, wasting of tissues generally, and wasting of skin, without the reaction of degeneration. I could, in her case, detect no reflex cause. She was anæmic but not thin, and had worked hard. The case certainly pointed to a common central nervous origin of all the dystrophies.

A case now under care is more interesting. The patient, a man, following the occupation of salesman, and not the victim of overwork, has been ill for ten or twelve years. He suffered from rickets in childhood; there is no record of acute rheumatism in his own life, or of any joint-affection in his ancestry. When first ill, he had occasional attacks of weakness in his limbs, accompanied by swelling in the ankles, knees, wrists, and fingers, never in the shoulders or elbows. These attacks came and went, leaving him, at first, well in the intervals, but for some years he had not been possessed of proper muscular power. Two years ago he was violently shaken by a thunderstorm, since which the symptoms of which he now complains have appeared. He has now, typical rheumatoid arthritis of the hands and feet; the right shoulder is stiff and painful on movement, particularly in abduction; there is grating; and a rim can be felt around the articular end of the humerus. The elbow is not involved, but the wrist is greatly distorted, almost to dislocation. There is waisting of the interossei of the hand, of the thumb-muscles, of the muscles of the forearm, and in an excessive degree of the right deltoid; the right biceps being also, but not so profoundly, wasted. There is no paresis, only such loss of motor power as would

correspond to loss of muscular substance. Marked fibrillar twitchings can be seen in the arms, being more active in the right. The feet show chronic arthritis without any notable wasting of muscles. The knees are slightly affected, the hips free. There is no loss of sensation anywhere, and no impairment of the functions of bladder or of the rectum. The deep reflexes are rather diminished, the superficial not affected. The electrical reactions of the muscles chiefly affected are impaired. The right deltoid is much less sensitive to the galvanic current than it should be, and responds only to a Faradic stimulation stronger than that which should normally excite it. The biceps gives the same reactions in a lesser degree. The other muscles have normal reactions. In this case there is no history of gout, of lead-poisoning, or of causes likely to give rise to spinal trouble. These dystrophies of muscle and nerve are not accompanied by dystrophies of skin. The joint-affection was, to all appearance, preceded by a distinct accession of muscular debility.

Cholera Infantum and the Hydrencephaloid Condition.

The hydrencephaloid condition, or spurious hydrocephalus, is liable to develop as a sequel of badly-treated cholera infantum; and in order to call attention to this subject, Dr. John Strahan read a paper before the last meeting of the British Medical Association.

When spurious hydrocephalus is coming on, all fever which existed previously in cholera infantum disappears, and the temperature becomes subnormal. There are irritability and fretfulness, with hoarse cry.

Then comes on the somnolent stage. The surface is cool, the skin pale, the pulse quick and weak, the eyes half closed, sunken, and surrounded by wide dark circles; the fontanelle, if still unclosed, is concave, the head cool. The child ceases to take notice, the pupil is insensitive to light, the head is rolled frequently from side to side, the child gradually becomes more drowsy. If the case be neglected or improperly treated, coma gradually comes on, then convulsions and death.

Regarding the diagnosis of this state, all symptoms of inflammation or congestion are wanting, and the stupor or coma is not accompanied by squinting, inequality of the pupils, labored respiration, irregular pulse, or other symptom of inflammation, except the drowsiness. An important point is to carefully ascertain the history of the case, also whether any sufficient cause for nervous exhaustion and cerebral anæmia exists, or has lately existed. In a very doubtful case, the use of the surface-thermometer, to ascertain the temperature of the scalp, is desirable, as in this affection the temperature is rather below normal; but in any affection attended by hyperæmia, the reverse is the case.

The first and most important point is to stop the vomiting, as, while this goes on, the patient cannot be nourished, nor can the diarrhœa be arrested. He has found one-sixth of a minim of creasote and one-half minim of tincture of iodine, in a drachm of camphor-mixture, given every half-hour, or repeated immediately for a few times if rejected, by far the most effectual prescription for vomiting; often it acts likes a charm. At the same time, between the doses, he gives one-twelfth of a grain of calomel, or one-third of a grain of hydrargyrum cum cretâ, rubbed up with a few grains of sugar of milk or magnesia. Often this checks the diarrhœa in a few hours, when, of course, the interval between the doses is prolonged gradually. If the diarrhœa be very frequent, at the rate of forty or fifty discharges in a day, or if a few doses of the mercurial do not seem to produce some impression, he combines the hydrargyrum cum cretâ with ten grains of bismuth, and gives it every two hours. When the violence of the attack is over, one-sixth of a minim of creasote, with ten grains of bismuth, or with lime-water, or with chalk-mixture, is continued, at gradually lengthening intervals, as long as any diarrhœa remains. But, should the case remain unimproved for twelve hours, he gives an enema of a drop or two, according to age, of tincture of opium, in a little starch. This restrains diarrhœa powerfully. In severe cases, he always stops the milk entirely, and feeds on barley-water as thick as good milk, with fifteen to thirty drops of port wine frequently. This strong barley-water much resembles milk in its properties, *minus* the casein. Beef-tea is badly borne in such cases; besides, it is a mere stimulant, and not so effectual as wine. All infants' artificial foods, and other forms of starch, are simply hurtful, as they pass through the alimentary canal changed, indeed, but not in the slightest digested, just as the casein appears as curds in the dejections.

As to the treatment of the hydrencephaloid condition, should it unfortunately set in, the diarrhœa, if still present, must be stopped at once, if possible. But whether diarrhœa be present or not, the child should have a hot poultice, faced with mustard, applied to the nape of the neck, also some very hot application to the cardiac region, on account of the powerfully-stimulant effect of local heat on the heart. He then gives about ten minims of aromatic spirits of ammonia in camphor-mixture every two hours, and, at a different time, a drop or two, according to age, of Ashburton Thompson's tincture of phosphorus in a little mucilage. If the digestion will permit it, good milk for food, not less than a pint and a half, or more than two pints in twenty-four hours, with frequent doses of ten to twenty minims of brandy. Should the digestion not permit of milk, then the raw-meat plan finds its most useful application.

The nurse should be cautioned against raising the child into the upright position; the body-heat must be kept up by some means, or the child will die; plenty of hot flannels and a heated room usually are best, but the ventilation of the room should be very good. By such means, a wonderful improvement is often obvious in one or two days, and frequently recovery is complete at the end of three days. Should the hydrencephaloid condition come on without previous cholera or diarrhœa, as it sometimes does after weaning, from loss of blood, *e. g.*, by leeches, from improper use of cathartics, or, indeed, from exhaustion from any cause, even from improper treatment of the early stages of the complaint itself, the treatment is just the same; and whenever we see the

surface of the fontanelle concave and depressed, we should put thoughts of cerebral congestion and tubercular meningitis out of our heads, and diligently employ every means of tone-giving, stimulation, and support.

Causes of Death.

In the *Edinburgh Med. Jour.*, February, 1884, Dr. John Haddon says:

Having kept the counterfoil of the certificate of death, I am able to look over all the deaths with which I have met during eleven years of general practice in a suburb of a large town in England. The retrospect points out some facts which may be regarded as of general interest.

Altogether the deaths number 175, giving about 16 for each year. There were 94 males and 81 females. The following table of some of the common causes of death shows the number of deaths, and the proportion which the males bore to the females in each case:

Disease.	No. of Deaths.	Males.	Females.	Sex not noted.
Phthisis	17	3	13	1
Pneumonia . . .	17	9	8	0
Meningitis . . .	16	12	3	1
Bronchitis . . .	13	6	7	0
Cardiac	11	5	6	0
Scarlatina . . .	9	3	6	0
Typhoid	9	5	4	0
Measles	4	3	1	0
Smallpox	4	0	4	0
Erysipelas . . .	3	1	2	0
Diphtheria . . .	2	2	0	0

The following points seem worthy of note:

1. That diseases of the lungs cause 35 per cent. of the deaths, while all the infectious diseases put together cause only 27 per cent. of the deaths; and yet it is on the subject of the infectious diseases that the health officer and the public are most anxious. It may be that if diseases of the lungs were notified, and their etiology as carefully studied as that of infectious diseases has been, some startling but useful inferences might be arrived at as to the clothing and housing of the people.

2. That for every male that phthisis killed, it killed 4 females.

3. That pneumonia caused 17 deaths:

8 one year or under (catarrhal);
3 between 30 and 40;
3 " 40 and 60;
4 " 60 and 92.

From such figures we may infer that catarrhal pneumonia is very fatal to infants.

4. That bronchitis caused 13 deaths, of which 3 occurred below 6 months of age, and the rest between the ages of 54 and 81 years. The conclusion that bronchitis is seldom fatal except in advanced years, seems fully warranted.

5. That meningitis caused 16 deaths, of which no fewer than 12 were males. Unlike phthisis, this disease appears to kill 4 males to every female:

6 about or below 1 year;
4 between 2 and 3 years;
1 at 6, 7, 13, 49, and 58 years.

Thus it would appear that up to the age of 3 years, meningitis is a common cause of death.

6. That cardiac diseases caused 11 deaths, amongst which are included 2 cases of ulcerating endocarditis.

7. That although cases of pleurisy and acute rheumatism were commonly met with in practice, they do not occur among the causes of death, from which we may infer that these diseases are by no means frequently directly fatal.

In conclusion, I am aware that mistakes in diagnosis will occur, and that I have but few cases from which to generalize; nevertheless, knowing the great doubt as to diagnosis which shrouds the registrar-general's returns, I venture to submit this as my contribution to the literature of a subject which will be of importance so long as man is an inhabitant of this earth.

Treatment of Sick Headache.

Dr. Richard G. Jack reports this instructive case in the *Lancet*, August 23, 1884:

Mrs. N., aged 26, married, two children, had all her adult life suffered to some extent at the periods, and also was troubled with what is commonly called "sick-headache." She was treated by various doctors in the Western States of America, and at length she sought the advice of Dr. Thomas, of New York. He came to the conclusion that the only possible relief was to be obtained by removal of the ovaries; that she was then much too broken down for the operation: but after a trip to Europe had set up her health, he would, on her return, operate. I first saw the patient in June, 1883. She was then in the second day of the period, and under one of her headaches. These begin in one side of the head, and the pain gradually increases until the patient loses consciousness, the limbs become rigid, the hands clenched, the eyes half open and turned up, and ahivering fits come on every few minutes. At other times the attack takes the form of spasm of the glottis. Seeing her first in one of her severe attacks, I introduced my hypodermic needle, and injected one-sixth of a grain of morphine. I left the needle in, and in seven seconds relief was obtained; but as it was not complete, at the end of five minutes I gave the same quantity, and withdrew the needle. The pain subsided, and did not return during that period, but the patient suffered from severe sickness, which lasted thirty hours. In a few days I ordered iron and quinine, with shower-baths, good food, and early hours. When the next period was expected, I gave belladonna and bromide of potassium. As soon as the period came on, I kept the patient in bed, applied a blister of the size of half-a-crown over each ovary, and ordered a morphia pessary at night. The period passed over without a sign of pain or trouble. The tonic treatment was resumed, and the patient's health was steadily improved. The next period was anticipated a day or two with the belladonna and bromide, and when the flow began she was kept in bed the first day with half a mustard leaf over each ovary. No pain; period normal. On the next occasion, feeling the restraint irksome, and forgetting the date, the patient went to a theatre on the very

night of the return of the period, and at 1 a. m. I was sent for. I injected one-third of a grain of morphia; the relief was instantaneous, and by increasing the dose to half a grain the sickness diminished. I tried the addition of atropine, but without effect. By persistence in the treatment, essentially the hypodermic, the patient is freed from headache, and no longer looks sick in mind and sick in body, having regained color in her cheeks. I have repeatedly seen the same good effect in ordinary sick-headache, either from hypodermic injection of morphia or from a dose of chlorodyne.

Reviews and Book Notices.

BOOK NOTICES.

A Text-book of Pathological Anatomy and Pathogenesis. By Ernst Ziegler, Professor at Tübingen. Translated by D. MacAlister, M. D., Part II. New York: Wm. Wood & Co.

A Manual of the Throat and Nose. By Morell Mackenzie, M. D., New York: Wm. Wood & Co.

These two volumes are parts of "Wood's Standard Medical Authors;" the last named is Dr. Mackenzie's well-known work, which we have recently noticed, and which occupies a deservedly high rank among authorities on that branch.

Prof. Ziegler's treatise deserves particular commendation for the absence of superfluous matter in it, the clearness of its arrangement, and its conscientious accuracy of statement. It is illustrated with numerous woodcuts, so essential to a volume of this character. As it is by a practical teacher of the branch, its presentation of the subject is especially adapted for those who wish to master its intricacies for the first time.

Proceedings of the Philadelphia County Medical Society. Vol. VI. Philadelphia: 1884, pp. 416.

This volume, exhibiting the results of something less than a year's work, would be a credit to any society, and is one that Philadelphia physicians have a just right to be proud of. It is not only the amount but the quality of the work to which we refer. Questions both of practical and theoretical interest are discussed, not by a comparison of the opinions of others, but from the results of personal observation.

Of the many topics treated, we may mention the bacillus tuberculosis, the use of hamamelis, the medicinal uses of naphthol, the treatment of psoriasis, nervous prostration, hygiene of the kidney, paroxysmal fever, treatment of syphilis, contagiousness of phthisis—all topics, it will be observed, of immediate importance to the practitioner, and just such as he would like to hear the last word about.

The volume is published by the Society, and may be had by application to the secretary, Dr. M. S. French.

The absence of a table of contents, and a very insufficient index, are blemishes which we hope to see removed from the next volume.

Proceedings of the Nebraska State Medical Society. 16th Session. Pp. 357. Lincoln, 1884.

The larger part of this volume is taken up with the daily proceedings, and the reports of the committees on surgery and obstetrics. The surgical section is especially full, and contains descriptions of several new operations and instruments. The full text of the criticism of Prof. Esmarch on the treatment of President Garfield's wound will be read with interest. Spontaneous dislocation, intussusception, carcinoma, and wounds, are other topics on which there are well-prepared papers. In the obstetric section, puerperal fever and convulsions, placenta prævia and ovariotomy, have papers and illustrative cases. A table of contents would have improved the book.

The Theory and Practice of Medicine. By Frederick T. Roberts, M. D. Fifth edition. 8vo., pp. 1008. Philadelphia, P. Blakiston, Son & Co.

Dr. Roberts' treatise has secured a firm position as a valued addition to our medical literature. That it now appears in its fifth American edition is sufficient proof of that. Its merits are that without being inconveniently bulky, it contains all that is essential; that the author's style is plain and clear, without that affectation of profundity that mars some American books that we could name; and that his therapeutical advice is always safe, though at times it may be too nihilistic to suit all tastes.

The present edition has been carefully revised, and in part rewritten. The chapters on diseases of the nervous system have received especial attention, and the subjects of ophthalmology, electricity, and diseases of the skin, have been revised by specialists in those departments A number of illustrations add to the value and neat appearance of the volume.

The objection to many of the writers on practice is that they write from some particular point of view. They are rationalists, or physiological therapeutists, or therapeutical nihilists, or seekers after novelties. Of course, this lames their judgment and lessens the worth of their productions. None of these charges can be laid at the door of the present author, and hence we like his book.

THE
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A WEEKLY JOURNAL,
ISSUED EVERY SATURDAY.

D. G. BRINTON, M. D.,
JOSEPH F. EDWARDS, M. D., } EDITORS.

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THE CAUSES, PATHOLOGY, AND TREATMENT OF ALBUMINURIA.

As evidencing the narrow limits of our knowledge concerning albuminuria, the discussion which took place at the last meeting of the British Medical Association was striking; and as setting forth just about what we do know on the subject, it was satisfactory. Dr. George Johnson, who is an authority on the subject, tells us that it seems to him that the albuminuria which appears to have resulted from mental and emotional influence is a form of albuminuria from dyspepsia, and the immediate canse of the renal disorder is the excretion of some abnormal products of imperfect digestion. In many of these cases, too, it is obvious that more than one etiological agency has been operative. The man or the woman depressed by mental anxiety, with failing appetite and disturbed sleep, often seeks temporary relief from misery in an alcoholic stimulant; and so it is often found that the noxious influence of alcohol as a substitute for wholesome food has to be taken into account in explaining the albuminuria and the renal degeneration which had their starting-point in mental worry.

This gentleman does not believe that high arterial tension is a cause of albuminuria, and he reasons very logically as follows:

"As the Malpighian capillaries are the source of the albumen in the urine, and as the contraction of the arterioles which gives rise to the arterial tension tends to lessen the pressure on the capillaries in front, we should rather expect to find an inverse relation between the degree of arterial tension and the amount of albumen in the urine; and something like this is actually observed in the advanced stage of the small and granular kidney; where, with very high arterial tension, the amount of albumen is rarely copious, and sometimes scanty, and even for a time entirely absent."

In connection with the discussion on "Physiological Albuminuria," which has been recently occupying the time of the physicians of Great Britain, and more especially of Scotland, this au-

thor considers that the smallest trace of albumen in the urine is always pathological.

By far the most numerous class of cases of albuminuria in apparently healthy persons, is that of individuals who are known to have suffered at some former period from an acute renal disease, with or without dropsical complication. The acute symptoms having passed away, the patient believes and declares himself to be quite well. There is no irritation of the bladder, and no complaint of pain or uneasiness; the urine is normal in appearance, specific gravity, and quantity, but it contains more or less albumen. When cases of this kind are carefully watched, as they should be, it is found that, after a very variable period, the signs and symptoms of incurable degeneration of the kidney are developed.

The longest interval that he has known between an attack of scarlet fever with acute renal dropsy, followed by persistent albuminuria, and at length a fatal degeneration of the kidneys with uræmia, is thirty years. Yet, up to within a few months of his death, the subject of that disease was doing the work of an extensive and laborious general practice.

Until the practice of testing the urine in every trivial ailment for which a patient consults a medical adviser becomes general, many cases of albuminuria in persons apparently healthy will escape detection, until they have passed into the stage of hopeless and incurable degeneration of the kidneys.

Sir Andrew Clark and Dr. W. R. Thomas took part in the discussion of the subject, and it would seem to be the opinion of these three distinguished authorities that albuminuria (persistent) and the presence of tube-casts in the urine can be accepted as evidence of kidney disease. Of course, albumen can be found in the urine when there is no renal disease; for Sir Andrew Clark tells us that in a good many women, for a few days before and a few days after menstruation, the urine, free from blood discs, leucocytes or pus, contains, sometimes continuously, sometimes intermittently, small quantities of albumen. In women guilty of habits of secret personal impurity, a serous fluid is sometimes secreted into the vagina; and, afterwards, mixing with the urine, is found therein, responding in the usual manner to the tests for serum-albumen. In eczema of the bladder, in the early stages of villous tumor, and in the venous congestions of aged men, albumen transudes into the vesical cavity, mixes with the urine, and may readily be mistaken for albumen of renal origin. In forming an opinion, these possibilities must be taken into consideration, and it must also be remembered that renal and non-renal albuminuria may co-exist. Dr. Thomas believes that alcoholism has more to do with the production of Bright's disease than we give it credit for. He does not mean the taking of alcohol in large quantities, but that constant and regular taking of it, which is such a common custom. We so frequently meet with Bright's disease amongst very steady, hard-working men among all classes, that we are apt to lose sight of the fact. Because no excess has ever been noticed on the part of the patient, we close our eyes to the fact that many such steady-going men drink their two or three glasses of whiskey at night, their two glasses of sherry for luncheon, and two more, perhaps, for dinner. In addition to this, they sometimes take more during the course of the day, especially if they are business men. There are many men who can take their six glasses of something a day for years—yes, for a lifetime—without appearing to suffer in any way, thanks to the healthy organs which have been given to them, and which are day by day working hard to throw this off; but generally the day of reckoning comes sooner or later, often rather late in life. If we see such patients early for other ailments, we find that they complain of a desire to get up in the night to micturate, and alcohol may often be found in the urine. This desire he has always found a valuable premonitory symptom, present when hardly any others were; and whenever he has found it, he has generally examined the urine, and found frequently albumen also; but the appearance of the latter is generally intermittent, dependent, he believes, upon the taking in of a more than usual quantity of

alcohol the day before. These patients complain of frontal headache, confusion of intellect, and feeling of fullness in the head. The sight is impaired. They have a catarrhal condition of the pharynx, larynx, and nose, and are constantly hawking and perhaps coughing. They also have symptoms of dyspepsia, such as flatulence and sickness.

Upon the question of treatment they are agreed, and their recommendations may be summed up in the words of Dr. Johnson about as follows:

"One of the main principles in the treatment of albuminuria is to lessen, as far as possible, the work of the kidneys, and to obtain for them physiological rest. Amongst the most efficient means for obtaining this object, are rest in bed in all acute and severe cases, the promotion of the secretions of the skin and bowels, and, above all, a scanty diet, with entire abstinence from alcoholic stimulants. An exclusive milk-diet is often most successful in the treatment of recent acute cases; the plan being to give half a pint of milk to an adult about every two hours, and to continue this diet until the urine has entirely ceased to be albuminous. It will sometimes be found that, when the albumen has disappeared while milk alone is being taken, a small meal of solid food, fish, or poultry, or mutton, excites a reappearance of albumen. The patient and the friends often look upon milk-diet as allied to starvation, and frequent requests are made for some addition to the dietary. In reply to these complaints and petitions, I am in the habit of quoting the case of a gentleman, a patient of my own, who, in 1873, at the age of fifty-five, being seriously ill with disease of the kidney, the result of too generous living, was placed upon an exclusive milk-diet, which he continued uninterruptedly for a period of nearly five years, never taking even a biscuit or a piece of bread, except when he was traveling, and could not obtain milk. He lived in the country, and kept his own Alderney cows, which gave milk so rich in cream that he found it necessary to have the milk skimmed in order to obviate his tendency to excessive obesity. His usual allowance was a gallon of skim-milk daily. During the fifth year of an exclusive milk-diet he declared that he never felt better in his life; he was cheerful, slept well, and, at the age of sixty, was capable of taking a considerable amount of active exercise. After this, he gradually added to his dietary by taking soup or beef-tea, and the yolk of an egg for breakfast. In 1879, he took meat once a day. Since then, he has gradually returned to ordinary diet, and takes a glass or two of sherry a day. For six or seven years, he had abstained entirely from alcoholic liquors. I last heard from him in October, 1882, when he reported that, with the exception of some soreness of the tongue and lips, he was in good health. He had learned to test his urine, and found sometimes no albumen—never more than a trace.

"The chief interest of this case is the length of time during which a country gentleman, accustomed to a very generous mode of living, including a liberal allowance of wine, was contented and happy upon an exclusive milk-diet, his health meanwhile having very much improved."

THE INTERNATIONAL COLLECTIVE INVESTIGATION OF DISEASE.

We have already adverted to the Collective Investigation of Disease, which has been in such successful operation in England for some time; and now we are pleased to note that Sir William Gull delivered a most valuable and pointed address before the International Medical Congress, at Copenhagen, in August, in which he strongly advocated the advantages to be derived from a system of international collective investigation. He very truly said that while it will always be the privilege of the highest intelligences to clear the boundaries of knowledge, and to throw the rays of their genius into the surrounding darkness, yet all must be agreed on the great and almost supreme value of the intellectual co-operation of less gifted minds in the simple observation of facts, and especially when the needed facts are scattered over a wide field.

The observations of one man, who has a keen perception, are of course of great value; but how much more valuable would be the observations of thousands, from whose combined experiences certain absolute and definite facts could be deduced—for happily the phenomena which demand our investigation, though complicated and transient, are, it need not be said, the result of unchangeable laws. The capriciousness of Nature, as we speak of it, is but the weakness of our own sense and understanding, and its so-called mystery and obscurity, but the darkness in ourselves.

"We may therefore have this encouragement,"

says Sir William Gull, "that, when any of our work is done, however small and trifling it may seem, it is done and settled for all time, or at least so long as the laws of organization remain what they are; that the clearing of a fact in respect of disease will remain an imperishable inheritance of knowledge to those who follow us, so long as there is disease in the world. We may support our labors, therefore, with a feeling of surety that the problem before us is a settled problem, however difficult its solution. Nature will not delude us, however much we may delude ourselves."

It is only necessary to add that Sir William Gull's suggestion was favorably received by the Congress, and that representatives from each country were appointed, whose duty it shall be to forward this project. We most heartily commend it to our readers, and urge upon them to respond liberally and earnestly to any requests that may be made of them in connection therewith.

Notes and Comments.

Massage.

Before the late International Medical Congress, Dr. Zubelndowsky (Berlin) read a paper on this subject. He said that, in stiffness of joints and ankylosis, the restoration of normal function was not always to be obtained. The treatment by massage was generally longer in private than in hospital practice; it was of longer duration in diseases attendant on occupations. It was not advisable to combine massage and bath-treatment. The prescription of ordinary friction (in the baths) along with massage was a source of many inconveniences to the patients. The simultaneous use of massage and electricity afforded no advantage, and the same was the case with cold douches. Massage and lukewarm baths went well together. Orthopædic apparatus had come too much into use, and could often be advantageously and with comfort replaced by massage. In hysterical patients, massage was a hypnotic and cumulative agent, even when applied to limited portions of the body. In the sick as well as in the healthy, massage often at first produced increased tenderness and suggillations, which disappeared with continuance of the treatment. Diseases of the knee had a greater influence than diseases of other joints on the general condition, both physical and mental; and, on the other hand, mental excitement might give rise to neuroses of the knee-joints. Sympathetic neuroses occurred most frequently in the knee. Exhaustive neuroses arising from mental disturbance, like those connected with occupations, offered a profitable field for massage, as did also inflammatory conditions of joints consequent on disuse and rest. Massage should form an integral part of the after-treatment of traumatic injuries of greater or of less extent. In recent fractures, massage was injurious; in pseudo-arthritis it was very useful. The so-called nerve-pressure of many of the Swedish lay practitioners was to be avoided.

Alcoholism in Childhood and Youth.

Dr. Thomas More Madden somewhat surprised the members of the British Medical Association at their last meeting, by telling them how comparatively common among children of very tender years was the habit of consuming alcohol, and how many cases of juvenile, almost infantile, diseases, the results of alcoholism, he has been called upon to treat. By way of illustration, he related five cases. The first was a well-marked case of delirium tremens in a boy aged eight; the second a boy of the same age, suffering from chronic alcoholism, and so on. Of course, as we might infer, these cases are found amongst the lowest classes of society, where the parents are in the habit of sending their small children to the neighboring public houses for liquor; oftentimes on the way home these little ones will take a "taste" from the pitcher, which sows the seed that germinates into an irresistible desire for alcohol; while in other cases, the parents (through ignorance, no doubt,) will reward the little ones for running the errand with a sip of porter or spirits. Again, it would seem, according to Dr. Madden, that these drunken women transmit a taste for liquor to their offspring. The habit of drinking among women (which is much more prevalent among the higher classes in England than in this country) is often produced by physicians recommending liquor for women suffering from some uterine disease. Therefore, Dr. Madden issues the advice, and those who heard agreed with him, that when a physician desires to give a patient the benefits of the stimulating influence of alcohol, he should prescribe it as a drug in definite doses, and not as liquor to be used at the discretion of the patient. Similar views were enunciated by the Philadelphia County Medical Society last winter.

The Communicability of Phthisis.

Notwithstanding the immense amount that has been written and published concerning the communicability of phthisis since Dr. Koch first announced his discovery of the bacillus, we seem to be no nearer a unanimity of opinion on the subject than we were a year ago. The whole question seems to be about as follows: That for the disease to develop there must exist some constitutional peculiarities, the intricate nature of which we have not yet grasped. Dr. Alfred G. Barrs, who contributes an article to the *Lancet*, August 23, 1884, seems to hit the nail on the head in the following conclusions:

1. The tubercle bacillus is constantly found in all lesions of a tubercular nature, and in all cases of pulmonary phthisis in the human subject.

2. So far as the communicability of tuberculosis in animals is concerned, this is clearly proved by inoculation experiments. Whether it is so without antecedent transmission there is very little evidence to show.

3. The great prevalence of phthisis amongst those of certain occupations, and the comparative rarity with which those presenting caseous changes in the lungs die by means of a general infection, tend to show that certain predisposing causes are necessary for the production of phthisis—some more definite condition than a mere obliquity of construction, such as we mean by constitutional tendency. The bacillus is not in this case the real and primary cause of the disease, but by its constant presence may determine a wide distribution of the lesion and a fatal result.

4. Although the discovery and isolation of Koch's bacillus, and the inoculation experiments upon animals, make the direct infection of individuals with tuberculous matter possible under certain conditions, these conditions are not established by our present mode of life.

5. The clinical evidence of direct infection from man to man is at present of a quite untrustworthy nature. I need scarcely add that the want of proof of direct contagion in no way militates against the view that pulmonary phthisis is an infectious disorder—that is, due to the introduction of an infective particle from without.

Torsion of Large Arteries.

Before the late International Medical Congress, Dr. Oscar Wanscher (Copenhagen) read a communication on the torsion of large arteries near their bifurcation. He had, he said, had no cases of his own, but he had experimented on the common iliac artery of the dog in six cases, and on the common carotid of the horse in nine. If peripheral torsion were made (as of the common iliac near its origin from the aorta), the retraction of the inner coat, even though limited, was sufficient to prevent hemorrhage. In torsion of an artery nearer the centre of enucleation, as of the common carotid near its bifurcation, the chances were not so good; but, if a short time were allowed to elapse between the interception of the flow of blood and the act of torsion, so as to permit the establisment of the collateral circulation, the retracted portion would be carried some distance by the blood-current. Retraction should be extensive in an artery of the size of the common carotid of the horse. Torsion alone could hardly be considered sufficient in the vicinity of large collateral branches; but, in such cases, retraction deserved to be regarded as an excellent aid. Retraction of the membranes might take place without compromising the inner vitality of the artery or causing extensive coagulation, provided that proper instruments were used, especially one to compress the artery, and push back the inner membranes.

Incision of the Initial Sclerosis in Syphilis.

Apropos of this vexed question, we note that before the late International Medical Congress, Prof. Pick (Prague), in a paper on this subject, said he confined his remarks to hard chancres, and distinguished carefully between those cases in which the glands were indurated and those in which they were not. Where the glands were affected, these also must be excised; but in such cases, almost without exception, whether excision was practiced or not, general symptoms made their appearance. The conditions under which the operation might be performed were only partially known. Simple excision of the sclerosis, where the glands were affected, would never give success; and no excision availed when the deep glands were swollen. The effect on the therapeutics of the condition was, he thought, very slight—most commonly only a delay in the appearance of the general symptoms. The operation had, however, served to show that the indurated sclerosis was not the expression of general syphilis. The lymphatics had recently been found to be much enlarged in these cases, and he believed that the syphilitic poison passed into the organism through these, and not, as Auspitz believed, entirely through the blood.

Dr. Unna (Hamburg) believed that syphilis spread, not by any one path, but by both the

blood-vessels and the lymph-vessels, and by simple contiguity of tissue.

A Peculiar Case of Chronic Nephritis.

The Paris correspondent of the *Brit. Med. Jour.*, August 30, 1884, says that M. Hanot has had recently in his wards at the Tenon Hospital a female patient, suffering from chronic nephritis, who was suddenly attacked by gangrene of the left foot and leg. Her affection was easily diagnosed. All the essential symptoms were manifested—*bruit de galop*, albuminuria, uræmia, etc. She left the hospital in June, but was forced to return in July; and, on the 17th, she felt a violent pain in the gastrocnemius muscle of the left leg, also a sensation of cold along the entire limb and foot. The vessels in the popliteal space were hard and painful. The foot was cold and colorless, afterwards mottled; gangrene immediately appeared, and reached as far as the knee. In about eight or ten days the limb became almost severed from the trunk; there was neither suppuration nor fever. The general condition of the patient was good, and her appetite remained excellent. M. Hanot suggests that arterial lesion, frequent in interstitial nephritis, may be the cause of this gangrene; but hitherto lesion of so important an artery has never been observed.

Treatment of Cystine in the Urine.

Dr. Lionel S. Beale tells us, in the *Lancet*, August 30, 1884, that cystine is one of the most persistent of urinary deposits. After it has once appeared, it may be produced, and in considerable quantity, over a period of twenty years or more, or its production may only cease with life. It is among the least common of urinary deposits, and usually its presence is not associated with any symptoms more serious or definite than malaise, a feeling of weakness, fatigue, or exhaustion, with depressed or very low spirits. The cystine crystals form a visible whitish deposit, which varies much in quantity from day to day; and sometimes forms a sediment. Dr. Beale claims that large doses of carbonate of ammonia will remedy this condition. He had one patient who took as much as fifty-five grains daily for a period of twelve months, with most satisfactory results. The second year he took thirty-five, and the third year about twenty grains per diem.

Neuralgia Treated by Cold.

The Paris correspondent of the *British Medical Journal* says that M. Debove, physician at the Hospital des Tournelles, treats his patients suffering from sciatica by refrigeration. His method hitherto has been attended in some instances by immediate recovery, and in others rapid, though not instantaneously. Chloride of methyl, enclosed in a siphon, produces a temperature of 10° Fahr., sometimes of 59° Fahr. The former is the degree necessary. Cold is applied along the nerve affected, which is not distressing to the patients; one of them declared that ten applications of cold were preferable to one of the actual cautery. When the neuralgia presents limited areas of pain, the jet is directed on them. The siphon with the tube fixed to it amounts to six or seven dollars. The chloride of methyl costs $1.25. M. Debove used Richardson's apparatus, but failed to obtain any results with it.

A Bottle in the Rectum.

A singular case is reported by Dr. Aug. Dixey in the *Lancet*, August 30, 1884. A man much distressed and evidently in great pain came to him saying he had a "soda-water bottle in his fundament." Upon at once letting down his trousers, which were covered with blood, he noticed blood trickling from the rectum. On introducing a forefinger into the bowel, he could just detect the edge of the mouth of a bottle, and, by inserting the middle finger as well, was able, after some difficulty and employing all the traction his limited hold permitted, to extract, not an ordinary soda-water bottle, but one which is used to contain ginger ale, the length of which was seven inches and a quarter, and the circumference seven inches. His story was that as his bowels had not been opened for more than a week, and as aperients had not acted, some one advised him to open them by means of a bottle, and that in attempting this it had slipped from his grasp, and all his efforts to get it again were unavailing.

Treatment of Cholera.

Dr. Henry Meymott puts in a plea (*Brit. Med. Jour.*, Aug. 30, 1884,) for "*crude* opium in the treatment of cholera. Let the external applications consist of the continuous supply of friction with hot flannels, wet or dry, to all the available parts afflicted with cramps till relieved, and sinapisms applied to the epigastrium. Then give half a grain of opium in a small hard pill, every hour till the pain subsides, washed down with a teaspoonful of cold water, previously boiled. Abstain from all nostrums and stimulating medicaments until the irritability of the stomach is overcome, and in the meantime give nothing but cold

water to assuage the thirst, then substitute hot drinks composed of smooth, fresh, water-gruel, flavored with salt. When the violence of the symptoms has fairly subsided, adapt the treatment to the fresh symptoms as they arise, always bearing in mind the "vis medicatrix naturæ."

Union of Wounds and Fractures in Old Persons.

It is so unusual for fractures to unite in aged persons, that all such cases are worthy of record. Dr. Edgar Schmidt reports a case in the *British Medical Journal*, Aug. 23, 1884:

The patient, a healthy German lady, aged 78 or 80 years, was in the act of plucking a bunch of grapes, when her foot slipped, and she fell from the first round of a ladder on which she was standing. The fall resulted in fracture of the neck of the left femur. Her limb was encased in a long splint with weights, and, notwithstanding her restlessness and obstinate spirit, she was able to walk with canes in six or seven weeks. No unfavorable symptom arose with the exception of two bed-sores, which, however, yielded kindly to the application of balsam of Peru.

The lady enjoyed moderate good health until one year after her fracture, when she died as a result of gangrene of her right foot.

The Treatment of Slight Burns.

The Carron-oil treatment of burns is so greasy, and therefore so disagreeable, that it is with pleasure that we note from *Memorabilien*, May 14, 1884, that Dr. Cramer treats slight degrees of burns by means of compression. He applies a layer of wadding and over this an elastic bandage, so as to make firm and even pressure over the whole of the injured surface. By this means the subcutaneous capillaries are emptied in a measure of their blood, and inflammation and exudation of serum are prevented. The compression is to be maintained from three to fifteen hours, according to the intensity of the burn, and then a less degree of pressure kept up until new epidermis has formed.

The Use of Crushed Ice and Lard in the Treatment of Burns and Scalds.

In the *Æsclepiad* for April, 1884, page 164, the treatment of burns and scalds by crushed ice and lard is warmly advocated by Dr. Benjamin W. Richardson. To put the method into practice, ice is well crushed, or scraped as dry as possible, then fresh lard is admixed until a broken paste is formed. The mass is then put into a thin cambric bag, laid upon the burn or scald, and replaced as required. The pain is rapidly eased, and its return is the call for the repetition of the remedy. This mode of treatment is as scientific as it is simple. It saves at once the fever incident to pain, and it leaves very little contraction of surface.

In-growing Nail.

In a note to the *Union Médicale*, June 22, M. Monod states that during the last twenty years he has treated in-growing nail by a very simple and effectual method, which does not involve the removal of the nail. He makes a free application of nitrate of silver at the commencement of the affection, without isolating the nail. If the cauterization is carried deeply into the diseased furrow, the patient has usually, even by the next day, derived considerable relief, and is able, even thus early, to walk in moderation with an easy shoe. Extirpation of the nail should be reserved for quite exceptional cases.

Correspondence.

Is it Always Necessary to Tie the Cord?

Eds. Med. and Surg. Reporter:

I ask this question, not because I feel confident of my ability to answer it in a way to settle it beyond hope of dispute, but because the question has been raised in my own mind by observation of the process of parturition in some brutes, and in a couple of cases in the "genus homo."

I know that most authorities unite in advising the ligation of the funis; some advising that the cord be twice ligated, and cut between the ligatures; some that it be "surrounded by one ligature," and cut on the maternal or placental side of ligature, leaving the placental end to *bleed*, with the end in view of lessening the size of the placenta, and consequently its more easy delivery; while other writers leave it to the discretion of the accoucheur whether he shall tie once or twice, but all seem to unite in advising the tying of the cord.

Now, in the light of the following facts, I feel justified in asking the question, May we not, in *many* cases, leave the cord without a ligature, and so avoid the risk of a troublesome sore, if not of septicæmia, from the cutting of the fingers with a cord stained and rendered slippery by the blood of a puerperal patient?

I do not open this question without facts to justify my action, but think that the following are enough to raise the question, though they may not prove the absolute correctness of its answer.

I have seen cats, when their kittens are born and the placenta delivered, turn and eat the afterbirth and bite off the cord.

In the case of pigs, I have seen young very soon after birth (in a few minutes) start in search of the mammæ of the sow, and break the cord in

their struggles for freedom of motion; and I believe it is very rare for a kitten or pig to die, or even suffer from hemorrhage of the cord.

Of other animals, except the human, I cannot speak; but I know that in the undomesticated state the funis cannot be ligated, and in the domestic animals I believe it is very rare for them to receive that attention.

Next. On page 390, vol. xlvii. of MEDICAL AND SURGICAL REPORTER, is a short editorial abstract from the *British Medical Journal*, entitled "Midwifery in the Sandwich Islands." In this abstract I find the following: "The umbilical cord is then cut, and always left very long," no mention being made of ligation.

Again, in the same journal (MED. AND SURG. REP.), page 564, vol. l., is an abstract from the *Edinburgh Medical Review*, bearing the title, "Parturition in Central Africa," by Mr. R. W. Felkin. In it I find this: "In the Wadi district the cord is cut at about four (4) inches from the chid's body with a stone knife as a rule, but sometimes it is bitten. Should it bleed, the woman in charge takes the cord in her mouth and squeezes it between her teeth till all hemorrhage ceases; *but it is never tied.*"

Now, I will relate two cases of my own:

Case 1. On April 4, 1884, at 1 p. m., R. W., a colored man living about five miles below here on the Sans Souci plantation, called at the office, saying that his daughter had given birth to a child and needed attention. I rode down with him, and found the mother comfortable and in bed, while from a bundle of rags on the cabin floor came a sound of lusty crying. I opened the bundle and found a negro child (boy), with the cord and placenta attached. *The cord was pulseless and bloodless,* and the child in as good condition as any I have ever had the fortune to see.

Case 2. Was called July 3d, 2 a. m., to attend Mrs. G. (white, multipara), in labor. I arrived at the house of the patient at 3 o'clock, and found the child with placenta attached, cord bloodless and wound once around the neck, lying between the thighs of the mother, where she said it had been since 2 o'clock, when it was born. The child was all right, and was crying as loudly as newborn children are wont to do.

In both of these cases I am satisfied that the children would have done well enough if the cords had been cut and left without ligation; and had they been *hospital* cases, and in my care, I would have left them for awhile, at least; but as I knew of the keenness with which country people watch a young physician, and the avidity with which they seize upon and circulate any departure from the usual course, I tied the cord in both cases.

Now, from these facts we see, first, that the brutes do not suffer because of the cord being left without ligature; second, that some races of people *habitually* leave the cord untied without ill effects; and finally that in two cases at home the cord was not tied for an hour in one case, and in the other at least one and one-half hours, and as all hemorrhage had ceased and the children were in good condition, it was absolutely unnecessary to tie the cords, although I did tie them to satisfy the notions of other people.

Now, I believe we may *almost invariably* leave the cord unligated. Do not think I would have you return to the primitive mode of biting the cord. either for the purpose of separating the placenta, or arresting the hemorrhage; but might we not advise a simple instrument, which would both *cut* the cord and compress it? All that would be necessary would be a pair of short-bladed shears made somewhat heavy, and having on the side of the blades a pair of bosses, whose corrugated or checked surfaces should come close enough together to compress, and if necessary to lacerate the end of the cord, and so arrest all hemorrhage very easily.

And now if this needs any apology, it is this: I *have* known some very sore hands, and one serious, though not fatal, case of septicæmia resulting from cuts with ligatures rendered slippery with blood of puerperal patients, and think that this may suggest a way in which we may avoid the risk in many, if not all cases.

D. A. RICHARDSON, M. D.

Osceola, Ark.

A Peculiar Malformation.

EDS. MED. AND SURG. REPORTER:—

Mrs. E. F., æt. 25, strong and robust, of healthy parentage, the wife of a farmer also in good health, was confined on March 31, 1884, with her second child. The previous child had been well-developed and healthy, but died in infancy of an acute bowel trouble. Both labors were remarkably quick and easy, with no complications. At the time above cited, although I arrived at the house within an hour after the pains commenced, labor, even through the third stage, was completed.

Upon examining the child, the following singular and perhaps unique condition was discovered: In the first place, the child was a complete hermaphrodite, and that to a singular extent and in a peculiar degree. At that part where the sexual organs should have been, there was an utter absence of everything, except smooth skin covering the part; and where the anus should have been, there was a like smooth surface; while at the perineum, in the median line, was an anus-like opening, controlled by a sphincter, through which the acts of defecation and urination were and still are alike performed. Perfect control is exercised over both bowel and bladder. The evacuation of each is effected at certain intervals, and usually simultaneously, and with neither does there seem to be anything like incontinence, or want of perfect control.

The other feature, and the one that first attracted our attention, was the presence of a peculiar, semi-spheroidal, very vascular growth, plastered upon the surface of the abdomen, in the umbilical region. It measured 3x2x1½ inches, and bled at the slightest touch. From the centre of this growth proceeded the umbilical cord, which was of usual length and appearance, and was attached to a perfectly normal placenta. This growth, as was remarked by other physicians who subsequently saw it with me, had the exact appearance and feel of true placental tissue. The condition of things seems to have been: an umbilical cord with a placental development at each end, the one normally attached to the uterus, the other abnormally attached to the child.

The growth was not pedunculated, but was attached by a broad, firm base, 3x2 inches. The cord separated on the sixth day, with but little hemorrhage.

A discussion of the *causes* of this malformation would be interesting, and no doubt embryology would be equal to the emergency; but remembering to have heard an eminent professor remark that the most absurd thing he knew of was the wild speculations of a country physician, I gladly leave theoretical ramblings to a nimbler wit and a readier pen.

At this date the growth has decreased somewhat in size, is of very spongy texture, and bleeds readily upon pressure or irritation. Over its surface are several small islets of apparently true skin forming, leading to the hope that nature will thus protect that which surgery would as yet deem hazardous to remove.

E. R. Bateman, M. D.

Çedarville, N. J.

Treatment of Acute and Chronic Urticaria with Bromide of Ammonium.

Eds. Med. and Surg. Reporter :—

Within the last ten days I have treated three cases, two acute and one chronic, of urticaria with bromide of ammonium. The first case was that of a grocer, whose attack came on very suddenly about four o'clock in the evening. I saw him two hours afterwards, and he told me that he was taken a year ago exactly in the same way, with violent hives, and that in two days the attack was followed by facial erysipelas. His face and hands were red and swollen, and covered with hives, and he was rubbing and scratching in the most active manner. I prescribed the following:

℞. Bromide of ammonium, ℥ij.
Aqua destil., ℥vj. M.
Sig.—Shake well, and take a tablespoonful every two hours.

I directed him to take in addition ten grains of blue mass at bedtime and a dose of epsom salts in the morning. His urticaria disappeared during the night, and he had no return of it.

The second case was that of a clerk. He had been eating fish for a day or two, when suddenly violent urticaria made its appearance. I prescribed for him:

℞. Bromide of ammonium, ℥ij.
Aqua camphor., ℥vj. M.
Shake the vial well, and take a tablespoonful every two hours,

After the second dose his hives began to get better, and the next day they disappeared, without a return of them.

The third case was that of a young lady. She informed me that she had had the hives for three months. That they did not trouble her during the day, but just as soon as she got in bed at night they would come on and torment her dreadfully for two or three hours. I found nothing wrong with her but the hives, and I prescribed:

℞. Bromide of ammonium, ℥j.
Aqua destil., ℥vj. M.
Shake the vial well, and take a tablespoonful every three hours.

In four days she returned to thank and inform me that the mixture had cured her hives.

J. B. Johnson, M. D.

Washington City, D. C.

Alopecia.

Eds. Med. and Surg. Reporter:—

If Dr. George A. Stewart, of Scranton City, Iowa, (see Medical and Surgical Reporter, August 30, 1884, p. 250,) will turn to page 32, vol. 32, Medical and Surgical Reporter (1875) he will then find a case similar to his by Dr. Rose, from *Brit. Med. Jour.*, except that Dr. R.'s case experienced "a sudden and severe nervous shock" prior to his hair falling. He succeeded in curing by painting his scalp once a fortnight with blistering fluid and using the following lotion:

Carbonate of ammonia,	One drachm.
Tincture of capsicum,	One drachm.
Rectified spirit,	One ounce.
Glycerine,	One ounce.
Rose water,	Eight ounces.

To be applied freely over the body night and morning.

I think the doctor misnamed the disease (begging his pardon). Alopecia areata is defined to be, "a contagious disease produced by a vegetable parasite which, attacking the hair, leads to the formation of circumscribed, pale, smooth, bald patches;" hence the synonyms—"area," "alopecia circumscripta," etc. See Reynolds' System of Medicine," vol. iii., p. 942.

Dr. Rose's case, before alluded to, is very interesting, and will well repay a perusal. The patient's hair was restored on all parts of his body; but was perfectly *white*, having been brown before.

B. F. Records, M. D.

Platte City, Mo., September 2, 1884.

News and Miscellany.

Micro-Organisms.

From advance sheets of the Introductory Lecture at the opening of the fall course of the Medico-Chirurgical College, of Philadelphia, by Prof. Hugo Engel, we glean the following interesting points about micro-organisms. The address, in full, will be published in our columns. For a long time investigators were undecided whether micro-organisms, as they are comprehensively termed, belonged to the animal or the vegetable kingdom. It has now been decided that they belong to the latter. The terms *micro-organisms*, *microbes*, and *microzymes*, all mean the same thing. Micro-organisms are divided into two primary divisions: 1, Hyphomyceti, and 2, Schizomyceti. The first class are the pathogenic factors of external diseases, as favus, aphthæ and thrush; while the second cause the internal diseases. The schizomyceti are subdivided into the following classes:

1. Cocci or micrococci, which are small round bodies, and embrace the cocci of pneumonia, pigment cocci, and some ferment cocci.

2. Bacilli, which have a rod-like shape, whether long or short, such as the bacilli of typhoid fever and tuberculosis.

3. Bacteria *proper* (the whole class are often called bacteria), such as bacterium termo, the common grade ferment.

4. Vibriones or Vibrios, those which have a wavy form, as *probably* the comma bacillus of cholera.

5. Spirilli, in the form of stiff screws, such as many of the micro-organisms causing decomposition.

6. Spirochæti, in the shape of flexible screws and other fantastic forms, such as the micro-organism of relapsing fever.

It has been calculated by Ferdinand Cohn, that if the bacterium termo were unimpeded in its propagation, and if one were to multiply into two in the first hour and these into four in the second hour, and these into eight in the third hour, and so on, the result would be 16,000,500 in the first day, and 281,000,000,000 on the second day, and that in five days' time the progeny of this little microscopical body would fill the oceans of the world, so wonderfully numerous and fertile are they. One micrococcus, $\frac{1}{500}$ of a millimetre long and $\frac{1}{1000}$ of a millimetre thick, and of which 1,600,000,000 are required to weigh one grain, would in three days produce 50,000,000 pounds of offspring.

Teberine is a disease of the silk-worm that threatened to destroy the silk industry of France. Pasteur found a bacterium in ova that were apparently healthy; all such ova were destroyed, and the threatened danger was averted.

Dr. Koch, of Berlin, furnishes some strong reasons for believing that the comma bacillus is the cause of cholera. When in Toulon, Dr. Koch made it a practice to carefully examine the discharges from, and the dead bodies of, all patients with typhoid fever, dysentery, and the like. In not one single case did he find the comma bacillus. A French sailor was in the hospital, convalescing from typhoid fever; there were no evidences of the disease remaining, he was only weak. At nine o'clock one morning he received word that he would be discharged at noon. At ten o'clock he was taken sick with cholera, and died before eleven. Within six minutes after death an autopsy was made in the presence of Koch. No morbid lesions were found, but the rice-water contents of the intestines contained innumerable comma-bacilli.

In a village in Egypt, thirty persons were taken sick in rapid succession with cholera; they were the first cases in the village. It was discovered that all of these persons had been engaged the day before in washing the clothing of cholera patients. Koch found that wherever portions of clothing soiled by cholera dejections were moist, the comma-bacillus existed in abundance; but it cannot survive more than twenty-four hours without moisture.

In a village near Calcutta, several hundred persons died from cholera in the space of thirty hours, while in villages still nearer to Calcutta (where the disease was raging) no cases had occurred. It was proven that all the persons who were attacked had used water from the same tank, and it was discovered that the day before the outbreak women had been washing clothing from cholera patients in Calcutta in this tank. And, furthermore, it was discovered that wherever, in the tank, there were accumulations of decomposing wood or organic debris, there also would be found innumerable comma-bacilli. It is said that it was the recital of this remarkable experience that caused the distinguished Professor Virchow to give his sanction to the pathogenic nature of the comma-bacillus.

Dr. Koch has also discovered that the bacteria of putrefaction are inimical to and capable of destroying the comma-bacillus, and in this connection it was noted that whenever the sewers in Toulon were cleansed or disinfected, the cholera became worse, which fact would tend to explain the reported immunity from the disease among the scavengers of Toulon and Naples.

Acids destroy the vitality of the comma-bacillus; hence we have an explanation of the fact observed during the last cholera epidemic in London, and of the recommendation made some years since by Professor Da Costa, that when the prodromic diarrhœa is treated with sulphuric acie cholera does not develop.

It has been also observed that this bacillus cannot pass through a healthy stomach; its vitality is destroyed. It was universally noted in Egypt, Calcutta, and Toulon, that not one single case of cholera occurred in an individual whose stomach had been previously healthy. In every case there had been some slight or severe derangement of the alimentary canal. In this connection, attention is called to the fact that in Europe overloading of the stomach is most common on Sundays, and the largest majority of the fresh cases of cholera would develop on Mondays.

Pasteur's Laboratory.

In the Rue d'Ulm, close to the Pantheon, in Paris, stands Pasteur's laboratory. Rarely the famous experimenter leaves the scene of his great discoveries. He is continually at work, leaving nothing untried that might throw a ray of light upon his researches. Although long past the prime of life, he still possesses the indomitable energy that characterized his youth. In his workshop the scientist keeps cages filled with dogs, rabbits, chickens, and other animals to be used in his experiments. When once an animal has been injected with the fluids containing the minute animal life upon which, as Pasteur claims, all disease depends, it never leaves his watchful eye. Closely he observes every change in its condition, and when the time has arrived to kill the animal, he consoles himself with the thought that science demands the sacrifice. The whole basement of the laboratory is transformed into a miniature menagerie. The rabid dogs are Pasteur's favorites. He has provided neat little iron cages for less enraged pets, and often sits before them for hours watching the mad antics of the animals, who snap and snarl at him continually. Pandemonium reigns supreme in this section of the laboratory, but Pasteur seems totally oblivious to the noise which, to the casual visitor, is so distressing. Some are in the first stages of the disease; they tear about their limited quarters, biting at the iron bars and chewing up the hay intended for their beds. The ones only recently inoculated are still affectionate, and retain their moist eyes so full of tenderness. They recognize

their master, and come forward at his call as if to be petted.

The chickens, large and small, crane their necks and keep up a ceaseless crowing.

The pink-eyed rabbits are the quiet members of Pasteur's large family. They chew away at the cabbage leaves with which they are fed, and quietly await their turn to become martyrs of science, while the cute guinea-pigs huddle together, ever watchful for the approach of an enemy.

All of them are destined to be inoculated some time or other, and there is no hope of any of them surviving the experiments of the great Frenchman. Every morning Pasteur pays a visit to the hospital and sees that his sick pets are well cared for. Those which have died during the night are removed to the floor above, and laid upon the dissecting table ready for Pasteur's knife. This is not the only material upon which Pasteur works. From all parts of France he receives coops full of chickens that have died from cholera and other diseases.

In the corner of the large room there are huge baskets filled with straw. One contains a pig supposed to have died from erysipelas, another is filled with the internal organs of a pleuro-pneumonic cow, while scores of them, carefully labeled, are sent by naturalists who, unable to prove their own observations, seek his advice.

It is not only animals upon which Pasteur experiments. Ever since he visited Pavillac three years ago, to investigate the causes of yellow fever, he is never without samples of *vomito negro* (black vomit), which is sent to him in hermetically sealed bottles from the infected ports. Pasteur never throws anything away. The contents of the bottles are carefully desiccated, and the residue is placed in the propagating room. Here there are shelves and tables for the reception of glass jars, in which he keeps the culture-liquids.

By careful manipulation, the dry residue is redissolved, and the microscopic animal life allowed to go on increasing. This is Pasteur's favorite working-place, surrounded by his assistants, Chamberland, Roux, Joubert. The death of Thuillier, his favorite co-worker, who died in Egypt while investigating the origin of cholera, robbed Pasteur of a valuable aid. Thuillier was the first to discover the presence of microbes in the tissues of animals, that of erysipelas, and that led Pasteur to continue the investigation and prove that the microbe depended upon the disease. He began to inoculate animals with fluids containing the microbe, and by this means was enabled to reduce the mortality in the rinderpest, which in former years played sad havoc with the cattle in the southern part of France.

At present Pasteur is devoting his energy towards solving the problem of hydrophobia. The results of recent experiments have led him to believe that by means of inoculation it can be successfully cured. He has already inoculated large baboons, and has reason to feel satisfied that he is on the right track. He has demonstrated that by transmitting the virus from the lower orders of animals to the higher it loses strength, until finally only trifling disturbances are caused by its injection. He is confident that at no long distant day he will be able to inoculate human beings. The perfection of this theory he considers the greatest work of his life. Conversing with a friend recently, he said that he was not ready to die until he had proved that hydrophobia is but a minor ill to which the human family is liable.—*Paris Cor. Vienna News Freie Presse.*

The Temperance of the Danes.

It has been a matter of frequent remark that in countries where *wine* is freely consumed by all classes, to the lesser use of the stronger alcoholic drinks, there is comparatively little intemperance. This view gains additional confirmation from the remarks of the correspondent of the *Medical Press* at the late International Medical Congress, who says:

"I was very much struck here by the great temperance of the people. Wine is taken. At Kronsborg 'there was water, water everywhere, but not a drop to drink.' The tables were lined with wines, clarets, hocks, and champagnes, but there was not a single water carafe. Though this was the case, and though only wine was to be obtained to quench the thirst, yet I did not see a single person out of the 2,000 in the slightest degree with signs of elevation. I watched the people at Tivoli. There was the same moderation; wine was taken, intoxication was absent. On this occasion it might have been expected that the bounds of sobriety would have been passed."

Jefferson Medical College.

The preliminary term or course of lectures at the Jefferson Medical College has recently opened, and is being attended by a very large class of students, the majority of whom are from the Western and Southern States. The lecturers and the subjects taken up in the lectures of this term are: Prof. Da Costa, on Medicine; Prof. Pancoast, on Surgical Anatomy; Prof. Bartholow, on Hygiene; Prof. Chapman, on the Modes of Conducting Physiological Investigations; Prof. Gross, on Genito-Urinary Diseases; Prof. Parvin, on Diseases of Women; Prof. Brinton, on Operative Surgery; Dr. Mears, on Gynæcology; Dr. Forbes, on Anatomy; Dr. Atkinson, on Diseases of Children. There are daily clinics at the Jefferson College Hospital from 1 o'clock p. m., and on Wednesday and Saturday mornings at other public hospitals, especially the Pennsylvania and Philadelphia Hospitals.

A Missionary Physician.

Dr. Sarah L. Weintraub, who sailed last May for Beyrout, Syria, went out as a medical missionary to Damascus, where her work is to be entirely among the Arabic women, who are so badly in want of proper medical treatment, owing to the peculiar customs of the country. Dr. Weintraub was born on Mount Zion, one of the four hills of Jerusalem, on the 1st of May, 1861, and still speaks the Arabic language, and has some knowledge of German and French. She has a thorough English education. In October, 1880, she entered the Women's Medical College of this city, and after a three years' course graduated, and immediately entered the Women's Hospital, where she had a year of valuable experience.

Electric Insects.

General Davis, of the British army, who was a famous insect collector, once picked up a wheel-bug in the West India Island, and received a blow that paralyzed his arm for some time. As he shook the insect off he noticed, where it had stood on his hand six red marks, the impression of its feet. Kirby and Spence also refer to this peculiarity of the insect, and other naturalists have received shocks from certain of the luminous beetles. Captain Blakeney took up an unknown caterpillar, and immediately received such a shock that his entire right side became paralyzed, and for a long time he was dangerously ill.

Why Negroes are Black.

Surgeon-Major N. Alcock has contributed to *Nature* an interesting communication as to why tropical man is black, in which he suggests that as in the lowest animals pigment-cells placed behind a transparent nerve termination exalt its vibration to the highest pitch, the reverse takes place when, as in the negro, the pigment-cells are placed in front of the nerve terminations, and that the black pigment in the skin serves to lessen the intensity of the nerve vibrations that would be caused in a naked human body by exposure to a tropical sun; that in fact, the pigment plays the same part as a piece of smoked glass held between the sun and the eye.

The Water We Drink.

It is a sad commentary on the water we drink, when we read that the mortality in the trout exhibit from the Eastern Station of the Pennsylvania State Fish Commission, which came near depopulating the two tanks in which they were placed at the Pennsylvania State Agricultural Fair, is attributed mainly to the impurities in the Schuylkill water.

Items.

—Chicago is to have a new hospital for women and children.

—In the *Lancet*, August 23, 1884, Dr. A. Withers Green reports two cases of rupture of the heart.

—Two cases of rupture of the uterus from the injudicious use of ergot in labor have been reported to the Medico-Chirurgical Society of St. Louis.

—In the Lancet, August 23, 1884, Dr. C. D'A. Collins reports a case of sacculated aneurism of the descending thoracic aorta, opening into the left bronchus.

—The death of a centenarian is announced from Bologna, in the Haute Marne, Mdme. Lux, at the age of 104. The old lady was engaged to the last in her household duties.

—Drs. A. Jacobi and N. S. Davis were appointed at Copenhagen as the American representatives on the International Collective Investigation of Disease Committee.

—Dr. Edward Drummond, of Rome, states in the *British Medical Journal*, August 30, 1884, that arsenic has been found conclusively to exert a prophylactic power in malaria.

—A poultice of black walnut leaves, applied to the throat, and the use of a decoction of the leaves as a gargle, have been found by Dr. Curtis, of Illinois, of decided benefit in diphtheria.

—Dr. Mallet, until now Professor of Chemistry in the University of Virginia, has been elected to succeed the late Professor Rogers in the chair of chemistry in Jefferson Medical College of this city.

—Dr. John Thad. Johnson, one of the most prominent surgeons of Atlanta, has resigned the Professorship of Surgery in the Southern Medical College of Atlanta, and will probably remove to California.

—An American exhibition of American products and resources is definitely arranged to take place in London in 1886. We have no doubt the instrumental and pharmacological departments will do their part.

—The *Canadian Practitioner* has a new editorial staff. Drs. Cameron and Nevitt have resigned, and Drs. J. E. Graham and R. H. B. Aikins have taken their places. Dr. Wright continues upon the staff.

—Dr. J. McF. Gaston, of Atlanta, is making some interesting experiments on dogs, looking to establishing a communication between the gall-bladder and the upper intestines in cases of obstruction to the bile-duct.

—A congress of Polish doctors and natural philosophers took place at Posen, ending on June 4. There were three hundred present, some having come from Egypt, India, and other distant parts for the purpose. The next congress will be held at Warsaw or Lemberg.

—A boy who was recently bathing in the river Medlock, in Manchester, England, got out of his depth and swallowed some of the water, which was particularly filthy. Though immediately rescued by another lad, he expired shortly afterwards, death, it is stated, resulting not from drowning but from poisoning.

—To stimulate fraternity, the *Philadelphia Medical World* suggests that the Northern delegates to the next meeting of the American Medical Association rendezvous at Louisville or St. Louis and charter a steamer for the trip both ways, and that the passengers use the steamer as a hotel while at New Orleans. While for some this mode of travel would consume too much time, those who can adopt this plan can be assured of an enjoyable trip.

—An exhibition of infants is to be held in Paris on the 30th of October next, and during as many days after as may be necessary. The infants are to be divided into four classes: 1st, from 1 year to 18 months old; 2d, from 18 months to 2 years; 3d, from 2 years to 30 months; 4th, from 30 months to 3 years. The jury will be composed of medical men and artists. The children who win the prizes will not be those of the fattest, but those of the best physical conformation as regards development of bone and muscle. There have been already upwards of 2,000 applications.

DEATH.

VANDERBECK.—September 17, Minnie A. F., wife of C. C. Vanderbeck, M. D., of Philadelphia.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1440.] PHILADELPHIA, OCTOBER 4, 1884. [Vol. LI.—No. 14.

ORIGINAL DEPARTMENT.

LECTURE.

STATIC AND DYNAMIC ELECTRICITY.

DELIVERED AT THE MEDICO-CHIRURGICAL COLLEGE OF PHILADELPHIA.

BY H. ENGEL, A. M., M. D.,

Professor of Nervous Diseases and Clinical Medicine.

GENTLEMEN: In my last lecture I described to you the electrical machine, as first invented, 1671, by Otto von Guericke, the mayor of Magdeburg, mentioned the experiment of Bishop Watson, who, 1747, on Shooter's Hill, sent the shock of a Leyden jar through 10,600 feet of wire, insulated on wood, and informed you that it was Gray who, 1729, discovered the power of conduction possessed by all metals and most fluids, and that the first telegraph was erected 1833 by Professors Gaus and Weber in Göttingen, between the Physical Laboratory and the Astronomical Observatory of that city, a distance of 12,000 feet. I then spoke of the difference between an electrical discharge and an electrical current, showed you the composition of the Leyden jar and of the electrical battery, consisting of a number of such jars, dwelt some time on the difference between quantity and intensity, and having mentioned the value of the electroscope and the electrometer, concluded my lecture by drawing your attention to the velocity of electricity, and to the fact that the electrical current, traveling at the rate of 288,000 miles per second, if unimpeded, differs greatly from nervous force, which during the same period of time will pass over a distance of but 30 yards.

I shall now continue my subject. As frictional or static electricity possesses great force but little quantity, its chemical action is always very feeble; for the amount of chemical matter decomposed does not depend upon the intensity, but upon the quantity of electricity employed. As galvanism possesses a great quantity, though little density, it easily causes chemical decomposition.

The great Faraday calculated that the large Leyden battery at the Royal Institution would have to be charged by 800,000 turns of a powerful plate-machine of 50 inches diameter to supply sufficient electricity to decompose one grain of water. Althaus, who mentions this fact, and whose work I recommend to you for your studies as probably being the best written on this subject in the English language, says that this charge of the battery, if concentrated in a single spark, would resemble a great flash of lightning, and yet its quantity would be equivalent only to that produced in about five seconds by a single pair of a Grove's battery.

That static electricity can also produce effects at a distance is said to depend on inductive action. You remember that I showed you the action of a piece of amber, if electrified by rubbing, on paper. From the explanation I then gave you, you will know, that when an electrified body is approached to an unelectrified insulated conductor, it decomposes the neutral electricity of the latter, attracting one fluid and repelling the other. As soon, however, as the electrified body is removed, the fluids reunite and become neutralized.

To show inductive action, the electrophorus was invented and improved by Volta. As it is not of great use in medicine, I will simply describe to you its composition. A resinous round

plate is put into a metallic case, having a rim round its edge. Over the whole fits a metallic cover, insulated by a glass handle. When the cake has been charged with negative electricity it exerts its power on the cover, and positive electricity accumulates upon it by inductive action. Upon the principle evinced by the electrophorus, which I cannot described here at length, Holtz and Toepler have built so-called induction machines of great power.

But though static electricity has recently been again introduced into medicine, it will probably never obtain that value which dynamic electricity possesses in disease. Perhaps in the interest of the manufacturers, Toepler's machine has recently been recommended in certain cases, especially such as locomotor ataxia. I have convinced myself of its utter uselessness in this malady—at the most, its effect resembles that of an electrical machine. Let us now turn our attention to galvanism.

In the year 1786 Galvani, who had been dissecting a frog, hung its hind legs by means of a copper wire to an iron fence, wet from a recent rain, and discovered to his surprise contractions of the muscles of the legs. This observation have we to thank for the important discovery of galvanism. Galvani, however, did not understand the value of the rain and that of the fluids in the legs; and it was Volta, who detected that two heterogeneous metals, as copper and zinc, if connected by means of a moistened conductor, will give rise to a current, now termed galvanism or galvanic electricity. And even Volta did not discover that it was the chemical action, which the fluid caused on one or both of the metals, that produced the current. Without chemical action, which disturbs the rest of the molecules of a body, no electricity can be set free. We may take a piece of iron and one of copper, connect them ever so intimately, and immerse them in a solution of caustic potash, and not the least current will show itself, because the caustic potash has no chemical action on either the iron or the copper. The same would happen if we take a plate of gold and one of platinum, and put them in pure nitric acid. Not the most delicate test will reveal a galvanic current. But if we now add a few drops of muriatic acid, a powerful current will be developed, as nitro-muriatic acid causes a strong chemical action on both metals.

Whenever you immerse two heterogeneous metals in a fluid, which has a chemical effect at least on one of them, if not on both, a galvanic current is set up. The metal most affected is called the positive, the one less attacked or none at all the negative, and the + metal determines the direction of the current.

Not all metals are alike good electro-motors, and besides, even if they are capable of generating a large amount of electricity, most will depend upon their arrangement. According to their polarity, a list of the principal motors has been set up. Of these, the first is the most +, the last the most —:

+	Iron,	Platinum,
Zinc,	Copper,	Carbon.
Lead,	Silver,	—
Tin,	Gold.	

From this list you will see that zinc and carbon form the most active pair. In zinc and copper, zinc would be the +, copper the — metal; while, for instance, in copper and carbon, copper would be the + and carbon the — metal.

In a galvanic pair the two contrary electricities have no difficulty in uniting through the intermediate fluid, but they therefore possess no great force or intensity. By putting up a great number of pairs we may obtain more force, but it will always have little intensity, though possessing an enormous quantity of electricity, and, therefore, exerting great chemical action.

A voltaic pile is built up as follows: To insulate it a piece of glass is first put down; upon this is laid a copper disc; on the top of this one of zinc. Then follows a piece of porous material of the same shape, and pair after pair may in this manner be added ad libitum. The porous material is soaked in salt-water, though it is better for the purpose of increasing the action to add sulphuric acid to it. As long as a chemical action is going on, a galvanic current will be developed in such a pile. That it is really electricity is proven by its possessing all the characteristic properties of the latter. Any phenomenon caused by an electrical machine may be produced by a galvanic current. The + galvanism will attract its opponent and repel + galvanism; a Leyden jar may be charged by it; a continuous stream of sparks can be seen to pass between two opposite poles; the electrometer indicates the presence of an electrical current; it produces a shock; led into water hydrogen will develop at the —, oxygen at the + pole; it will deflect a magnetized needle, while passing through a piece of soft iron, make the latter magnetic, and if connected by a fine wire of low conductive power it will cause it to become incandescent. Whatever we may achieve, therefore, with a rapid succession of electrical discharges or with an electrical current, we may obtain with the galvanic current.

But the chemical action in a voltaic pile soon stops; within an hour its force is already diminished; and finally, the heterogeneity of the metals becoming destroyed by the decomposition of the fluid, whereby they acquire what is termed polarization, the galvanic current ceases, the new polarization-current counteracting the electric, until the action of the pile is arrested. This is the reason, why the use of the voltaic pile in medicine has been discarded, for for practical purposes physicians need a more constant machine.

Constant batteries have, therefore, been built. They usually have two fluids separated by a porous membrane. The polarity of the metals in these is preserved. Such batteries consist of a metal, which is attacked, and forms the + pole, generally zinc; an attacking acid, usually sulphuric acid; a porous diaphragm; a depolarizing body, as sulphate of copper, and a second metal, not attacked and forming the — pole, usually copper, platinum, or carbon. To prevent polarization and also destruction of the zinc, this is amalgamated with mercury. This amalgamation may be done in various ways. We may add to the fluid, in which the zinc is immersed, bisulphate of mercury, or placing the zinc in diluted sulphuric acid, dip it at once into mercury, or painting it over with a solution of mercury in nitro-muriatic acid by aid of a camel's hair brush. The metals and the fluids with the porous diaphragm are usually kept in a glass jar, or in a vessel made of non-conducting hard rubber, and the whole is then called a galvanic cell—a number of which, as in case of the Leyden jar, where several of them completed the electrical or Leyden battery, form a galvanic battery.

The few hours at my disposal for lectures on electro-therapeutics prevent me from describing minutely the many different constant batteries in existence. Becquerel's, Daniel's, Leclanche's, Smees's, Bunsen's, and Grove's batteries all work on the principle laid down, differing from each other only in the kind of metals and fluids employed, and in their manner of arrangement.

In general the rule holds good, that the feebler the chemical action in a cell, the more constant the battery, but the smaller also the quantity of electricity generated. For medical uses we want quantity; and we employ, therefore, special batteries, as you will later see.

As long as the two metals of a cell are not connected outside by a wire, they are said to form an open circuit; when so connected, the circuit is said to be closed, and the wire is called the conjunctive wire or arch. The electro-motive force in a cell separates the natural electricity of the metals, and the two electrical fluids liberated seek to become neutralized; but as the wires are better conductors than the fluid, they pass along the former, it being the rule of an electrical current from two roads open to it to select the one, offering the least resistance.

The chemical action in a cell is continuous, therefore also the electrical current traversing the wire. In any galvanic battery the current generated by it is continuous, as long as the battery is in action. That does not say, however, that it is constant, for a constant current, though naturally also continuous, can only be derived from a constant battery.

Though in fact a current passes from each of the two metals to the other, we consider only the one passing from the + metal to the — one. By electrolysis of water we can discover the direction of the current, or rather the different poles. Oxygen being given off at the + pole, the copper-wire of that pole will become oxydized, while that of the — pole, where hydrogen is developed, will retain its lustre. The positive pole of a galvanic current is called the anode, the negative the cathode. Metals generating electricity were termed by Faraday electro-motors: electrolytes are chemical compounds, that may be decomposed by electrolysis—the technical term for chemical decomposition effected by electricity—and electrodes (ways of electricity) are the metal ends of conducting wires, from which the current passes into the electrolyte.

When we connect two points of a closed circuit by a wire, a part of the current passes through the latter. Such a current, always feebler, than the main current, is termed a derived current.

The effect noticed in electrolysis differs at the two poles, but the difference depends solely upon the fact mentioned by me, that hydrogen and the bases of all salts pass to the cathode, while oxygen and all acids go to the anode. If we wish, therefore, in the living animal tissue to cause softening and absorption, we make use of the cathode, while if we desire shrinking we employ the anode. This electrolytic effect becomes very apparent in metallic electrodes, which become corroded and thus cause a diminution of the current and increase the resistance, besides assuming the properties of non-conductors. The McIntosh Galvanic and Faradic Battery Company, in Chicago, has manufactured for this reason carbon electrodes, which are not affected by electrolysis.

Let me use this opportunity, gentlemen, to advise you to be careful in your selection of the firm

of which you buy electrical implements. I have often seen young physicians buy apparatus nearly useless, or made in a clumsy manner, or pay exorbitant prices for them, having believed every advertisement they read. I do not doubt there are many excellent firms whom I do not know, but you will rarely meet with one so courteous to physicians, so earnestly striving to manufacture the best, so excellent in workmanship, so reliable in its apparatus, and so reasonable in its prices, as the McIntosh Galvanic and Faradic Battery Company, of Chicago. This battery and these electrodes were made by them; you will observe the rare excellence of the work, and the beautiful working of the battery you will have often occasion to note. The firm is too widely known, and too independent, probably, to care much for any praise, but in recommending it I had specially your interest in view.*

I have to describe another useful instrument called the multiplier. A magnetized needle is deviated from its previous position by an electrical current. A feeble current exerts a scarcely perceptible influence. But by winding the insulated wire frequently around the needle, the action is greatly increased, and a contrivance of this kind is called the multiplier. Du Bois Reymond has constructed a multiplier consisting of 11,000 turns to demonstrate the nervous current, and to show the muscular current he employed one with 24,000 convolutions.

We now come to a subject to which I wish specially to draw your attention—the quantity and intensity of galvanic electricity. The intensity of a continuous current depends upon the quantity of electricity traversing the circuit. The quantity, on the other hand, is proportional to the surface of a galvanic cell and to the degree of affinity existing between the metals and fluids employed. It is the same in all parts of the circuit and of a transverse section of the conducting wire. The wire may be thinner or thicker without influencing the intensity of the current, but if thinner, the density of the current increases, for, as I told you, the density depends upon the extent of surface over which electricity is distributed, the density diminishing with increase of surface; or, mathematically expressed, the density (D) of electricity is equal to the intensity of the current (I) divided by the transverse section of the conducting body (Tr.).

$$D = \frac{I}{Tr.}$$

The two contrary electricities, liberated in a galvanic cell, traverse the conductive wires, striving to become neutralized. But not the whole quantity of electricity developed will arrive at the end, for absolutely perfect conductors do not exist, and the resistance offered by the wires diminishes the intensity of electricity. Prof. Ohm, of Nuremberg, has mathematically investigated these conditions, and established the law that the intensity of a current is directly proportional to the electro-motive force, but inversely proportional to the resistance; or, in other words, the intensity of the current is directly proportional to to the electro-motive force divided by the resistance. But the resistance is a double one, first that which the current has to overcome within the cell, called essential, and that which impedes its passage through the conductive wire, called non-essential resistance. If we express intensity again by I, electro-motive force by F, essential resistance by R^e, and non-essential resistance by R^n, we obtain, according to Ohm's law, the formula:

$$I = \frac{F}{R^e + R^n}$$

If we wish to act upon the skin or the inner organs of a body, we must try to obtain a great amount of quantity, but little force; if it be, however, our intention to employ galvanism as a cautery, we must increase the resistance. The intensity, according to Ohm's law, may be increased or diminished by changing the electro-motive force (F), or the essential (R^e), or the non-essential resistance (R^n). The further the two metals are removed from each other in their polarity the greater becomes the electro-motive force; by increasing the length of the electro-motors and the height of the fluid, we increase R^e; while it is diminished by making the metals thicker and selecting a well-conducting liquid with not too strong chemical action, and the non-essential resistance is lessened by short, thick and excellent conducting wires, and increased by the opposite.

The knowledge of these points is very important. An instrument, called the rheostat, has been invented by which we can regulate the non-essential resistance at will. They all are built upon the principle of introducing a conducting wire into the circuit without otherwise altering the latter. The length of the wire may be varied at will. Siemens's is the best, and for practical purposes Duchenne's answers, the latter simply

*Their advertisement is in this paper. They have also published complete illustrated catalogues, which, as much as I know, they are always willing to send to any physician applying for them. They really merit all said in their favor.

placing a column of water of varying length within the circuit.

We will now proceed to the consideration of electro-magnetism. Arago discovered that if a copper wire, insulated by a silk covering, be coiled round a bar of soft iron, and an electrical current be made to pass through the wire, the soft iron becomes magnetic as long as the current traverses the wire. This magnetism ceases the same instant the current is interrupted. Such magnets are called electro-magnets. Faraday then discovered that a galvanic current can, by induction, develop electrical currents in conducting wires. The following experiment will explain this important discovery:

Two conducting and insulated wires are placed parallel to each other. We will call them A and B. The two poles of a galvanic battery are then connected with the two ends of wire A, while wire B is brought in contact with a multiplier. The moment the connection is made between the wire A and the battery, the magnetized needle shows a deviation, showing the existence of an electrical current in wire B, though the latter has had no communication with the current passing through wire A. The needle soon becomes stationary, proving that the induced current in B was but momentary. But the moment the poles of the battery are removed from wire A, the circuit therefore is opened, the needle again for an instant deviates, registering the fact that once more a current passed, for an instant, through wire B. The multiplier further not only demonstrates the existence of such instantaneous currents, but it also indicates their direction; and it has been found that the current developed on closing the circuit flows in a contrary direction to that by which it was induced, while the current appearing at the reopening of the circuit passes in the same direction.

The intensity of these instantaneous currents can be greatly increased by employing two insulated copper wires of great length, and coiling them round a hollow reel, the convolutions being as near as possible to each other. And if a piece of soft iron be introduced into the hollow of the reel, the intensity can be still more increased, the soft iron becoming magnetic under the influence of the galvanic current, and giving rise to still other currents in the two wires, while a brass tube covering it diminishes the intensity. The piece of soft iron is known under the name of the core. The currents caused by the core are also instantaneous, being produced the moment the iron receives and loses its magnetism. But there are still other currents developed. The first wire, usually thicker and shorter, to lessen the resistance of the battery current, which it conducts, will, if each convolution is very near the other, cause a new current by the action of the convolutions upon each other. These currents are extra-currents; the battery current is called primary; the induced, the secondary current. How the influence is conveyed from the soft iron to the wires, causing in them again another instantaneous current, is not yet known. For practical purposes, it is enough to mention that the polarity of these currents continually changes, so that we can almost not speak of a positive and a negative pole in an electro-magnetic current.

We now come to magneto-electricity. If a permanent steel magnet is approached to one end of an insulated copper wire coiled around it, an instantaneous current is developed, and another, the moment the magnet is again withdrawn. This current is called the magneto-electric current. To continually approach and remove the magnet would be tiresome. Therefore usually an armature of soft iron in the form of a horse-shoe, and surrounded by the insulated wire, is made to turn or rotate before the two poles of a permanent magnet. By each turn of the wheel magnetization and demagnetization sets in, giving each time rise to an instantaneous magneto-electric current.

We have now rapidly passed in review static electricity, galvanism, electro-magnetism, and magneto-electricity. In my last lecture I described to you the electrical machine, to-day I explained to you the main scientific data of dynamic electricity, and the principles which underlie the galvanic battery, the electro-magnetic or Faradic apparatus, and the magneto-electrical machine. I shall now endeavor to describe to you the constant battery, the portable galvanic battery, and the electro-magnetic apparatus, used at the present day in medicine. Of the magneto-electrical machine I cannot tell you more—first, because it is to-day rarely used in medicine, and then there is little or nothing to add to the description already given of it, it simply consisting of an armature of soft iron, round which is coiled insulated copper-wire, and which by the aid of a wheel can be rotated in front of the two poles of a permanent magnet. A person holding the two electrodes connected with the machine will receive a shock each time the armature approaches the poles or is withdrawn from them.

Constant batteries for use in hospitals, clinics, and physicians' offices, usually consist of a large number of cells, 60 to 100, for a battery to be

constant must not have cells in which the chemical action is very powerful, otherwise the positive metal, the fluid and the depolarizing agent, would either have to be frequently removed or the battery cease working, in neither case a very constant affair.

At present the cells of a constant battery usually consist of zinc as + metal and copper as the —. A handful or two of sulphate of copper or blue-stone is thrown into the jar, and the latter then filled with water. Such a battery, known by the name of blue-stone battery, is used by most telegraph companies, and is not only very simple, but also very constant and cheap. About once a year the zincs have to be renewed, the sulphate of copper perhaps three or four times a year, while water has to be added in summer every three weeks, in winter every three months. That is all the attention such a battery needs. The cells are usually put up in the cellar or in a closet, and the conducting wires are led to a more or less elaborate table-apparatus. On a board are two binding-posts, to which the conducting cables of the electrodes are attached. A switch—often two—may be moved to a number of buttons, each button indicating the number of cells with which it is connected. Then there are usually found on such a board a rheostat, to increase if necessary the resistance by any number of Siemens's units, a current-changer, and a so-called rheotome or current-breaker. By the aid of the latter, mostly worked by a clock-work, the galvanic current may be nearly as rapidly interrupted, as is the case with Neef's hammer in a Faradic apparatus.

Of late, portable galvanic batteries have become in vogue, and some are so skillfully made, that in the same box of comparatively small dimensions you find a galvanic battery and an electro-magnetic apparatus combined, as in this here before you, made by the company mentioned. In these portable galvanic batteries, we cannot expect constancy—the space is too small. They are formed, therefore, of so-called intensity or gravity cells, in which to obtain a great electro-motive force; the electro-motors are generally widely apart with regard to their polarity—being zinc and carbon—and in which the fluid is capable of powerful chemical action, consisting usually of sulphuric acid, water, bichromate of potash, and, to prevent polarization of the zinc, as in this battery, of bisulphate of mercury. As the action of these cells would soon cease, if the metals were constantly left in the fluid, a very ingenious arrangememt, as you will notice in this battery, enables the operator in an instant to remove the metals from the fluid, and to replace them just as rapidly, while there is not the least danger of the fluid being spilled. Any number of cells contained in the battery can be easily connected.

A similar cell, called Grinet's cell, after its inventor, is generally employed to set the electro-magnetic apparatus, which you see here, in motion. To complete its description, which I gave you of it a few minutes ago, I must mention one part of it, a rheotome, called Neef's hammer, Dr. Neef, of Frankfort, having invented this most useful appliance. It is self-acting, lasts forever, and if properly constructed admits rapid and slow interruptions of the current. Without it, it would be very difficult to apply electro-magnetism in medicine. It consists of a piece of soft iron, placed near to the coil, one end of it being attached to another piece of metal, while the other end is movable and put in motion by the soft iron of the coil. If the whole hammer does not rest upon a platinum spring, attached to copper, a piece of platinum is fixed to the centre of the hammer, as softer metals would soon be burnt by the electrical sparks. The soft iron of the hammer is connected with one pole of the battery, and the copper of the spring with the other pole. When the two come in contact with each other, the circuit is closed, but then the soft iron of the coil becomes magnetic and affects the hammer, which at once breaks the circuit. The soft iron of the coil loses its magnetism, and the hammer falls back to its previous position. Then the circuit is again closed; the soft iron of the coil once more becomes magnetic, and again attracts the hammer, thus again breaking the circuit, losing its magnetism, and releasing the hammer. At each interruption a spark passes between the two pieces of platinum, and in time the latter becomes oxidized, and should be cleansed.

A screw regulates the movements of the spring, and we may thus obtain slow or rapid interruption, not without value in disease. The apparatus before you, made by the McIntosh Company, has several advantages not possessed by others, besides its excellent working qualities. First you have a galvanic battery and an electro-magnetic apparatus combined in one box easily carried. Then the electro-motors can be taken out of the fluid in an instant, and may be as rapidly replaced, thus insuring a saving, as there is no loss of electro-motive force, when the machine is not in action. Of great value to the physician also is the fact that you may use any part of the apparatus and any number of cells, without putting the others in action. Lastly, you may connect one

or all the cells with the Faradic battery, which is very important, as you will later observe, in cases of asphyxia from drowning or poisoning.

In my next lecture I shall explain and show you the various electrodes used, and speak of the practical application of the different varieties of electricity in medicine.

COMMUNICATIONS.

THERAPEUTICAL REMARKS ON HAMAMELIS VIRGINICA.

BY J. R. BLACK, M. D.,
Of Newark, Ohio.

Thirty years ago, in the treatment of hemorrhages, not to have prescribed the acetate of lead would have been deemed an unpardonable omission. Ergot was not then mentioned in such disorders—save in those of uterine origin, and on account of its acknowledged power to produce uterine contraction. Now, not to give the latter agent in hemorrhages, wherever their source, is to lay one's self open to the charge of the sin of omission, such as pertained to the sugar of lead three decades ago. What has produced this revolution in practice? Mainly, if not wholly, the power of ergot to bring about a contracted state of the arterioles.

Granting this quality to be experimentally demonstrated, affecting all the minute arterial vascular tissues of the body alike, it does not follow that the blood pressure at some eroded or ruptured point is thereby diminished. If the arteriole contraction were confined to some special organ, then we could understand that a lessened pressure in such a part would imply a heightened pressure in the other organs for which the agent had no elective affinity. In this way the turgescence of one organ could be lowered, and the outflow of blood diminished. But unfortunately ergot has no such elective affinity; it affects the arterioles of the body everywhere alike. At least this is the theory which guides its administration, be the hemorrhage in the central, pulmonary, renal, intestinal, or uterine tissues. With the arteriole calibre and capacity thus universally diminished, the quantity of blood in the body the same, and the heart acting with its usual force, it ensues, according to hydrostatic law, that the pressure in the containing vessels must be enhanced. This is one of several considerations that has led me to doubt the styptic power of ergot, and so far as the *post hoc ergo propter hoc* statements go, unless one knows that the observer is skeptically alert to its fallacies, they are far from being entitled to unquestioning acceptance. For, is not the curative power of all the prominent articles of the materia medica made certain by just such testimony? The young practitioner has his eyes painfully opened to the fact that the assurances of controlling power over disease of this and that substance very often grievously disappoint.

I have been led to these remarks, in connection with my subject, on account of the extreme favor with which the supposed controlling power of ergot over hemorrhages has been received. Judging by the encomiums of the press, its applications to disease are nearly protean. It has well nigh driven the use of astringents for the control of hemorrhages into outer darkness; and its power over unstriped muscular fibre, and hence, of diminished blood afflux to an inflamed part, has led many to rely upon it in the treatment of phlegmasias everywhere. Indeed, in the management of any disease in which a diminution of blood supply would seem to be desirable—and such cases are innumerable—it would not be difficult for the logician to prove its applications panaceal.

Hamamelis Virginica has been acknowledged as an astringent of no low-grade value ever since made known to Anglo-Americans by the Indians. Exaggerated statements of its virtues by irregular practitioners, and by the vulgar, instead of bringing it into favor, have only served to throw around it the odium of being a great remedy among the crude and the ignorant. But though a remedy—like a man—often suffers in reputation by the company in which it is found, none the less may excellent qualities be discerned by the unprejudiced observer amid such surroundings.

It has been with me, as no doubt with many others, a rule of action, that when the remedy of main reliance in the treatment of a disease proves on trial after trial unsatisfactory, not to rest until a better one is found—one that will fulfill all reasonable objects. It was in the search for such a remedy, as a local application for hemorrhoids, that I was led, some twelve years ago, to try the hamamelis. Palliatives in this disorder are frequently called for by those who firmly refuse all surgical interferences. After having tried almost every remedy mentioned by respectable authority for the above purpose, with very unsatisfactory results, I was induced to give the extract of witch-hazel a trial.

The reports almost invariably were so favorable that the desideratum seemed to be at last attained.

Its appiication not only lessened, but often wholly checked the bleeding, besides assuaging the suffering to a notable degree. Of course, no benefit is looked for where the vessels become strangulated and inflamed; but when they can be readily returned, well anointed with the hamamelis, benefit is quickly perceptible. The pain and soreness are soon mitigated, and a striking diminution of their size is ere long apparent. Neither this application nor any other is of much benefit unless aggravating causes are avoided, such as very dry and long-retained fæces, diarrhœa, and obstructed or turgid states of the portal circulation. With these sources of aggravation removed, the fluid extract of hamamelis, with an equal portion of glycerine, and a little starch or other excipient, for convenience of application, well smeared over the piles, and these returned, will do all, and more than any other application. A lady who had been a great sufferer from a large cluster of bleeding piles for more than twenty years—now a little better, then worse—and who had tried every remedy told her, said that no application had equaled in relief the one I gave her. Of course, it only afforded, in such a severe and chronic case, decided mitigation, but it led her trustfully to submit to my judgment, and get rid of the trouble permanently by the hypodermic use of a solution of persulphate of iron, which she did.

In less aggravated or long-standing cases, readily reducible, or when blind and bleeding, the application each day of the hamamelis will often effect what seems to be a permanent cure, or at least indefinite absence of all the symptoms of the disorder.

The astringent, soothing, and, I may say, anodyne effect of the hamamelis in irritated piles, led me to use it in certain forms of diarrhœa. Without entering upon tedious details, I will at once relate two typical cases in which its administration was followed by all and even more than the benefits anticipated.

The wife of a minister while temporarily sojourning in Florida, on account of a limited tubercular deposit of left lung, began to suffer from diarrhœa. This grew worse and worse, notwithstanding the remedies employed on the recommendation of several physicians. Prostration became so great that she was scarcely able to stand, and in despair her return, in order to die at home, was undertaken. I found her extremely exhausted, and the evacuations occurring from six to ten times a day, copious, and of the appearance usual during the last stage of tuberculosis. Though her diet had been rigorous, digestion was obviously imperfect. She had no pain, and as her stomach was peculiarly sensitive to active medicines and to opiates, I ordered extract hamamelis fluidum and glycerine, equal parts, to be taken in dessertspoonful doses four or six times a day, according to the frequency of the stools. The glycerine was added on account of its anti-fermentative quality, and to mollify the taste of the hamamelis. The diet remained unchanged, composed mainly of milk and eggs. Almost after the first dose a beneficial effect was apparent; and in a little more than a week the dejections were under proper control. Symptoms of relapse, which occurred on several occasions, were readily subdued by fresh recourse to the medicine, and this was kept up until all signs of the diarrhœa disappeared. Meanwhile the patient, Mrs. O., gained very decidedly in appetite, digestion, strength, and health for three months, or until a sudden and severe attack of hœmoptysis put an end to her life in less than ten minutes.

A middle-aged farmer, 6 feet 6 inches in height, and known as Giant Jones, had been a sufferer during the summer months by diarrhœa for eighteen successive years, or ever since he left the army. For several years after his discharge from the service he had done the part of giant for a traveling show—a mode of life so inimical to his health that he had to abandon it. Nevertheless, his summer disability as a farmer continued to recur, and to such an extent as to incapacitate him from manual labor. Throughout the colder months of the year he was free from the complaint, but with the regularity of the June heat did his bowel disturbance appear. He consulted me May, 1882, with the remark that it was probably useless, as no remedy so far had done him any good, and his medical advisers had told him his disease was incurable. With little faith and some hesitation he consented to give my remedy for such a trouble a trial. This was the same combination above given, to be taken *pro re nata* before meals. Three months later, to my gratification, he reported the medicine to have kept the diarrhœa under complete control, so much so that he was able for the first season in many years to attend to his harvest labors.

It will be seen that the cases in which it is appropriate are those of atonic and colliquative character. Inflammatory states of the intestines with soreness and pressure tenderness are not presumably benefited by it; at least, I have not used it in such cases.

The value of the hamamelis in hemoptysis is at

least as well assured to me as ever ergot has been. The evidence here of causal relation is however beset with difficulties. The disease is nearly always a brief and self-limited one, and more than one agent is usually employed, so that it is difficult to say to what one is chiefly due the abatement.

It is usual, for instance, to employ revulsives—hot foot-baths and an opiate, to quiet the cough. The following case has thrown a point or two of light on this topic, as the blood expectoration had become somewhat chronic. It was that of a large-framed man, in moderate flesh, and by occupation a glass blower. He had been under the care of another physician, who had kept him continuously under full doses of ergot for three days, but without any impression upon the sanguineous expectoration. This was not his first attack; he was not excited. The quantity at no time of the attack had been large, and it was of bright red hue. A few doses of morphia were prescribed to blunt bronchial irritability, and at the same time drachm doses of the hamamelis extract were ordered every three hours until the color disappeared. The effect was almost immediate, and so far he has not had a like recurrence. Possibly the opiate may have had as much to do with the arrest of the hemoptysis as the hamamelis. Of this, the reader can form his own opinion.

The thought may occur, granting the hamamelis to be an active astringent, how, by its administration per orem, does it produce a constringent effect upon the bronchial tissues? The answer is sufficiently obvious—it acts according to the principle that certain agents manifest their affinitive energy only upon certain structures of the body. Administer morphine hypodermically or otherwise, and its potential affinities are spent upon nervous tissue, and the secretive activity of the mucous membranes. If there be doubt that the hamamelis acts as a sedative upon bronchial secretion, a simple and allowable experiment will remove it, to wit: admidminister to one suffering from bronchial catarrh several doses of the hamamelis, and a diminishing and tightening effect upon bronchial secretion will be sufficiently obvious.

—The late Professor Filippo Pacini has left records of a series of original microscopic observations on cholera, which are in course of publication by Vallardi, of Milan, under the editorship of Dr. Aurelio Bianchi. It will be very interesting to compare with Professor Koch's, the observations of one so eminent in histology as the discoverer of the Pacinian bodies.

Hospital Reports.

NEW YORK HOSPITAL.

CLINIC OF PROF. WILLIAM H. DRAPER, M. D.

Reported by W. H. Seelye, A. M., M. D.

Pleuritic Abscess.

Gentlemen: In the case of the woman whom you saw at our last meeting (page 344), and upon whom I made the probable diagnosis of gangrene of the lung, the fetid expectorations have since subsided and the physical signs have changed somewhat, so that when I examined her yesterday I was constrained to modify my first opinion and to conclude that it was really a pleuritic abscess or a circumscribed empyema. I found the physical signs circumscribed, and such as you would naturally get from the entrance of air into a confined portion of the pleural cavity, namely, cavernous respiration and voice. And there were abundant signs of a circumscribed cavity surrounded by healthy pleura. The expectoration had also pretty much subsided, and there was no fever. But last night she had another attack of coughing which was followed by a copious expectoration of more of the same fetid putrescent material as before. This was probably due to the fact that there had taken place a closure of the opening of the cavity into the bronchial tube, from contraction of the lung tissue, after the last expectoration; and now after the cavity had again become filled and distended, the passage was reopened during a fit of coughing, and the contents were again expectorated. This seems to be a sort of valvular opening, which retains the fluid in the cavity of the abscess until its overdistention causes it to give way. That the abscess is pleuritic in its origin is made more probable from the fact that the expectorated matter has been examined microscopically, and no evidences of any broken-down lung tissue have been discovered.

So the probable explanation of it all is that she at some time had a pleurisy, which was circumscribed at the point of a gangrenous patch upon the surface of the lung, and as a result, the lung became glued to the costal wall at this point and for a certain area around, and as the gangrenous process went on it hollowed out a cavity which was separated from the main pleural cavity by walls of new false membrane. The destructive process, therefore, went on in the lung tissue until an opening was made into the bronchial tubes, and air was thus allowed to enter this cavity. And through this passage the cavity emptied itself of its contents, and then it contracted again as far as its fibrous walls would allow it to do; and the passage thus became closed again, to be reopened when the cavity should become refilled and distended. And it is probable that this valvular opening will finally give way completely, and thus leave a permanent opening into the cavity, which will result in the formation of a limited pneumo-hydrothorax.

—Sir Erasmus Wilson's great wealth is said to have been acquired principally through fortunate investments in gas and other London stock.

Medical Societies.

PHILADELPHIA NEUROLOGICAL SOCIETY.

A stated meeting of the Society was held Monday evening, March 24, the President, Dr. S. Weir Mitchell, in the chair. Dr. Mitchell made some introductory remarks, as follows, on

The Objects and Duties of a Neurological Society.

I learned but four days ago that I must meet you to-night, for the first time, as your presiding officer. I thank you for the selection with feelings which are not altogether made up of pure gratitude.

The time will come, I hope, to all of you, when you will be so weighted with professlonal cares that the prospect of even an agreeable duty will appear to you as this one does to-night to me. For while it must be a pleasure to preside over a set of thoughtful men, united by the bonds of a common sympathy, the fact that this involves new duties is one from which I cannot escape. I shall begin by saying that this year, especially, I shall be absent often and for long periods from your meetings, and I have so stated before consenting to serve with and for you.

My own view of the duties of a president involves much more than merely to preside at meetings. He may do much by exciting and guiding debate, by arranging to secure papers, and by urging, and, in a measure, influencing research.

He also has certain duties as a critic, and, as critical duties are most pleasantly fulfilled when there is as yet nothing to criticise, I shall begin mine by saying briefly what I think this Society ought to be, what its individual members should seek to become, and what they ought to avoid being.

This brings up a question as to why medical men organize societies or join them. When there were no journals, these meetings had an obvious purpose, in the needful relations they established. They were to knowledge what the old exchanges were as regarded commerce. But now we have every new thing thrust at us in weeklies which we scarce find time to skim. What, then, is the need for societies? Except as in the case of our College of Physicians, they cannot sustain libraries, or act on public opinion, or nourish pleasant fellowship. If they have a real reason for existence it is in the fact that they bring together in groups men having common interests, so that these men stimulate one another by example and criticism, and by the sympathy arising out of unity of pursuit.

It is never very well to be absolutely isolated to your pursuits. I myself can well recall how little interest I found in this city in physiology when I first began to work at it practically. It was a real and serious discouragement. The reverse of this condition of intellectual loneliness has its use. All men do more and better work amidst the competition of other workers. Some men can do no work unstirred by the ferment of companionship in like efforts.

In these subtle agencies lie the value of associations like ours—in the examples they offer, the discipline they teach, the criticism they afford, the sympathy they evolve. The advantage of small societies is that they secure definiteness of aim, and that we hear only what interests all who are present.

The danger of such bodies is that of narrowness, and is the risk to which all persons pursuing specialties are themselves liable. It is to be avoided by not limiting your thoughts to what you discuss in this hall, and by keeping up that sympathetic wide-awakefulness which should preserve for you an interest, and a watchful one, concerning the work done in all other lines of professional progress. Neurologists are least of all liable to fail in this direction; their special study is too broad, and their exposure to this form of degeneration only comparative. It is the small specialties which suffer most, and for that reason I would allow no one to practice otology or ophthalmology alone, who had not had ten years of general practice. Nearly every one in such a society as this should be, is capable of entering debate with something worth contributing; whilst in large collections of men a few members only debate a subject, and it may chance to have no relation to the active, practical life of the mass of those present. We shall hope, then, to see here enough of debate; unsparing yet courteous criticism; a desire to talk only when there is something to say, and a highly cultivated tendency to sit down when that something has been said. The habit of repetition, of unthoughtful comment, and unfruitful criticism, shall have no place here.

Let me say a word as to papers. No doubt we shall, in our existence as a society, hear some papers which, to use an Irish phrase, would have been more interesting if they had never come into being. As to these future, and, therefore, defenceless, victims of unjust attack, a word in advance. When a man presents an essay here or elsewhere, he should remember that, for a time, he has a group of people at his mercy, tied to the stake of patience by the bonds of social courtesies. It is his duty to have something to say, and then to say it as briefly as possible. There is no literary praise one ought to value like that of condensation. When it is not possible to make brief reports as to cases, it is advisable, for society purposes, to cut them short by reasonable omissions.

Single cases, or those with clinical personal illustrations, are more desirable here than in larger societies; but I am apt to think little of the future of young men who are in the habit of reporting single cases. Let us have these only when they possess real value, or are unusual enough to evoke fresh thought and discussion. The patience which selects a subject and for years works at it, waiting for cases, and maturely considering them, seems to be rare in this country, despite of the sure rewards which await its labor. Let us hope to welcome here many such contributions.

Especially may I hope to see and hear much of therapeutics. In the numberless queries for debate at the International Medical Association at Copenhagen I saw not one therapeutic question; and there is a strong feeling in America that in England and this country therapeutics are more sincerely studied and more constantly kept in view by the best physicians than in Germany and France. This is possibly true, and may be owing to the growth of doubt engendered by the certain-

ties of purely scientific work in regard to the insecurity of therapeutic decisions. It is too true that direct therapeutics often owe little to the great masters in neural research; but it is not always true, and from some of the most scientific the art of healing has gained directly, as well as indirectly, through improvements in diagnosis, much that is of priceless value.

Here we must never cease to remember that our ultimate object is to relieve from pain and disability, and to save from death. Let us, therefore, keep constantly in view this matter of therapeutics. Let us see all new instruments, consider new drugs, receive hints from our laboratories, and perhaps have deliberate debates or conferences given over to some single agent or to the treatment of some one disease, with the sharpest criticism upon supposed results.

As an example, I would like well to learn whether all of you accept the present views of the value of strychnia, and the theory of its action, and to hear your evidence thereon.

Not less would I like such a conference with some surgeons added on the value of ovariotomy as a therapeutic measure in insanity. I mention these as illustrations; but your ideas as to exclusive diets in nervous maladies would be as interesting.

Regarding you as a set of men grouped for a certain kind of work, something more may be said.

You ought to appoint committees now and then to collect material and suggest work, or to deal with certain questions, such as the best means of determining the amount of sensation present in a part. As to this, there are, except Weber's plan, which fails of value save for slight cases, no generally adopted and trustworthy methods. In the same direction, there is good work to be done by collective labor in determining, through the effect of nerve sections, the true distribution of nerves to the skin. I might easily multiply such questions, and some of them would have a peculiar value, relative to climate and seasons in America; and of these would be the relation of rheumatism to chorea, and the statistics of cerebral apoplexy relative to temperature.

It does not seem to me that it will be ever wise to attempt separate publication of proceedings. If there be any surplus of money, it may go towards aiding laboratory work, or to completing for our college library its very imperfect collection of books on neural maladies.

With these hints, and with my renewed thanks, I enter with you upon your society life, in the hope that it may be long, vigorous and interesting.

Spinal Accessory Spasm.

Dr. Sinkler presented a patient suffering from spinal accessory spasm, and read the following history of the case:

Anna B. K., aged forty-one years, single. Has never enjoyed very good health, but has had no special illness. She has had neuralgic headaches for several years, and about three years ago had rheumatism in the left shoulder. In the spring of 1882 she noticed that, while sitting sewing, her head would turn toward the right shoulder. She could control the movement at first, if she directed her attention to it; but it soon began to be worse, and less under the influence of her will. In June or July, 1882, she became unable to restrain the movements of her head. There was no pain in the neck or head, but she became nervous and irritable. There was a sense of discomfort on the top of her head. The use of her eyes seemed to make the movements more troublesome. Her general health has been fairly good, the appetite poor, and she has worried greatly. She was under Dr. Sinkler's care, at the Infirmary for Nervous Diseases, for several weeks in the spring of 1883, and various remedies were used. Galvanism and static electricity were faithfully applied, as well as massage. Hypodermics of atropia were given in the muscle affected, and the bromides and gelsemium were administered. There was no benefit apparent from the treatment.

The patient was re-admitted to the hospital a few days ago, and her present condition is as follows: She is thin and of spare build. She usually sits resting the right side of the face against her hand, to check the movements. The head is rotated to the right every few seconds, and turns more frequently if she is excited or nervous. The chin is turned strongly to the right, and the head inclined slightly in the same direction. The head is not drawn back. After being held in this position for about two seconds, the spasm relaxes and the head becomes straight. She can keep the head quiet by resting it against some object, and sometimes will rest her head against the wall for this purpose. The left sterno-cleido-mastoid muscle is markedly hypertrophied and is tender to handle. Pressure over the spinal accessory nerve does not arrest the spasm; it rather brings it on. There is pain at the insertion of the right sterno-mastoid muscle, but not in the left muscle. No contraction takes place in the trapezius muscle, and it is not hypertrophied. The voice is unchanged, and there is no laryngeal spasm. The urine contains neither albumen nor sugar.

Dr. Harlau, one of the surgeons at Wills Eye Hospital, kindly examined the patient's eyes, and reported that the optic discs were nearly or quite normal. Vision R. $\frac{20}{30}$, L. $\frac{20}{40}$.

The patient is nervous and inclined to be hysterical.

Dr. Dercum mentioned a case which was relieved by nitrite of amyl. He said, however, that the case was specific in nature. Iodide of potassium was afterwards given, with satisfactory results.

Dr. Mitchell believed that gelsemium, in exceedingly large doses, was the best remedy for such cases.

The Primitive Fissures of the Fœtal Brain.

Dr. A. J. Parker made some remarks on *the primitive fissures of the fœtal brain*. These fissures appear very early in fœtal life. He did not believe, with some, that they were due to hardening agents, as alcohol and chloride of zinc. He found that these fissures had certain mathematical relations to the brain itself. He regarded them as due to pressure just as brain flexure is due to pressure. The brain grows under pressure; it tends to grow more rapidly than the skull. Fissures represent retarded growth.

Specimens Showing the Lesions of Snake Venom.

The President invited Dr. Guy Hinsdale to exhibit to the Society some mounted specimens showing the lesions of snake venom.

The specimens were obtained in the experimental laboratory of Drs. Mitchell and Reichert, in the University of Pennsylvania, and illustrated the ecchymoses seen in the lungs of rabbits into whose jugular veins venom had been injected. The appearances are striking, the blotches of extravasation being in marked contrast with the surrounding lung tissue. The colors have been preserved by filling the large cells with a fluid composed as follows:

Glycerine,	Oss.
Dense solution gum arabic,	Oj.
Saturated solution acetate of potash,	Oiss.

The cells are made by cementing to a square piece of plate-glass a rubber ring, five inches high and five broad, covering the cell, when filled with the fluid, with a round cover-glass. These cells are four inches in diameter. The cement used is known as "Van Stan's Stratena," and being made with acetic acid, is not affected by the fluid of the cell. Before the rubber ring is fastened to the glass, a triangular cork is cut in it, at two places, so that if the fluid becomes discolored, as in mounting specimens too quickly, the original fluid may be drained away and fresh fluid supplied. Large hypodermic needles and a syringe are of use in this operation. Air bubbles may also be removed in this way. The specimens exhibited have been mounted for only one month, but they are apparently as fresh as ever.

The eight specimens exhibited the lesions of the pure venom of the rattlesnake, the lesions of the three globulins, and the peptone which compose the poison.

Editorial Department.

Periscope.

Old and New Views on Medical Science.

We abstract the following from the opening address in the section of medicine (*Brit. Med. Ass.*), by Dr. James W. T. Smith:

During the last quarter of a century our general ideas have materially changed in regard to disease. Many affections which were then looked upon as of the gravest character have now come to be regarded with much less apprehension. It is not so very many years since heart disease was considered a most dangerous if not inevitably fatal affection. The revelation of a cardiac murmur by the stethoscope was like a sentence of death to the patient; and the facilities which this instrument afforded for detecting these lesions, at a time when their importance was greatly exaggerated, must have revealed to many that they were suffering from a disease, of the existence of which they might otherwise have lived and died in happy ignorance. It may indeed be inferred that the anxiety such knowledge gave rise to must often have been more fatal to the patient than the disease itself; for we have now learned that confirmed valvular disease is far less fatal than was supposed, and that the frequency of sudden death from this lesion has been unduly overrated. In the examination of hospital and other patients, we frequently discover a valvular lesion, which has never given any indications of its presence, and which years after will be found unchanged. It is, in fact, a matter of common observation, that persons affected with such lesions will reach the usual term of human life, unconscious of their ailment. In life assurance cases, no doubt, healthy lives are annually declined, as it may be assumed that a cardiac murmur would be looked upon as a disqualification. But even acute cases of heart disease, now that we no longer contend against them with the weapons we formerly used, are found to be far less fatal than was at one time supposed. It is not only in reference to cardiac disease that our opinions have changed; a more matured experience and a more judicious system of treatment have enabled us to entertain a more favorable opinion of rheumatic fever, of pulmonary consumption, and other diseases.

Our views have also changed with regard to many acute diseases. We do not often find nor expect to find acute inflammations occurring in healthy persons. The numerous ailments whose names end in *itis*, are rarely met with in practice as primary diseases, except when supervening upon morbid changes which have been at work often for a long time before. In pericarditis we look for the poison of rheumatic fever or Bright's disease; in peritonitis we do not rest satisfied with attributing the attack to cold, but look for some of those pre-existing lesions which morbid anatomy has taught us to expect. It may be said that acute pulmonary inflammations, the result of exposure, are well-marked exceptions, occurring as they do in persons apparently healthy, but even in these there is probably a condition of health below the normal standard. Daily experience teaches us that, except in fever and contagious affections, we rarely see the beginnings of disease, and that acute inflammations are generally but the inevitable sequel of causes which have been in slow and silent operation long before.

Our prognosis in disease is still very imperfect, and there is much room for improvement in that department. The subject is one of much difficulty. The chances of life and death are often apparently so equal that it is impossible to predict the issue, yet there is no question of more importance to the patient and his friends, and none we shall be so pressed to answer. They naturally think we should be able to tell them what is curable and what is not. Experience will help us to some extent, but it may deceive as well as assist us. Our diagnosis may be complete, we may map out accurately the extent and limits of the disease, but experience cannot reveal to us that unknown quantity—the vital power within the patient to resist the destructive influences at

work. Referring to the backward state of prognosis, a late eminent physician said "he thought it remarkable how deficient medical literature was in a careful record of well authenticated cases illustrating the possible duration of various anatomical lesions, and how far they were compatible with a fair amount of health. It is to those of our members engaged in family practice that we must look for assistance in these matters. In hospital and consulting practice, we see mainly the termination of disease, and the most erroneous conclusions in reference to prognosis have frequently been drawn from so limited an area of observation." But it is obvious that a large number of such cases would be required, before we could obtain satisfactory results in this department.

Our knowledge of therapeutics has not advanced in equal proportion with other branches of medical science. It is the department in which we know least. The modes of action of many medicines are a labyrinth to which we have no clue. To investigate their actions and to obtain a knowledge of their influence on disease are matters of great difficulty. The action of many is imperfectly known, and it may differ much in individuals. It is very difficult to estimate correctly what influence a medicine has really had in producing the changes which have occurred after its administration, for we know that many diseases will get well if left to themselves. Repeated trials and careful observation can alone determine this.

Perhaps there is no point on which members of our profession so frequently deceive themselves as on that of the effect of new medicines, and it must be admitted that many of the communications which appear in our journals upon this subject will not bear the test of experience. Such statements should be received with great hesitation, except when they come from those who, by careful physiological experiment, are entitled to speak on the subject. Another hindrance to progress is this: that when a medicine has been ascertained to have a decided effect in a particular class of affections, there is a tendency to urge its employment and vaunt its usefulness in diseases over which it has no influence whatever; of this tendency the bromide of potassium is a good instance, that excellent but ill-used drug having been recommended in nearly half the ills which flesh is heir to.

New suggestions of treatment, and the wonderful effects of new medicines, put forth without substantial test, excite only distrust and disappointment in those who act on them, and add to the number of those who are already skeptical about the use of any medicine.

A disbelief in the efficacy of all drugs is, however, as unreasonable as an unlimited faith in their powers. We possess several which have been proved to have a definite action on which we can rely, and their number is being slowly added to. The discovery of salicylic acid has changed the whole treatment of rheumatism, and is a strong incentive to further therapeutic investigation.

After all, the practice of medicine is ultimately the practical application of therapeutic agents, and it is in the careful study of these that some of the greatest victories are to be gained by the coming race. But our progress must necessarily be slow, and we must take care lest the structures we build on our way prove only to be sand-castles.

Diphtheria.

In the *St. Louis Courier of Medicine*, June, 1884, Dr. S. Murdoch thus writes:

Many look upon diphtheria as a new disease, and we are constantly asked if it is not entirely new to the profession. We answer, *no*. Diphtheria has been known to the profession through all the ages, and was described by some of the earliest writers on medicine, hence cannot be numbered among that class of diseases peculiar to this cycle. When the ancient Semitic nations reigned supreme upon the earth and Sanscrit was the spoken language in the cultivated nations, far before the days of Hippocrates, an unknown writer gave a description of a throat disease which could be nothing less than diphtheria. He says: "It is characterized by an increase of phlegm and blood, causing swelling in the throat, severe panting and pain, destroying the vital organs and is incurable." Hippocrates himself must have known of the disease, as he often makes references to what could be nothing else than a violent form of diphtheria.

Areteus, in speaking of what he calls "Syriac ulcer," gives us an account of a malady which no physician of to-day would doubt to be diphtheria. He calls it "a large swelling in the throat, which is considered very fatal," and says, "if it extends rapidly to the chest through the wind-pipe, the patient dies on that same day of suffocation" (diphtheritic croup). Considering how vague in comparison to this is the description of other diseases known to have existed in those times, we must admit that the disease was well known and greatly feared in all the earliest ages. In fact, the evidence seems to be as positive in this case as it is that Cæsar had ague when he was in Spain, when Cassius says: "When the fit was on him I did mark how he did shake."

Thus we can trace the steps of this disease through the different periods of time, during which mention is made of malignant sore throat, membranous sore throat, the parchment patch in the throat, catarrhal sore throat, bilious sore throat, and other similar affections, by careful observers, all of which comparisons clearly indicate this dreaded disease. Yet it was not until the beginning of the seventeenth century that we find diphtheria as such clearly recognized and its peculiarities described. In 1611, Villa Real says, he has seen patients in whom a white matter formed in the fauces, gullet, and throat, which being removed, was tough, leathery, and elastic. Not long after, several epidemics of the disease occurred in Italy and Sicily. These afforded the profession abundant material for study, and the characteristics of the disease were clearly set forth by some of the writers. The English physicians called it "croops;" the Spanish, "garrotillo," while the French eventually settled on the name of "diphtheria, or parchment membrane." These facts are sufficient to put forever at rest the fallacy that it is a new disease. It is as old as small-pox, scarlet fever, measles, or typhoid fever,

that is, as old as man himself, no doubt; and is considered new only by those who are unacquainted with the medical history of the past. That diphtheria ever originated *de novo* is very hard to believe. It may be heresy to deny its sporadic nature, and I may be called a fossil because I deny spontaneity even in diphtheria; but still I hold to the old belief that everything must bring forth fruit after its own kind, and that diphtheria is the product of a contagion, a virus, or an organism which comes *from* diphtheria. If you ask how do you account for the solitary cases, I respond with the query, how do you account for solitary cases of small-pox, or measles, or scarlet fever? Or, how do you account for cockle-burr in a newly-plowed field, or mildew in a room kept clean for years, or infusoria in the cup of water set in the open air in summer; science so far has even failed to explain why we are not as liable to take small-pox, measles, mumps, etc., the second time as the first, yet we all know it to be a fact that we are not. The manner of communicating disease has also been a source of much speculation; yet we recognize the fact that diseases of like nature spring up in different parts of the country at the same time in isolated places, which when once started appear to be communicated from one to another.

In my private practice this fall and winter I have treated seventy-eight cases that I term catarrhal diphtheria, recognized first by headache, tongue light yellow or brown, velum slightly irritated, pulse 96 almost invariably, temperature 99½°, respiration 22: second, tonsils enlarged, one or both showing, sometimes, snow-white specks on the surface, at other times, yellow specks rather under the mucous membrane. I would also state that the breath is much like that in nasal catarrh, and urine shows albumen. The difficulty continues for eight days, gradually getting better, or on the eighth day takes on an aggravated form, when the neck will swell, breathing becomes difficult, and in some cases pus will be discharged—generally from the thyroid gland, and if not careful you will mistake the disease for quinsy. In some cases they will swallow with their eyes staring open, as in quinsy, but mostly by shutting the eyes tightly and shrugging the shoulders as in malignant diphtheria. I believe diphtheria in its various forms is much more prevalent than the average practitioner imagines. I further believe that if it were recognized and treated more generally as I have indicated, as diphtheria in some of its forms, there would be fewer deaths. As for treatment, I would state that I have long since abandoned all swabs, and the use of tincture of iron, or iron in any of its forms, believing it to be one of the most mischievous medicines ever given in this disease, and depend principally upon chlorine mixtures and supportive treatment.

Antipyretic and Antiseptic Treatment of Acute Infectious Diseases.

Before the late International Medical Congress, Professor Liebermeister (Tübingen) read a paper on the antipyretic treatment of acute infectious diseases. The following propositions were laid down in this paper:

1. In many cases of febrile diseases, the increase of temperature constitutes a source of danger to the patients.

2. In such cases, it becomes the task of the physician to combat the rise of temperature by appropriate means.

3. The direct withdrawal of heat by cooling baths forms the foundation of antipyretic treatment.

4. In many cases, the use of antipyretic medicines is also advantageous.

Dr. Bouchard (Paris) read a paper on the antiseptic treatment of these diseases, and Dr. Warfwinge (Stockholm) followed on the same subject. Dr. Warfwinge wished—founding his remarks on a large number of cases of acute infectious diseases, as exanthematous typhus (2,239 cases), typhoid fever (908), scarlatina (243), pneumonia (1,096), etc., treated by himself in the hospitals at Stockholm—to show that, in fevers, increase of temperature could not, as was very generally admitted, constitute the essence of the fever; that, in the acute infectious diseases, this increase furnished an important symptom, in harmony, it was true, up to a certain point, with the violence of the infection, but that it did not at the same time possess such importance as to require its being combated by all means at command; that, consequently, the lowering of the temperature should not be the chief object in the treatment of these diseases. It was, besides, impossible to bring about, in this regard, a sensible reduction by means of cold baths, unless they were employed time after time, seeing that the production, and consequently its amount in the body, followed with equal steps its loss. It was therefore more rational to use antipyretic remedies, which brought about more surely the reduction of temperature, and did that by reducing at the same time the production of heat. As in the case of infectious diseases, the presence of lower organisms as carriers of the infection might doubtless be generally admitted with certainty; it could be no more doubtful that it was the degree, more or less pronounced, of this infection which determined the greater or less gravity of the symptoms, and, among others, the increase of the temperature; whence it came to be more rational to attack the virus itself, and to replace the symptomatic antipyretic treatment by a causal antiseptic treatment. It was also a perfectly well known fact that remedies employed as antipyretics possessed antiseptic properties; and it was more than probable that it was due to their paralyzing action on the sources of the fever that the lowering of the temperature was due. The state of concentration in which the remedies mentioned were incorporated with the organism, too feeble, it was true, to destroy the bacteria, was probably sufficient to arrest transitorily their formation, to prevent their reproduction, and to give the organism time to eliminate them. Just as, in the cases having a successful issue which had been treated on the expectant plan, the bacteria had finally died out probably by the action of their own products, so, it ought to be possible to paralyze their vital activity by means of suitable medicines. The discovery of like antiseptics by experience would consequently be an important contribution to medical science. It was known that many reme-

dies had already been proved to possess a highly curative power in the case of certain infectious diseases—as, for example, quinine in intermittent fevers, salicylic acid in acute articular rheumatism. He (Dr. Warfwinge) had already tried to show (*Nordiskt Med. Arkiv*, B. xv.), that progressive pernicious anæmia, leukæmia, and pseudo-leukæmia were very probably infectious diseases, generally chronic, but sometimes acute; and that arsenic was altogether as specific a remedy in their case as were mercury and iodide of potassium in syphilis, although, like these, it was not quite infallible. In about forty cases of whooping-cough, he employed alum (about 1.3 gramme a day) with an almost specific effect, provided it was early employed; this effect showing itself in a rapid lessening of the intensity and frequency of the attacks, as well as in a shortening of the period of the illness. Amongst antiseptics tried by him against typhoid fever, he had got most benefit from carbolic acid (*acid phenique*), which he had, during the years 1882 and 1883, administered in one hundred and thirteen cases of this disease (in doses of 50 centigrammes twice a day, either by the mouth, or, and this commonly, by small enemata. These experiments, it was true, did not authorize his concluding that carbolic acid was the most suitable antiseptic in typhoid fever; but they were of a nature to encourage their continuance. There was constantly produced a rapid reduction of temperature, amounting to an average of 1.2° Cent., at the end of half an hour; most of the patients felt themselves comparatively well in the remissions brought about by the acid; the tongue was kept moist during the use of the remedy; the appetite was often quickly restored; and the apathetic condition of the disease was promptly improved. The progress of the typhoid fever appeared milder, and somewhat shortened as regarded time, by the acid. The issue, it was true, was fatal in seven cases (6.2 per cent.); but, in five of these cases, grave complications interposed, and in the two others treatment was commenced too late.

Alcoholic Paralysis.

A recent number of *Brain* contains an interesting account, by Dr. Dreschfeld, of alcoholic paralysis. He distinguishes two forms of the affection, the one being marked by ataxic symptoms, chiefly occurring in males, and subsiding on discontinuance of the alcohol. He thinks that the history of such cases of alcoholic ataxia, together with the absence of many of the ordinary symptoms of true dorsal tabes, suffice to determine their etiology. Moreover, tabetic symptoms—especially the absence of tendon reflex and the lancinating pains—are sometimes seen in the more typical cases of alcoholic paraplegia. This latter type is, he says, more frequent in females who have been addicted to alcoholic excess. The symptoms begin more or less acutely, and consist of sensory disorders, as hyperæsthesia of the lower limbs, sometimes with hyperalgesia, and often with lancinating pains and spinal tenderness. Anæsthesia or retarded sensibility and analgesta may follow. There is more or less motor paralysis, mostly of the lower, but sometimes attacking the upper extremities, with diminished superficial reflexes and absence of tendon-reflex. Redness of the feet, hands, and other parts, indicates vaso-motor disorder. Cerebral symptoms—as insomnia, restlessness, more or less delirium, and hebetude—may arise in the course of the disease, and are often the cause of death. As to prognosis, some cases which are early cared for recover; others recover for a time and then relapse; in others the course is steadily downward, death ensuing from cerebral symptoms, from exhaustion, or some intercurrent affection. Dr. Dreschfeld gives details of a well-marked case, which was readily diagnosed. It proved fatal, and at the *post-mortem* examination pulmonary and renal tuberculosis was found, but no lesions in the spinal cord. The peripheral nerves (the sciatics, musculo-spiral, and anterior crural were examined,) showed degenerative changes, breaking up the myeline, and in many places of the axis cylinder also. The condition is, then, one of peripheral multiple progressive neuritis, and can be distinguished mainly by its less acute course, and limitation of paralysis to the extensors, as well as by the more marked hyperæsthesia from the non-alcoholic progressive multiple neuritis described by Leyden, Strümpell, Pierson, and others. Its resemblance to lead paralysis was pointed out by Lancereaux, and Dr. Dreschfeld concludes by mentioning two cases of visceral neuralgia attributed to alcoholism, which have some analogy to lead colic.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——The value of oleate of copper in parasitic diseases of the skin is well set forth by Dr. F. Le Sieur Weir, in a reprint before us. He analyzes its employment in 500 cases, and demonstrates its usefulness very clearly.

——Dr. Julius Wise, of 806 Olive street, St. Louis, Mo., is about to publish an "Encyclopædia of Medical Wit and Humor," and solicits contributions.

BOOK NOTICES.

The Ear: Its Anatomy, Physiology, and Diseases. By Charles H. Burnett, A. M., M. D. Second edition, revised and rewritten. Large 8vo., pp. 585. Henry C. Lea's Son & Co., 1884.

In the seven years which have elapsed since the appearance of the first edition of this work, the science of otology has advanced with no less strides than other branches of our progressive learning. Fully aware of this, the author has not shunned the laborious task of rewriting most of his text, so as to bring it into correspondence with the present state of his specialty. The result is, a larger book, and one that leaves little to be desired on the score of completeness.

The anatomy and physiology of the organ are described with great minuteness, the author having found the importance of this in his experience as an instructor. The references to the literature of the subject are frequent, and add to the improvement gained by the reader. The pages are amply illustrated, and the engravings well printed, a praise that cannot be accorded to a goodly share of the medical volumes which have of late years been rushed into the market.

The sections in which the most important changes have been made since the last edition are: The abnormalities of the auricle, otomycosis, the treatment of chronic otorrhea, the treatment of aural polypi, and the diagnosis and treatment of aural vertigo. It will be seen that these are all topics of the first rank of importance. We have no doubt that the favor which was accorded to the first edition will also be extended to the present one.

Hand-Book of the Diagnosis and Treatment of Skin Diseases. By Arthur Van Harlingen, M. D. 8vo., cloth, pp. 282. Philadelphia, P. Blakiston, Son & Co.

It is the design of the author in this work to supply the general practitioner with a brief, reliable manual on the most approved modern treatment of skin diseases. He therefore has omitted the consideration of their pathology, and has avoided the stumbling-block of classification by simply entering them in alphabetical order. This permits him to give much more space to questions of immediate utility than would otherwise have been possible. Numerous prescriptions are given in full, and the details of local treatment are noted with commendable accuracy. In glancing at the pharmaceutical agents recommended, we have felt some surprise that the old preparations of mercury are brought forward, to the neglect of the oleates. From our experience with the latter, we believe them to be decidedly preferable to any other combination of that indispensable agent.

Two colored plates accompany the volume, which is well printed and of convenient size.

Osteotomy and Osteoclasis for Deformities of the Lower Extremities. By Charles T. Poore, M. D. 8vo., pp. 187. New York, D. Appleton & Co.

This handsome and carefully-prepared monograph treats of osteotomy as applied to the repair of genu valgum, genu varum, anchylosis of the knee-joint, deformities of the hip-joint, and for curves of the tibia. The author has enjoyed large opportunities to study these special malformations in the hospitals to which he is attached, and describes the operations from an ample observation.

Quite a number of well-engraved illustrations add to the value of the volume, and an exhaustive bibliography appended enables the reader to pursue any topic in which he may be interested into the productions of other writers.

Atlas of Surgical Anatomy. By Professor Hencke. Translated and edited by W. A. Rothacker, M. D. Large 4to. Cincinnati, A. E. Wilde & Co., 1884.

This large and handsome volume has had a very favorable reception in Germany, and as here prepared for the American public is sure of meeting with equal success in this country. The engravings are drawn with considerable accuracy, and the typography and press-work leave nothing to be desired.

The value of such works is twofold. As guides to the student, they are indispensable, not to take the place of dissection, but to fix the application of its lessons in his mind. To the practitioner, they furnish a means of keeping fresh in mind the lessons of his student days, and serve the place of continued dissecting, which, as all are aware, it is not possible to keep up, however essential it may be to a proper skill in surgery.

We have not seen any recent atlas that will answer these purposes better than the one above named. It is condensed enough for the student, and at the same time sufficiently copious to display sections of all the parts usually to be considered in surgical practice.

Transactions of the Medical Society of West Virginia. 17th Annual Session. Pp. 154. Wheeling, 1884.

Besides a satisfactory report of the proceedings, this volume contains a number of excellent original articles. Of these we may name that by Dr. G. H. Rohé, on the "Treatment of Later Syphilitic Lesions;" "A Discussion of Listerism in Obstetrics," by Dr. W. H. Sharp; "Some Useful Suggestions on the Treatment of Phthisis," by Dr. J. P. Miller; "A Case of Œsophagotomy," by Dr. F. Howell; "A Continuation of his Reports on Surgical Cases of Rarity," by the veteran surgeon, Dr. John Frissell, of Wheeling; and a well-prepared report on new remedies, by Dr. R. M. Baird.

From Dr. Hall's report on epidemics, it would appear that typhoid fever had been the most serious disease in the State during the year 1883. The fatality was considerable. As this is usually classed among the preventible diseases, it seems to suggest a field for sanitary effort.

—An exchange says: "A widow shot herself in the oil regions the other day."

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REPUTED CENTENARIANS.

A traveled gentleman recently informed us that on one occasion he had sat down to table with six persons, each of whom was over one hundred years old. This occurred at one of the missions of Lower California, and the alleged ages of the residents were verified from the birth and baptismal records of the old church.

This was more trustworthy testimony than common report or the person's belief, which is generally all that we have to depend on in such extraordinary cases. That is why they are found most frequently precisely in that condition of life where we should look for them the least, that is, among those who have had the worst hygienic surroundings and the poorest food.

In nine cases out of ten, when the newspapers chronicle a death over a century, it is either of an Irishman or a negro. We strongly suspect that this is not owing to any exceptional viability on the part of these races, but simply because, as a rule, it is not possible to verify the ages of indiviuals in their positions.

Two instances in point are before us. A correspondent sends us a notice of the death of Pompey Graham, at Montgomery, New York, at the age of 119 years. He was a negro, and claimed to have been "a big boy" when the Revolutionary war broke out. He also appeared to remember many events previous to the close of the last century.

Another instance is "Quanta," a native African, who was brought as a slave to Charleston, South Carolina, in the year 1778, and who died in Archer, Florida, last month, at the reputed age of 122 years. As a slave, and therefore a more or less valuable piece of property, his record has been traced through four generations of owners, and hence would seem to be reasonably authentic.

We may add a third, less clear in its history. An old colored woman died in this city in July, whose reputed age was 109 years. There was no convincing evidence of this, but certainly her memory ran back with ease to events of the last century.

Unfortunately, one hears of these cases only after they are gone. It would be desirable to

have a list of the living centenarians, so that some inquiry about them could be made during their lives. We shall be pleased to publish any such memoranda sent us.

THE ALLEGED POISONOUS CHARACTER OF CANNED GOODS.

The frequent assertions of the poisonous character of canned goods, often alleged in newspaper reports, has been denied in very positive terms by Gen. John P. Hawkins, Chief Commissary U. S. Army. These goods have been used for years in that department, and the opportunity has been exceptionally good to test their healthfulness, or to discover their injurious character. The result is to vindicate them, and to render it highly probable that the charges preferred against them are quite unfounded.

Throughout the whole of Gen. Hawkins' experience as Chief Commissary of a military department, he has never heard of a case of poisoning in the army from the use of canned foods, nor has he been able to find any such cases by inquiry of the medical director. The conclusion he draws from this is that "reports of poisoning by eating canned foods are not to be believed, or are only to be believed when it may have occurred by reason of a person having eaten from a can the food in which was evidently spoiled, and so spoiled that the appearance of the can would surely have indicated the unsound condition of its contents to a person exercising ordinary care."

To be sure, it may be objected that this evidence is negative; but from its wide extent and the exceptionally favorable conditions under which it occurred—that of the immediate supervision of our army surgeons—it has almost the force of positive testimony. At any rate, we must demand much more direct and strictly professional testimony in future to attach any credence to such allegations. The canning of meats and fruits is one of the most important food industries of our country; and while we should spare no pains to protect by legislation if necessary the health of the consumer, we should also maintain that it is an entirely safe article, if such it is.

SCIENTIFIC FALLACIES.

We believe it was old Dr. Johnson who said, "Let any fool, preaching no matter how absurd a doctrine, address a crowd at the street corner, and he will be sure to find some disciples."

So it seems to be to-day in the world of science. Any one who claims to have made a discovery, and on the strength of it brings out a novel theory, immediately finds a train of disciples drawn from the crowd of those who, like the Athenians of yore, are ever anxious to see and hear some new thing.

An instance in point is Dr. Koch's famous bacillus theory. With it he captured the scientific world as one captures a gudgeon with a fly. What is the result? Where is the theory after two or three short years of testing? Does any one now advocate the existence of a tubercle microbe as a factor of any consequence, either in the treatment or in the prophylaxis of the disease? So it was some years ago, when fevers of all kinds were dosed with enormous quantities of alcoholics, on some general theory of fever.

Most of these ephemeral doctrines arise from the study of physiological therapeutics, from an unhesitating acceptance of the teaching that the only true basis of a rational pharmacy is in experiments on lower animals and on persons in health.

The fallacy of such a doctrine has been so often demonstrated that it is useless again to refer to it. Yet it cannot too often be repeated. We can only learn disease from disease. Pathology is not physiology, and is not akin to it. As Virchow has often and ably urged, it is incorrect to make any suppositions about the former from the latter. Their laws and their processes are different.

So it must also be with the effect of various agents. If we wish to learn their effect on disease in man, we must study them in disease in man, and not elsewhere.

—Ex-Governor Leland Stanford, of California, intends to devote some millions of his immense fortune to the foundation of a California college, to be named after his son, who died recently in Italy.

Notes and Comments.

The Association of Flat-foot, Weak Ankle, etc., of Puberty, with Albuminuria.

In the *Brit. Med. Jour.*, May 3, 1884, Mr. R. Clement Lucas says:

Last year I published a paper "On a Form of Late Rickets Associated with Albuminuria" (*Lancet*, 1883), in which I pointed out that a condition characterized by relaxed ligaments especially, but also giving rise to some enlargement of epiphyses and yielding of bones, occurred about the age of puberty, and was commonly associated with albuminuria. This form of rickets I proposed to call the "rickets of adolescents," to bring it into accord with the albuminuria of adolescents described by Dr. Moxon, with which its etiology is identical. I have been accused of clouding the cause of this condition in language which so far obscured my meaning as to leave the reader in doubt as to what I intended to convey. The unpleasant nature of the topic is sufficient excuse for the obscurity; but I do not wish again to be misunderstood, and I will distinctly state that the invariable cause of this form of rickets associated with albuminuria is masturbation. The absurdity of treating such cases merely by mechanical appliances, by division of tendons, by osteotomy or excision of bones, when there is an underlying habit causing a general constitutional disease, will be at once obvious. It is because hundreds of such cases are being daily treated without reference to the cause, that I feel it right to draw attention to my observation, and leave no further doubt as to my meaning. The unsatisfactory results of the treatment of flat-foot and weak ankles at this period are probably mainly due to the cause having hitherto passed unrecognized. I never now treat a case of flat-foot, knock-knee, weak ankle, or lateral curvature, commencing between the ages of twelve and twenty, without first examining the urine; and in the majority of cases I find albumen present. There are many cases of lateral curvature which began in the rickets of infancy, and remain unnoticed till gradually exaggerated by growth; and in these the albumen is not present. But take a boy of fifteen, who for some months has complained of aching in his feet, weak knee or ankle, who lately has been noticed to stoop, and cannot readily run upstairs, and who, on examination, has a commencing lateral curvature; examine his urine for albumen, and you will have at once an indication of the cause. I believe this is essentially a rachitic condition, in which the ligaments yield earlier than the bones. Some enlargement of the epiphyses of the ankles will, however, almost invariably be found, and less commonly a general epiphysial enlargement is present. The epiphyses being at this age far advanced in ossification, it is but natural that they should show less clearly the changes which are characteristic of infantile rickets. In long-standing cases, the resemblance to rickets of infancy becomes more marked. Judging from my out-patient records, fifteen is the age at which this condition is most commonly met with, whilst nineteen brings the greater number of cases of first gonorrhœa, and twenty-five brings commencing strictures.

The two following cases of "rickets of adolescents" have recently attended among my outpatients:

H. F., aged 15, a bookbinder's apprentice, attended first on February 21, 1884. He had been complaining about a month of aching pain in his feet, especially the left. The pain was in the instep and ankle. On examination it was found that the arch of the foot had yielded, and that the inner ankle was unduly prominent. The urine was found albuminous. The second case, aged 15, was nearly identical.

The Influence of Micro-Organisms in the Production of Dental Caries.

Before the Odontological Society of Great Britain (April 7, 1884), Mr. Anthor Underwood read a paper giving the results of further investigations on this subject made by Mr. Milles and himself, since the date of a previous communication read before the Dental Section of the International Medical Congress in 1881. In this, they had shown that certain forms of micro-organisms were invariably present in carious dentine; that no change resembling caries could be produced in the absence of these organisms—*i. e.*, under septic conditions; and that, under septic conditions, a change could be produced artificially, which, if not undistinguishable from ordinary caries, certainly resembled it. The fact that organisms were invariably present had since been confirmed by numerous observers. It had been stated by Dr. Miller, of Berlin, that the dentine was first softened by acid; that the invasion of micro-organisms was only secondary to this; and that a zone of softened dentine not infected by organisms always existed in front of that which was so infected. He and his colleague, Mr. Milles, had, on the contrary, always found that the organisms extended as far as the softening; they could not find any softened dentine which did not contain

micro-organisms; and they were of opinion that the acid which softened the dentine was produced by the organisms, just as occurred in ordinary processes of acid fermentation. They had cultivated the various organisms found in carious dentine, in flasks containing purified blood-serum, after the method introduced by Professor Koch, and had ascertained that there were several distinct varieties; but experiments, made with the view of finding which of these were the most active agents, gave negative results. Dr. Miller had stated that he had produced artificially caries which he defied any one to distinguish from that which occurred in the mouth. Messrs. Underwood and Milles had repeated his experiments, and had made several of their own, but with very partial success; for, though a change resembling caries did take place in some instances, it invariably became arrested before it had gone very far. This comparative failure was, no doubt, caused by the difficulty of reproducing, in a flask or incubator-experiment, all the various conditions which were present in the mouth; and instances were quoted from the experiments of Koch, Pasteur, and Nägeli, to show that micro-organisms, cultivated under conditions not altogether favorable, became weakened, and even lost their special properties; so that the bacillus of anthrax, for instance, could be harmlessly inoculated. The authors of the paper claimed to have established that micro-organisms of a special form were an essential element in the production of dental caries. Food became lodged between the teeth, and underwent fermentation, with formation of acid and bacteria; the acid destroyed the enamel; the micro-organisms invaded the dentine, proliferated in its tubes, and lived at the expense of its organic material, their advance being accompanied by decalcification of the intertubular substance. A long discussion followed, the tone of which was decidedly favorable to the adoption of the views promulgated by Messrs. Underwood and Milles, which, it was remarked, would clear up some points which the purely chemical theory of caries did not explain—*e. g.*, the fact that the dentine was destroyed more rapidly than the enamel.

Marriage and Mitral Stenosis.

The *Med. News* tells us that in a recent clinical lecture at *la Charité*, Dr. Landouzy stated that the mitral orifice is anatomically narrower in women. On the other hand, the hyperalkalinity of their blood leads to sclerosis. These conditions explain the frequency of mitral stenosis in women. Nevertheless, as long as the left auricle, says the *Journal de Médécine*, remains in good condition, the primary lesion makes but little progress; but when the great vital test of pregnancy comes, there is danger.

Porak's statistics show that in gravido-cardiac disorders, as they are called, more than two-thirds of the cases are those of mitral stenosis, mitral insufficiency, or the two combined. Obstetricians are agreed in advertising that a woman suffering with mitral disease, especially mitral stenosis, should not marry; or, being married, should not have a child; or, having given birth, she should not nurse. A woman with mitral disease having been married, and becoming a widow without having borne a child, is in a most favorable condition if she remains content with widowhood. So, too, religious celibates who preserve their continence may have mitral stenosis, and live to the age of grandmothers.

Landouzy mentions the case of a young girl, who had been in the hospital under his care, and whom he had advised not to marry, but who disregarded his advice, married, became pregnant, and, after a miscarriage, died suddenly in an attack of asystole.

Of course, in cardiac disease, it is well to discourage marriage; but, in regard to such action, the old fable of Cupid being blind has countless illustrations, and at the bridal altar these very maidens, like other brides, deck themselves with orange flowers, the very symbol of fecundity—whether they know this or not—when they ought not to have a single pregnancy. But, when married, they are advised not to have children. How many women can control this matter? To avoid reproduction is very easy to advise, very difficult to do. Possibly, it might be well to counsel these cardiopathics to prepare for marriage by first undergoing Battey's operation. But when the wife is not sterilized in advance, a similar proposition might be made to the husband; and in the day when our gentle sisters become professors of diseases of the male sexual organs, possibly normal orchidectomy may occupy as important a place in the surgical therapeutics of men as normal ovariotomy now does in diseases of women.

However, we are not sanguine that either plan of treatment for the prevention of pregnancy will be adopted; but we are inclined to think that germicide solutions may continue to be in demand by cardiopathic wives.

The Treatment of the Apparently Drowned.

The *Brit. Med. Jour.*, May 10, 1884, says:

In our annotations of April 26, we drew atten-

tion to a demonstration in Paris of the treatment of asphyxia by Dr. Howard, in which he desired to show that the traction of the tongue does not suffice to raise the epiglottis away from the posterior walls of the pharynx. It is satisfactory that these more recent observations of Dr. Howard entirely confirm those of our associate, Dr. Bowles, who enunciated precisely the same principles in his paper, published in the *Medico-Chirurgical Transactions* in 1860. Attached to this paper is an illustration of the anatomical relations found by him on dissection, indicating in the clearest manner that, in the recumbent position, the epiglottis ordinarily lies in contact with the posterior wall of the pharynx, and is immediately raised and drawn away from the posterior wall by elevating the chin and throwing the head backwards, as Dr. Howard puts it, by placing the head and neck in a position of forced extension. It has also been strongly insisted upon by Dr. Bowles that the pulling of the tongue forward in drowning, asphyxiated, and comatose conditions, when the patient is supine, is absolutely untrustworthy as a means of treatment; for, in opening the mouth to lay hold of the tongue, the base of the tongue and the upper glottis are pressed back against the pharynx, and one cannot be sure that even severe traction of the tongue will then remove those obstacles to respiration. To this extent, Dr. Howard's observations appear in accord; and it is to avoid these obstacles, in addition to the fact that it is quite impossible to evacuate the water, inspissated mucus, and foam, from a loaded chest by the adoption of the prone position for a minute or two, that Dr. Bowles still maintains that the only simple, ready, and effective method of treating the apparently drowned is the method of the late Dr. Marshall Hall. This conviction, we understand, is forced upon his mind after an experience of five and twenty years, and a careful unprejudiced comparison of all the methods of treatment that have been advocated during that time. We think it well, from time to time, to draw attention to such a momentous question as that of drowning, in order that the profession should not rest too contentedly on authorities and names, but should continue to make independent and accurate observations.

Reocurrence after Extirpation of Tubercular Glands.

Dr. Wiskemann owns in Illzack a small private hospital, containing but eight beds. From July, 1879, to January, 1883, he treated in his institute 80 children and young adults for tubercular disease of lymphatic glands, bones, and joints, and he also performed a number of operations. He has published the result of his experience in the *Archiv. für Klin. Chirurg.*, xxx., p. 341. In none of the cases happened an accidental disease produced by the operation, and but three died, two of them of tubercular meningitis. Wiskemann made a special study of the mode and manner by which the tubercular recidive developed itself, and he has come to the conclusion that there exists a latent infection of the soil in the places where the children reside. His therapeutical procedures do not differ to any extent from those usually employed. He especially recommends, however, the *crystalline* iodoform, and says that its anti-tubercular effect is especially apparent in unaffected wounds, *i. e.*, when applied to the wound after the operation has thoroughly removed every particle of the tubercular disease. Upon granulating surfaces, where, therefore, the tubercular material may have already again developed itself, its influence is not so prompt, so that it seems as if the crystalline iodoform had more a prophylactic effect. This may also explain its action in tubercular joints after the removal of the tubercular parts. In conclusion, Wiskemann lays stress on the purity of the drug, contending that none of the other iodoform preparations could be compared with it concerning its prompt effect. His experience further proved to him that any addition to iodoform, whether made for the purpose of correcting its odor, or perhaps with the view of enhancing its effect by other disinfectants, but diminishes its therapeutic value. In general, the report makes the impression of being based upon truthful statements and well-observed facts.

Administration of Quinine by the Rectum.

Quinine is as often indicated in children as in adults, but on account of the difficulty of concealing its bitter taste, is seldom employed. Dr. R. Peck (*Deutsche Med. Wochschrift*, 18, 1884,) has made a number of experiments, and announces that quinine may be easily administered to children in the form of suppositories. He found that not only the drug is rapidly and promptly absorbed in this way, but that also far larger doses may be given than per os. He made use of from 16 to 24 grains of the muriate of quinine at a single dose, adding about 30 grains of butyrum cacao and a small quantity of unguentum cereum as mass for the suppository. He further recommends the washing out of the rectum about an hour before the introduction of the suppository,

and mentions that the latter should be pushed up the rectum as high as possible, especially in very restless children, in whom he advises the introduction of the suppositories during sleep. Thus far few observations on this subject have been published, probably on account of the uncertainty of the doses and of the effect produced. Pick's method merits a more extended trial.

Consequences of Hypodermic Injections of Ether.

A man, previously in very good health, was attacked by sciatica. The neuralgia was not very severe, but stubborn. Dr. Barbier (*Union Méd.*, 1884, No. 66,) injected a Pravaz's syringeful of ether deeply into the tissues on the posterior part of the right thigh. A grave neuritis at once set in, followed by disturbances of general sensation and by degenerative atrophy of the muscles of the lower leg of the same side. During the progress of this ominous form of neuritis, small vesicles made their appearance on the inner side of the right ankle, and suddenly changed to a deep ulcer, perfectly painless and insensitive, but penetrating to the bone, and being surrounded by a great amount of infiltrated skin. Simple rest gradually caused the healing of the ulcer. Long-continued electrical treatment also brought about an improvement of the anæsthesia and the paralysis, but no complete cure. Trophic disturbances were wanting.

CORRESPONDENCE.

Ephidrosis Produced by Mercury.

EDS. MED. AND SURG. REPORTER:—

Whether mercury will excite the sweat-glands or not seems not to be fully settled. King, in his Dispensatory, speaks as though mercury would increase the flow of sweat. The same idea seems to find expression by some of the older writers. So far as I am able to find, our latest authors pass over the point. Nothnagel, however, is not contented to pass over it, but stops to give it a dab in the following language:

"It certainly has no particular influence upon the sweat-glands; just before death severe perspiration has been observed, just as is the case in many fatal conditions; but mercury does not cause this. The sweating during mercurial cures is due to the warm envelopment in clothes, etc., warm rooms and similar causes, and not to the poison."*

This writer is remarkable for putting in his own observations and theories to the exclusion of the testimony of others, unless brought up to the touch-stone of experiments on animals.

The following case, however, settles the whole question as to the possibility of such an action:

When practicing in Maine, thirty years ago, a man brought his son to me from out of town. This son was sixteen years old, and above average height and weight for that age. Some months before this he had acute rheumatism, affecting the feet and ankles, and a reumatism-cure doctor seeing the case, undertook to cure it by remedies addressed to the locality only. The pain and swelling suddenly disappeared from the feet, when the heart became affected and greatly changed, and the pretentious doctor was at his wit's end. A regular physician was then called, and with great effort succeeded in saving the patient's life. At the time the young man was brought to me there was great commotion in the chest. The left side was heaving heavily, the heart was enormously enlarged, and the jugulars throbbing so as to be easily seen across the room. On account of the palpitation and the dyspnœa, it was with great difficulty he could walk at all.

I need not describe the case further, but simply say that after examination I informed the father that I could tell him what the matter was much better than I could tell him what would cure his son. He, however, had more faith in me than I had in myself; and the result was that he was put under my care, and a course of mercury, chiefly calomel, was advised, with a view of "touching the system," in hopes of promoting absorption about the orifices and valves. He was left with me under close observation, that the effects of the mercurial might be watched and not be allowed to go too far. Every day for several days I was examining the mouth, but there was no mercurial breath, no tenderness nor extra secretion. At length, several days after it should have occurred in the mouth, his skin began to smell, and a profuse clammy sweat made its appearance. This odor soon became almost intolerable. His clothes, the bed, and everything which came in contact with him, was contaminated with the horrid stench. I had "affected the system," but the skin showed the effects of the mercury, not the throat and mouth; for I had produced on the sweat-glands just such action as I was looking for on the mouth. The excessive sweating lasted about a week, but the odor continued for two weeks longer.

That this was a case of the specific action of mercury on the sweat-glands, producing precisely such effects as usually occur in the mouth, there can be no more question than that I am writing this sitting in my chair and not standing on my head, even if Dr. H. Nothnagel was not there to be an eye-witness to the fact.

By the end of ten days, when the father came for the son, I found a favorable change taking place in the symptoms. Digitalis, with other remedies, was followed up, and potassium iodide was substituted for the mercury. Two weeks later the improvement in the symptoms had become marked, and in six months he was comparatively well. I saw him several years later, an enterprising business man, when he told me that he had remained perfectly well ever since his recovery.

This was a remarkable case to begin with; the effect of the mercury on the sweat-glands rather than on the mouth and throat was also remarkable; but most remarkable of all is that so seri-

*Materia Medica and Therapeutics, vol. 1., page 196.

ous a case should have been perfectly restored. I have never tried to salivate many patients, but I have never regretted the effort in his case, though the salivation did not occur where I was expecting it. *The teeth did not suffer.*

Boston, Mass. E. CHENERY, M. D.

Diagnosis and Treatment Wanted.

EDS. MED. AND SURG. REPORTER:—

Will you or some of the readers of the REPORTER give me the diagnosis and treatment for the following case: Frank M., age 27, single, son of stave and lumber manufacturer. Has for ten years past at different times pointed staves; that is, cut the staves ready for barrels, treading with one foot while standing on the other. This work he had to quit on account of pain and soreness of the feet. At one time quit this work for two years. In all, during the ten years, has worked about four years. Has not followed this kind of work for the past three years. He now has pain of prickling character all the time during waking hours, and more or less at night. Recumbent position relieves it to some extent. On first rising to his feet the pain is so great that he cannot take a step for a few moments, until his feet became used to his body weight. He says, "My feet feel as if the bottoms were pounded with a hammer until they were bruised." He has had pain for six months in lumbar region, but says, "has nothing to do with my feet, because I suffered with feet long before I had pain in my back." This pain is relived by rest and elevation of limbs. "At special times pain concentrates at one point, and at times pain is so great that it seems something is coming out of my heel at the point upon which I stand." Then he has no pains in other parts of the foot. At times the foot will become swollen at the under surface of the arch. The patient is intelligent, being now a teacher. Has good habits and general health is good. A. J. B.

Andrews, Ind.

Treatment of Malaria.

EDS. MED. AND SURG. REPORTER:

In my student days I was taught that malaria disappeared with the coming of frost, but I practice in a country which it seems had not at that time been studied. We have malarial diseases the year round. A freezing temperature lasting for days and weeks does not stop it. We have *typical nothing* except malarial diseases; all others are complicated, malaria being a conspicuous element. Hence, cases of chronic malarial poisoning are quite numerous. 'Tis quite common to have patients apply for treatment in this condition: Skin dry and sallow, bowels constipated, tongue furred, taste bad, urine scant and high-colored, appetite capricious, daily exaltations of temperature without rigors, night-sweats, great nervousness, and poor sleep, spleen enlarged to four or five times its normal size, more frequent in females, and especially so in those who have borne children; loss of strength and weight. In such cases after checking periodicity and arousing secretion with *mercurial* purgative, Cinchonidia is used almost to the exclusion of quinine here. I place patient upon one of the following:

℞. Tinct. iodinii comp., f. ℥j.
Liqr. potass. arsen., f ℥ij ℥ss.
Ergot, ex. fld. f. ℥v ℥ss.
Elix. simplicis, q. s. ft. f. ℥iv.
M. A teaspoonful, (℥j.) for adult, after each meal.

Or,

℞. Potass. iodidi, ℥ij. ℥ss.
Liqr. potass. arsen. f. ℥ij. ℥ss.
Vin. ferri amari., f. ℥iv.
M. A teaspoonful (℥j) after each meal.

The first I prefer, though sometimes alternate. Have known this to be taken four months consecutively. Have also used it in other glandular enlargements and fibroids, and noted its good effects beyond question.

I have had abundant opportunities of trying these combinations in cases of chronic malaria with enlarged spleen, and so can testify to their superiority over any of the many other combinations which I have tried. I don't think I have ever seen either of the formulæ in print; if so, the fact has escaped my mind.

E. A. WAGGENER, M. D.

Carrollton, Mo.

NEWS AND MISCELLANY.

Report on the Electrical Exhibition.

There has rarely been an undertaking which drew as many strangers to our city, and which excited as much interest amongst our own citizens, as the electrical exhibition. Two classes of visitors are especially benefited by it. First, those who have made a study of electricity, and who are able to comprehend the apparatus exhibited and can be but astonished at the great progress made of late in this respect; and, secondly, those who, having heard and seen a great deal of the electrical light, and of the practical uses to which, especially, magneto-electricity may be put, never had the opportunity to observe the working of the new motor. While by an exhibition of this kind the expert is informed of what others have invented, the uninitiated receive valuable instruction, which will bear the more fruit the greater the theoretical knowledge previous to visiting the exhibition.

The managers recognized this fact, and they arranged a number of instructive lectures to be delivered at the place by men thoroughly conversant with the modern practical application of electricity and the physical laws bearing upon it. These lectures are still continued, and to judge from the size of the auditorium, fully appreciated.

But while the managers have acted wisely in this respect, with regard to some exhibitions they have committed an error, which we mention with the view of inducing other undertakings of this kind to be more careful concerning the nature of the goods which they permit to be exhibited. There is, for instance, one stand where Rhinestones and all kinds of cheap jewelry are for sale. Most of this jewelry has not even the merit of being plated, a fact which, if done by electrolysis, would bring it at least into some connection with electricity; but as most of it is made simply of the

thinnest silver, it should be properly exhibited at the side of the board-walk in Atlantic City. Another exhibition seemed to be really a booth transferred from the seashore. It consisted of shells and ornaments made of shells. We tried to discover the possible connection between a pocketbook or a breastpin made of shells and electricity, and were able to detect but one plausible cause that could have induced the manager to admit such goods, and which probably is the same that decided them to permit enterprising firms to exhibit furniture, curtains, and carpets, viz., to show the effect of the electrical light upon these articles. We hope that this useful idea of the managers will not fail in its more practicable effect—the attraction of purchasers of silver breastpins, Rhine-stone jewelry, shell ornaments, and household furniture.

If we exclude from the exhibition all that properly belongs to a county fair, we may divide the real electrical exhibits as follows:

1. Machinery, by which the dynamos are set into motion, beginning with the boiler and ending with the complete engine. I. S. L. Wharton and R. Norris show an improved Harrison safety boiler with the so-called spheres or units, which have ground rebate joints. These are strung on heavy bolts forming a parallelogram, called a slab. Their number varies according to the horse-power desired. Then there are numerous high-speed engines, the Southwark Foundry and Machine Co., of our city, having the largest exhibit of motive power, four Porter-Allen and two Southwark high-speed engines. The Porter-Allen, by the by one of the finest pieces of workmanship we ever laid our eyes on, is especially well adapted to high-speed by reason of its four-ported steam and exhaust-valve connections and the compensation afforded by its peculiar link for the inequalities of piston speed near the two extremities of the stroke, by the solidity and excellence of its frame, and by the skillful adaptation of the weight of reciprocating parts to the rotary velocity. It will give piston speeds of from seven hundred to eight hundred and eighty feet per minute. Especially well suited for dynamos are also the gas engines, especially the Otto gas engine, manufactured by Schleicher, Schumm & Co., 33 Walnut street. It the simplest engine possible, and has no gearing wheels of any kind. The varying load of the machine itself regulates the gas-supply by a cut-off mechanism. The pressure utilized for the production of the power is generated in the cylinder, and at once availed of therein to propel the piston. This pressure is due to the combustion of a peculiar mixture of common coal gas and air, which is ignited by a small flame, carried from a burning gas jet outside into the cylinder by the motion of the slide. When full power is produced, twenty-one and one-half cubic feet of gas per indicated horse-power per hour is all that is needed, making a cost of from two to four cents, according to the price of the gas. The most remarkable part about this engine is, that the consumption is limited in proportion to the load on engine, as the cut-off is in continuous operation while running. The engine costs nothing while standing, and is started and stopped without waste of fuel and time, and uses just as much gas as needed, and no more. The machine is noiseless in action. On account of the great regularity of their motion, these engines are specially adapted to the driving of dynamo-electrical machines. Two are in operation in the annex of the exhibition.

2. After an examination of the engines, the sight-seer should, by all means, go to take a look at the dynamos. They simply consist of two soft iron cores around which an endless insulated copper wire is coiled, and between the two a permanent steel magnet is rotated. No matter what their size or their shape, upon this principle all are built. And we will here remark, that those who are still waiting for a cheaper production of electro-motive force, will wait in vain. The principle is now so completely mastered that only improvements in the mechanical working can be expected. Just as the principle first applied by Watts to the steam-engine to-day still is the same—heat being necessary to change the water into steam, and this having to be compressed to give it the needed intensity or force—so in electricity, the principle of the electro-motive force is well understood. There is no perpetuum mobile, and never will be. It takes a force to set a dynamo in motion, whether this be an engine or in small affairs a galvanic battery; but without such a force there can be no generation of electric force. There are many dynamos exhibited, almost all ranged under the north gallery and in sections by themselves. At many places placards are hung, reading: "The dynamos will magnetize your watches. Keep away!" The management has provided a safe at the office where watches can be kept, though a piece of silk (not half cotton) well wrapped around the watch answers the same purpose. There are about two hundred dynamos exhibited, the largest in Edison's department, near to the entrance at 32d street and Lancaster avenue, and in Brush's, United States, Call's, and other companies' sections.

3. Parts needed in the manufacture of electrical instruments, and in the practical application of electro-motive force. The incandescent light, of which thousands can be seen in operation at the exhibition, consists of a slightly elongated hollow ball of glass with an opening just sufficient to permit the entrance of the two insulated wires, conducting + and — electricity, and the platina-wire uniting them, while the so-called arc lamp consists of two electro-magnets, one in the main, and one in the shunt circuit; to the latter is hinged a soft-iron armature, the free end of which moves under the influence of the opposite pole of the main magnet. The armature carries the carbon-lifter, so that any motion imparted to the armature, under the influence of its electro-magnets, is directly communicated to the lifter, either separating the carbons or allowing the same to feed. The sparks passing during neutralization of the two opposite electrical currents from pole to pole, keep the carbon-rods burning, and thus produce the light in arc lamps. The carbons, glasses, wires, and other parts needed, are all exhibited by various manufacturers. Edison has erected an immense column, around which wind in spiral lines thousands of incandescent lights, some colored red, others white. At certain hours, 6, 7, 8 p. m., etc., they are lighted, usually some of the spiral lines alternately, and the

flashes of light thus produced present a beautiful picture. There are many firms exhibiting the utensils needed in electrical manufactories. Alfred E. Moore exhibits an attractive display of insulated wire, from the thinnest insulated copper wire to the thickest cable. Moore's factory, at 3d and Race streets, has also a historical interest, having been established in 1820, and sold to Prof. Henry, the great scientist, the first insulated wire. The Brooks underground cables are also shown, and at another place is a historical collection of electrical machines. Carbons are exhibited which give the light of sixteen, and such which have an illuminating power of one million candles.

4. The largest class of exhibits is that of practical applications of all these various discoveries. We can enumerate only a few, as the shortest description of all would fill more pages than the reading material of a number of the MEDICAL AND SURGICAL REPORTER occupies. As mentioned, near to the entrance is Edison's exhibit. There are all kinds of electric lights and dynamos, phonographs, microphones, and instruments to measure the force of an electrical current, galvanoscopes, rheostates, and rheotomes. A fountain with many various jets near by offers cooling, the pumping being done by aid of dynamos, while also near a broad sheet of water falls from a considerable height into a beautiful grotto, electrical incandescent lights illuminating the whole and bestowing upon the scene a wonderful aspect. A very interesting object is the printing press of the *Electric World*. The press is run by a Daft-motor, supplied with a current by a Daft-dynamo.

The Electric Matting Company, of this city, has an ingenious device by which it proposes to alarm burglars and put housekeepers on their guard against uninvited nightly visitors. Drawbaugh, Bell's rival, exhibits telephones and transmitters. The Electric Supply Company shows many fine instruments, and a number almost too large of various sewing machines belonging to various firms is run by all kinds of dynamos, the Brush Company and the Cleveland Motor Company providing the most. These small dynamos may also be run by a galvanic battery. The Electric Novelty Company has many devices on exhibition calculated to amuse. A small railroad, run by a dynamo, is one of them. Louis Speller's varied assortment of electrical clocks also merits mention, and a loom run by a dynamo, while the American District Telegraph Company parades its novel burglar alarms. The Thompson-Houston exhibit is rich in dynamos, and at the United States Electrical Lighting Company, whose expert is Edward Weston, a number of assistants are gladly willing to explain the mechanism of their apparatus.

Nobody should fail to visit the exhibit of the Army Signal Service, and the whole United States exhibit. Here are shown the igniting of a torpedo, the manner of illuminating those deadly machines if secreted in the water, and the other ingenious devices useful in war and of value in peace, especially for meteorological observations. The Multiplex Telegraph Company, opposite, exhibits a wonderful apparatus by which seventy-two messages may be simultaneously sent over one wire. Prof. Gray's machine for transmitting sound by electricity especially attracts attention, as he is the first inventor of the telephone. The Bell and Western Companies exhibit a central telephone station, and shows how two speakers are connected by the operators at the central station.

In the gallery, a Roosevelt organ is played by means of an electrical current. Several quacks have mysterious instruments and all-curing electrical baths for sale, and ice cream may ad libitum be swallowed at ten cents a portion, which is very reasonable. Probably to let the iron chain become magnetic and attract the individual "copper," or to assist digestion, all the chairs of the thriving ice-cream, cake and candy establishment are chained to the floor, thus forcing parties of more than four to sit a greater distance apart than would permit inductive action. But there are four exhibits in the gallery which are worth visiting. First, the Van de Vorle system of electric lighting, where various motors, arc and incandescent lights, lamp-hangers, focusing lamps, the electrical transmission of power, and an electro-plating machine, may be studied. On the east gallery the nickel-plating works attract the attention of all, not only by showing the apparatus and the manner of its working by nickel-plating before the eyes of the visitors, but also by exhibiting all the raw materials and minerals used in the process. A crown-shaped crystal of sulphate of nickel merits special mention. Further south, Otto Flemming has an attractive display of all medical batteries manufactured by him; and, on the south gallery, chickens are hatched by aid of heat given off by incandescent lamps. Nearly daily some chickens just escape from the eggs, while visitors fasten their curious eyes on the youngsters. W. C. Taylor has erected near there a photographic studio, where he takes likenesses by electric light. In the annex, the application of electricity to railroad-signaling and the propelling of a car by electro-motive power are demonstrated.

On mounting the tower one sees the enormous electric detector-lamp of the U. S. Navy Ordnance, which is said to have an illuminating power of one million candles. The coins copied by electric process from those in the British Museum—a rare and interesting collection—and the library composed of books all treating of electricity, consisting of over 3,000 volumes and chronologically arranged, will pay for the time spent upon their inspection; while on the return way one may look at a brick-making machine of Chambers, Bro. & Co., 52d and Lancaster, which manufactures 25,000 bricks within 10 hours, an electrical counter-attachment counting their numbers. Henry Clay of this city exhibits his telephone, which accommodates itself to loud as well as to low talking. This telephone is now being introduced into this city, and seems to offer special advantages. It consists of a square transmitter of vulcanized material $\frac{1}{16}$ and $\frac{1}{18}$ inch thick, a receiver and an automatic switch. The receiver is hung on a fixed hook on the transmitter. By removing it a tongue projecting from the box is raised, and a switch moved within the box, thus establishing the necessary electric circuits, connecting the individual instrument with the central office. The inventor claims that this telephone keeps up a continuous

circuit within the limits necessitated by loud talking at the transmitter, and to do so without any special adjustment. There is no rattling sound caused in the receiver by loud talking, as has generally been complained of in other telephones. The office of the company is in the Shakespeare Building, Chestnut Street. Exchanges have been established at Third and Chestnut, and Third and Berks streets, and are in use since July. Over two hundred miles of wire connect the five hundred instruments now in regular operation. In Chester and West Chester, exchanges have also been successfully established. From its many advantages, all predict the future popularity of the Clay telephone.

Another important discovery is the Siemens lamp. Air and gas are introduced in proper proportions into the flame. The gas in a cold stage passes through chambers and pipes to the burner, while the cold air is driven through another chamber, where it is equalized. The top of the burner is of porcelain, and the flame descends into the regenerative heating chamber. By collecting the waste heat and the products of the flame in the chamber, its temperature is raised to 1600° Fahr., and as the other chambers surround this one, they and the gas or air they respectively contain, are also heated up to the same point, thus increasing the illuminating power of the gas. A common burner furnishes for every foot of gas consumed three and a half candle-power, while Siemans' burner under the same circumstances possesses the illuminating power of ten candles. The flame is said to be very steady, and the burner to act as a first-rate ventilator. The lamp is manufactured at 23d and Washington avenue, in this city.

Lastly we will mention the Excelsior electric system. It claims to give a more steady light than any other, in consequence of an automatic governor, while its lamp is the most perfectly insulated.

The Medico-Chirurgical College of Philadelphia.

Dr. James E. Garretson, who has been elected president and professor of surgery in this institution, inaugurated his clinical service, Saturday, Sept. 6th, in the presence of an amphitheatre filled with students from the different colleges of the city, together with a notable gathering of Philadelphia's most distinguished physicians and surgeons, the latter attracted by the use which was to be made of the surgical engine in an operation devised by Professor Garretson for exsection of the inferior maxillary nerve where it emerges through the base of the skull at the oval foramen.

The lecturer invited the attention of his audience to the manner in which student life was to be lived in relation with the Medico-Chirurgical College. He directed notice to the fact that the institution was a system of departments conducted by enthusiastic and proficient specialists, a majority of whom were alumni of the European Continental Universities. "The work of the student," said the clinician, "is to be done side by side with these teachers; he is to observe at the bedside, to delve, to sift, to reason. No offense is meant," said the lecturer, "when is implied an intention to introduce a more philosophical manner of educating young men than now ordinarily obtains. A fault of to-day is observation directed to sequence rather than to antecedent; pills are given the place of principles. We here have banded ourselves together for mutual help in carrying our own attainments forward. Taking us together, it is no lack of modesty to say that we know a very great deal of general medicine and surgery and of the specialties. What each one individually knows, he will give, getting in return. What we are to do for ourselves, we propose to do for our students. He who throws in his professional fortune with ours, will share everything possessed by us. We want, as a class, the young men who are anxious to learn. We desire to have the educated seek our school. We provide well and fully, however, for the energetic lacking desired advantages, by an auxiliary literary course established now over four years, where, without additional cost, our matriculate may mend his defects. A physician is to be a gentleman. Gentility shows shabby without education. We have means to educate. Personally speaking, I shall have more satisfaction in teaching the single student who comes to learn, than in discoursing to the score whose single idea is the diploma; and in this I echo the sentiment of my colleagues.

As President of the Medico-Chirurgical College, I am quite well aware that the Faculty has not struck the most popular key-note as far as pecuniary success is concerned. I know, out of a long experience with students, that three years and a graded course intimidate. I know as well, however, that graded courses and continued testings constitute the only way of medicine, and that it is time that the American people shall come to be protected where they cannot protect themselves. I assert that if we are properly seconded we will secure eminence to our graduates, and this necessary security to the people whenever after the "M. D." shall succeed the letters, "M. C. C., Phila." "Silk purses are not to be made out of sow's ears." I will start, young gentlemen, by accepting that every student here met together is possessed of the cocoon property which allows of an endless stretching out.

The Greek Cure of Hydrophobia.

A correspondent writing to the *Liverpool Post* says: Dr. Xanthos, in 1823, was compelled, by disturbances in his own country, to take up his residence in Zurich, where he met a Greek, from the Peloponnesus, past middle age, and familiar with the customs of his country. He said that all that was necessary to cure the bite of a mad dog was to cut out, with a sharp knife, and on the ninth day, the blisters which appeared under the tongue of the person bitten, and which the Greeks called "Lyssais-rabies caninis," and to suffer the bleeding until the poison was discharged. Dr. Xanthos immediately sent certain written questions from Heidelberg, and obtained from Aron the following reply, from Polychronis, a Thessalonian; "If a man is bitten by a mad dog, on the ninth day small blisters, called lyssais, appear under the tongue. They are rather dark-colored, about the size of a pea, some of them

smaller, and look like flesh. They are situated on the under side of the tongue, under the membranous band, particularly on the side of the veins. If you observe the tongue of a sound man, and then examine that of a man who has been bitten by a mad dog, you will immediately see the difference. As soon as these lyssais are observed they must be cut out with a sharp knife, and the bleeding continued till the poison is discharged. If this is neglected or deferred too long, the brain becomes affected, and the patient will die in deplorable convulsions."

"Seven Greeks," said Dr. Xanthos, "who were stopping at Azov, natives of Thessaly and Epirus and the islands of Greece, confirmed this testimony." An Epirot at Basle informed the doctor that in his country, after the lyssais had been cut out and the wound had bled copiously, it was the custom to rub it with garlic and common salt. He answered the doctor that he had frequently seen this done, and after the plan had been carefully pursued, the patient after the fortieth day was out of danger. He also added that the inhabitants of the neighboring mountains, after the operation on the lyssais, washed out a gun-barrel with water, and made the patient wash his mouth with the rinsings. Thirteen Greeks stopping at Basle confirmed this testimony. A Pelopoñnesian, 80 years old, who had been in trade from fifteen to twenty years in Russia, who was then in Switzerland, told the doctor that he had often employed this method in Russia with the happiest success. In some parts of Greece, after the operation, it was the custom to squeeze river crawfish to the wound. The inhabitants had great faith in the efficacy of crawfish in cases of hydrophobia, and used them internally and externally. From all this information, it appears that the treatment of this frightful disorder throughout Greece was by excision of the lyssais. That it had its origin in Greece is evident from the name, which is used throughout that country.

The Veterinary College of the University of Pennsylvania.

The Veterinary Department of the University of Pennsylvania is now open for the reception of students for the first year's course of studies. The introductory lecture was given on Thursday, October 2d, in the amphitheatre of the veterinary buildings, Thirty-sixth and Pine streets, by Professor Huidekoper.

The following comprises the faculty of the Veterinary Department:

William Pepper, M. D., LL. D., Provost of the University, and, *ex officio* President of the Faculty.

Rush Shippen Huidekoper, M. D., V. S., Dean of the Faculty, Professor of Internal Pathology, and *pro tempore* Professor of Veterinary Anatomy.

James Tyson, M. D., Professor of General Pathology and Morbid Anatomy.

Horatio C. Wood, M. D., LL. D., Professor of Materia Medica, Pharmacy, and General Therapeutics.

Theodore G. Wormley, M. D., LL. D., Professor of Chemistry and Toxicology.

Harrison Allen, M. D., Professor of Physiology.

Joseph T. Rothrock, M. D., B. S., Professor of Botany.

Andrew J. Parker, M. D., Ph. D., Professor of Comparative Anatomy and Zoology.

Robert Mead Smith, M. D., Professor of Comparative Physiology.

—— ——, Professor of Surgical Pathology and Obstetrics.

Adolph W. Miller, M. D., Demonstrator of Pharmacy.

Henry F. Formad, M. D., Demonstrator of Pathology and Morbid Anatomy.

H. Horace Hoskins, V. S., Demonstrator of Anatomy.

Alexander Glass, V. S., Demonstrator of Therapeutics, Materia Medica, and Pharmacy.

Medical Society of Virginia.

The Medical Society of Virginia was in session from Tuesday, September 16, to Friday, September 19, at Rawley Springs. The society appears to be in a flourishing condition, there being about one hundred and fifty doctors in attendance, and about sixty new members received, while financially it closes the year with $258.00 in the treasurer's hands. Dr. Chancellor, of Charlottesville, was president last year, and Dr. S. K. Jackson, of Norfolk, holds the same place for this year. Dr. L. B. Edwards, of Richmond, is secretary, and Dr. R. T. Styll, treasurer. From day to day papers on advances in various branches of medicine were read and discussed, and several valuable volunteer papers presented. The law passed by the legislature last winter constituting a Board of Medical Examiners, made it necessary for the society to recommend to the Governor three physicians from each Congressional district, and two from the State at large, to examine all doctors who may in future apply for license in the State.

The society meets next year at Alleghany Springs, and the subject for discussion will be scarlet fever. This year they discussed malaria. Thursday night the society adjourned at 10 p. m., to partake of a complimentary banquet given by the managers of the Springs, after which toasts were offered: "To the country doctor, the rough diamond; rub against him, and you find him of the first water." Dr. J. S. Apperson, of Smyth county, responded, who made a remarkably good speech, giving, as a country doctor, some excellent practical advice to the society.

Items.

—Hog cholera has been prevailing since last winter in certain counties of New Jersey.

—Prof. Braun, of Heidleberg, has been called to the Chair of Surgery in the University of Jena.

—Prof. Hermann, of Zurich, will take the Chair of Physiology at Königsberg, rendered vacant by the resignation of Prof. von Wittich.

—A boy recently died at Beckenham, England, from spasm of the glottis, caused by swallowing some glass, a considerable quantity of which was present in a pot of marmalade of which the deceased had partaken.

—A medical man was ill-treated and wounded by the inhabitants of Porto, a district of Naples,

where he went to attend some cholera patients. A crowd gathered round him, and accused him of being a poisoner.

—A professorship in hygiene is to be established shortly in the University of Berlin, and a special institute is to be erected for this course of study. Similar arrangements are likely to be made before long in the other German universities.

—W. T. Slatton, of Greenville, S. C., has been totally blind for a number of years, and yet freely drives about alone in a buggy, and can manage all his multifarious affairs, which include running a saw-mill and a "gin" mill—of the cotton kind.

—A pear cure, something after the order of the grape cure, is now in vogue in Oakland, Cal. The diet is wholly of Bartlett pears. An invalid is said to grow thin upon it at first, but in a few weeks usually grows stronger.

—Large numbers of dried and smoked lizards are imported by the Chinese physicians. They are used in cases of consumption and anæmia with considerable success. Their virtue seems to lie in the large amount of nitrogenous compounds and phosphates they contain.

—Chamomile flowers are so abundant in Athens that Dr. Landerer, who contributes to the *Drug News* a note on the subject, says that the gardens of the city would supply all the demands of Europe. The chamomile flower is known in Greece as the "April flower," as it blooms in that month.

—Prof. W. O. Atwater, in his paper on the chemistry of fish, before the American Association for the Advancement of Science, contended that it had been shown that fish was as readily digested as flesh meat. Oysters, however, he regarded as far less nutritious than fish.

—Dr. Bossana, of the Pharo Hospital, at Marseilles, telegraphed on September 9th, that Drs. Reitsch and Ricati had just informed him that several animals which they had inoculated with Dr. Koch's microbes had died with choleraic symptoms—results which Dr. Koch had failed to obtain.

—A case of severe orchitis with epididymitis and slight effusion into the tunica vaginalis, is reported by Zacco (*Gaz. degli Ospitali*) as having occurred in a malarial patient; the usual measures availed nothing, and only quinine made an impression and effected a cure. There was no other cause than malaria assignable.

—First Party: "Have you any court-plaster?" Second Party (a druggist): "No; but here's some sticking-plaster. You see we have no royal family in this country, and therefore no court, and consequently no court plaster. If your finger is cut you will have to take a piece of the democratic article, or go somewhere else."

—The word "microbe," now so commonly used, was coined by M. Charles Sédillot, of Strasbourg, in February, 1878, in a paper which he read on the application of M. Pasteur's discoveries to surgery. Coming from the Greek words *μικρος*, small, and *βιος*, life, it aptly describes the thing intended. In replying to M. Sédillot, M. Pasteur used the word twice, and scientific men have since generally adopted it.

—The first number of the *Internationale Centralblatt für Laryngologie, Rhinologie, and verwandten Wissenschaften*, has recently appeared. It is a monthly, containing a résume of all the articles, brochures, or books on diseases of the larynx, nose, and allied organs. The American collaborateur is Dr. George M. Lefferts, of New York. It is published by Hirschwald, of Berlin.

—The International Medical Congress of 1884 may be written down as a great success; 1,600 medical men attended it, 1,200 of whom came from foreign countries. Some of the work done will leave a lasting impress on science; the reception will leave an impress for ever upon those who were fortunate enough to share in in it; so that the name of Denmark will become a cherished memory.

—A contribution to the comparative anatomy of the races of mankind has been made by M. L. Testut, through the dissection of a Bosjesman from twelve to fourteen years of age. The studies revealed a muscular system in a more or less rudimentary state, which exists in a normal condition in various anthropoid and other apes. Commenting on the paper, when it was read before the Academy of Science, Paris, M. de Quatrefages remarked that it supplied no fresh argument in favor of the descent of man from a simian prototype.

—In his address before the American Public Health Association, Dr. Hunt, while speaking of the difference between a man who is able to discover a fact and one who can discover merely an account of one, illustrated his point by referring to the mental habits of astronomers. It appears that a Washington astronomer was at a recent marriage reception, and, being somewhat absorbed in thought, was asked if he had paid his respects to the bride. "No," was the answer, "I have not." "But why do you delay?" asked his friend. "Because," said he, "I have no facts to communicate."

—The late Dr. Gross, like many another scholar, admired the ancient Greeks, and the Greeks were cremationists. Heraclitus, holding fire to be the primary principle in nature, advocated burning; and Eustachius, a Greek bishop of Thessalonica, who died in 1198, assigns, in his famous commentaries on ancient Greece, as reasons for the general practice there of cremation, the fact that bodies were deemed unclean after the departure of the soul and required purification of fire, and also that fire refined the physical entity, separated from it all that was corruptible, and facilitated its flight to the heavenly regions.

OBITUARY NOTICE.

DANIEL SPITLER, M. D.

Dr. Spitler died at Iroquois, Ill., July 23d, 1884, of congestion of lungs. Dr. Spitler was born in Page Co., Va., in 1843, graduated at Rush Medical College, Chicago, in 1869, and at his death stood high in the medical profession.

DEATH.

BRADNER.—September 23, 1884, Roe Bradner, infant son of Dr. N. Roe and Annie Patzmer Bradner, of Philadelphia.

THE

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Original Department.

Lecture.

INTRODUCTORY.

DELIVERED BY PROF. HUGO ENGEL, A. M., M. D.,

In the Aula of the Medico-Chirurgical College, at the Commencement of the Winter Course, October 1st, 1884, at 8 p. m.

Gentlemen: When my colleagues of the Faculty elected me to deliver the introductory lecture at the beginning of this winter course, though fully appreciating the honor thus conferred upon me, I hesitated, whether to accept or not. The main reasons causing this hesitancy were my doubt in my ability and the difficulty of selecting a subject worthy of the occasion. The reorganization of our college has given a new impetus to every teaching force connected with it, while the medical profession at large is watching with interest the development of the new medical school. The words spoken by its representative on the day of commencement might be weighed and be used in forming an opinion as to whether the college is entitled to occupy the high position which it has selected for itself.

This fact made the choice of a subject difficult; it was still more so to treat the one selected in a masterly manner. If I should fall short in what you may have a right to expect from the representative of a faculty having as its members so many learned men, kindly attribute it to my inexperience in speaking on occasions like these, and imagine that the Faculty had appointed me to show, what the youngest of its members might achieve, and myself judge according to the Roman saying:

"Ut desint vires tamen est laudanda voluntas!"

After all, when I had determined to accept the proffered honor, and came to consider the subject, I did not long in remain doubt.

There is a large class of diseases producing the deaths of more than five-sevenths of the population of the earth. For three thousand years human ingenuity had tried in vain to discover the pathogenic cause of these maladies, which are now known by the name of zymotic or infectious diseases. It would take days and weeks to read the history of all the many fruitless efforts, which were made to establish the truth. But though slow, progress was sure, and the patient researches of thousands of master-minds during many generations have at last been triumphantly rewarded. In a conference of the most eminent medical authorities recently held in Berlin, the whole subject was earnestly debated and scrupulously weighed, and the result of these deliberations, so eventful for our glorious science and art, has been to pronounce the germ-theory established and proven.

Cast your eyes, gentlemen, all over the horizon of science: where is the discovery so important, so pregnant with results which promise the greatest boon to humanity—freedom from infectious disease? Reflect for one moment on every great discovery made in the various branches of science, and on its consequences! Then glance forward in the future, and imagine to yourselves the ultimate results of the discovery of the pathogenic element of infectious diseases! The time will come, and at no distant day, when every zymotic disease will be stamped out, be driven from the face of the earth! Great and noble as is the thought,

mark my word, it is no sanguine hope; some of us will still live and see the scourge of the human race—tuberculosis—and every one of its allied fiends, subdued and made harmless forever. And not that alone. I shall tell you this evening of some discoveries, the news of which reached me but a few days ago, which make it certain that we shall soon be able, not only to destroy the contagion of infectious disease, but even to tear from the fecundated ovum, from the spermatozoe, when on its way which nature ordained, from the ovum, ere it enters the fallopian tube, and from the placenta, which nourishes the fœtus, the germ of inherited disease; for this hitherto invisible agent, that once mysterious force which transmitted a taint of the organism from the parent to the child, from generation to generation, has been tangibly demonstrated.

I suppose you will agree with me, that there is no subject more appropriate for consideration at the opening exercises of a college which, as ours, takes the most advanced stand in medical education, than that of the "Modern Germ-Theory." So recent is this discovery, that but few disconnected statements of it have appeared in print on this side of the Atlantic, and many of its most important data are scarcely understood by the profession at large. I concluded, therefore, to give you this evening a resumé of what has been achieved, and of what is known and has been proven, concerning the germ theory. But one of the authors most eminent in bacteriology, has thus far given us an authoritative report of the results obtained in this field—the well-known Baumgarten,* whose laborious work appeared but a few weeks ago in the German language; and as I am no authority on the subject, you will be glad to hear that every statement I shall make this evening, surprising as some may be, comes directly from this eminent authority, and is given, whenever practicable, in his own words; while the most important results derived from the researches of Koch, I have gleaned from Koch's five-hour speech, which, at the request of the Berlin Medical Society, he made before a committee of conference, consisting of such lights as Virchow, Leyden, Frerichs, DuBois Reymond, and others.

At the boundary between the vegetable and animal kingdom there is an immense empire of minute beings, too small to be visible to the naked eye. So difficult becomes here the distinction between animal and plant, that for a long time even experts were in doubt to which of the two kingdoms these micro-organisms belonged. The question seems not yet definitely settled, though the majority of the observers incline to the belief that they must be classed to the vegetable kingdom. There are two great subdivisions of these minute beings: Hyphomyceti and Schizomyceti. The first, so-called moulds or fungi, multiply mainly by the aid of spores. They are parasites, many of which give rise in the human being to diseases of the skin and mucous membrane, as favus, aphthæ, etc. The propagation on the other hand of the schizomyceti takes place mainly by division, and it is with the last we have here to do.

Most of the schizomyceti having a rod-like shape, they have received the generic term of bacteria, from the Greek word Τὸ Βακτήριον, the rod. But not all bacteria are so formed, and according to their morphological peculiarities they are subdivided as follows:

1. Micrococci or Cocci, characterized by their circular shape.
2. Bacilli, by which term are understood all rod-shaped bacteria, whether short or long.
3. Bacteria proper, as which science recognizes only the very shortest bacilli.
4. Vibriones, also rods, but of wavy shape.
5. Spirilli, forming short stiff screws; and,
6. Spirochaeti, which appear as long flexible screws.

To give you an idea of the productive power of these bacteria, using the name in its general meaning, if they are brought under favorable conditions for their development—to which conditions belong heat, proper soil, oxygen, and in one kind moisture—let me mention some facts given by the great bacteriologist, Ferd. Cohn, which are really astounding. Of one single bacterium, which during the first hour has divided into two, these within another hour into four, and within three hours into eight, after 24 hours have already become 16½ millions, after two days 281½ billions, and after three days 47 trillions. If in this manner the development and multiplication could progress unimpeded, the breed of bacteria, springing from one germ of about $\frac{1}{500}$ mm. in length, and $\frac{1}{10000}$ mm. in thickness, within less than five days would completely fill all the oceans of the earth; and the descendants of one single micrococcus, whose weight is so little that 1600 millions of them weigh but one grain, would within three days reach the enormous weight of 15 millions pounds.

If nature had placed no impediments in their way, how soon would these diminutive little beings overpower every living organism! But they can propagate only under certain conditions. For in-

*Deutsch. Med. Zeit., 1884, p. 169 et seq.

stance, their most common kind, the septic bacteria, cannot obtain sustenance from the healthy living organism. For most others the first condition necessary for their development is their entrance into the living human or animal body; and what difficulties they have here to overcome, may be judged from the fact that in the blood and tissues of *healthy* beings not a single bacterium has ever been found.

But the enormous propagation of septic bacteria at once begins where death has interrupted the mechanism of life,and the organized tissue having ceased its motion, is decomposed, decays, ferments, and putrefies. And it is to-day a recognized fact, undisputed by any authority, that the process of putrefaction, by which the dead organized substance loses the form and the composition of its constituent parts, is not only accompanied by the development of bacteria, but in fact caused by it and kept up by it alone. Or, as Ferd. Cohn expresses it: "Without the vital activity of bacteria, all beings would continue their shape and composition even after their death, as well as the Egyptian mummies, the giants buried in the Danish turf-moors, or the cadavers of mammoths and rhinoceros, which, for innumerable thousands of years frozen in the ice of Siberia, have continued uninjured with a whole skin, and simply because they existed under conditions which made a propagation of bacteria an impossibility." But not decay and putrefaction alone are caused by these microbes; there are many chemical processes, known by the name of fermentations, which the celebrated researches of Schwann, Pasteur, Ferd. Cohn, and others, have proven to depend upon the vital process of bacteria, or other micro-organisms related to them. For instance, alcohol-fermentation, the process by which sugar is changed into alcohol and carbonic acid, is caused by the activity of the yeast-plant. When fermented fluids become acid, the fact depends upon the change of the alcohol, they contain, into vinegar; and as Pasteur has demonstrated, the excitor of the vinegar fermentation is another bacterium. If milk becomes sour, a rod-shaped schizomycete is responsible for it; and the peculiar phenomena known as pigment-fermentations, owe their origin to a micrococcus. The remarkable incident, which in times passed-by caused so much religious superstition, viz., that on food, and especially on the holy wafer used in communion, suddenly appeared a drop of blood, or rather of red coloring matter, simply depends upon the decomposition of animal and vegetable substances produced by the same micrococci (Monades prodigiosæ, Ehrenberg). Many other discolorations brought about in moist air on potatoes, cheese, boiled eggs, etc., all originate in the action of micrococci, while the bluish and yellowish tint sometimes assumed by milk, and the green and blue color of pus, are produced by rod-bacteria.

But, as Baumgarten says, the researches of modern times have demonstrated the fact with positive, undoubted certainty, that the activity of bacteria is not limited to the decomposition of *dead* organic substances, but that it also extends its fiendish power to the destruction of the processes of life of the highest organized beings—the human race and the animals nearest to it. Amongst many innocuous schizomyceti, there are some pathogenic kinds, which not only live and easily propagate in the interior of the living organism of warm-blooded animals, but which even seem to find there their only conditions of existence.

Many years ago the suspicion was awakened that some of the infectious diseases are caused by living organized poisons. It is remarkable that in 1840 Henle published in his work a series of logical deductions, based upon scientific facts, by which he proved the necessity of a contagium vivum being the pathogenic cause of infectious diseases. What he then supposed, to-day is proven.

But a new impetus was given to these researches, when facts became known which showed, that parasites were far oftener responsible for morbid conditions than had ever been dreamed. Certain diseases of the skin and of the mucous membrane (as favus, herpes tonsurans, aphthæ, etc.,) were proven to be caused by parasites; and Virchow finally demonstrated that a very dangerous internal disease, trichinosis, hitherto supposed to be due to a miasm, was produced by the immigration of a highly-organized animal organism, the trichina spiralis.

As logical conclusions, based upon scientific data, pointed to a contagium vivum, and as the definite proof had been adduced of parasites acting as morbid agents in and upon the human body, the idea more and more took hold of the medical profession, that in every infectious disease a living contagion was the pathogenic element. And during the last decade—especially, however, during the last two or three years—discoveries have been made, establishing the correctness of this view.

The first discovery of this kind Pollender and Brauell made, independently of each other, by detecting peculiar small rods in the blood of animals and human beings suffering from anthrax.

Thanks to the labors of Davaine, Bollinger, Klebs, Pasteur, and especially Koch, it is now generally recognized that these small rods are genuine bacteria, species bacilli, and that they are really the pathogenic cause of anthrax.

Investigators next succeeded in demonstrating the constant presence of certain bacteria in all morbid processes belonging to the great group of septico-pyæmic diseases. The definite proof of their character as pathogenic elements has thus far been given by Klebs of the micrococci causing septic cystopyelonephritis; by Rindfleisch, Klebs, and others, of the micrococci producing septicæmia and pyæmia; by Lücke and Kocher of the cocci inducing osteomyelitis, and those of erysipelas by Nepven, Orth, Billroth, Klebs, etc. Also in septic ulcerative endocarditis, whose cause was so long an enigma to physicians, the constant presence of micrococci-colonies can be easily demonstrated. The micro-organisms of diphtheria have not yet been discovered; neither have those of variola, scarlatina, morbilli, acute yellow atrophy, and hæmophilia neonatorum been detected. But the micrococci causing gonorrhœa, discovered by Meisser, and those of croupous pneumonia, detected most recently by Friedlander, are now recognized as elements constantly present in these diseases.

The discovery of Obermeyer—who, by the by, was a school-friend of mine, and lost his life by these investigations—that in the blood of persons suffering from relapsing fever during the febrile stage innumerable screw-bacteria were invariably found, produced a deep impression upon investigators, and soon from all sides proofs were adduced. As further acquisitions, definitely proven, may be considered the discovery of lepra-bacilli by Hausen and Weisser; of the typhoid bacilli by Klebs, Eberth, Koch; of the tubercle bacilli by Koch and Baumgarten; of the bacilli of glanders by Schütz and Israel. They can easily be demonetrated in recent cases, if the methods of investigation described by their discoverers be employed; and their constant occurrence in the diseases mentioned is generally acknowledged. The bacteria described as syphilis-bacilli by Klebs and others, and the malaria-bacilli, detected by Marchiafava, Klebs, and Tommasi, have not been confirmed by the other observers. While enumerating these discoveries, I will ultimately mention that of Koch, who found in the intestines and the dejections of cholera patients the so-called comma-bacillus never absent.

We may say, therefore, that in a large number of general and local infectious diseases, peculiar schizomyceti, with special characteristics in every malady, have been proven to be constantly present. The view once held that, what had been taken for bacteria, were really products of the granular decomposition of tissues, may be said to have long since exploded. The recent improvements in bacterioscopic technic, and the discovery of the pure-culture of these microbes by Klebs, Pasteur, Koch, Ehrlich, and others, have enabled investigators to give undoubted scientific proof of the existence and recognition of the bacteria. There, further, is to-day no longer the slightest suspicion of their being a post-mortem product. But the following view is still held by some authors: They do not deny the existence of bacteria; they do not dispute the fact that in each of the infectious diseases thus far investigated, a special bacterium exists, which is not met with in any other disease; and they admit, therefore, the constant presence of each bacterium discovered in the human being suffering from the disease of which it is characteristic—but they contend that bacteria are not the pathogenic elements of these diseases, but the diseases being due to something else, simply bring the blood and tissues into conditions which make them a suitable soil for the development of the bacteria; and as each bacterium—a fact they also acknowledge— needs a special soil for its propagation, they do not think it strange that a special kind should be met with in each disease.

Certainly this may all be possible; but modern science has not been satisfied with demonstrating the fact that in each infectious disease there is constantly met with a special bacterium; they have daily adduced sharper and stronger proofs that these bacteria are by no means accidental occurrences or products of these diseases, but that they are their pathogenic causes. The whole subject has been carefully investigated by Baumgarten and his co-workers. But before I enter upon the proof of the correctness of the modern germ-theory, I wish to show you with a few words that the view held by some opponents is not tenable.

If the bacteria were found in the diseased tissues, simply because the disease prepared for them the soil, there should be one instance on record where the disease, if but for one hour, had preceded the bacteria. But not only has such a fact never been observed, but in cases where, as in cholera, the victim had died within one hour after the first symptom of the disease, and where the time was too short for the preparation of a soil, or the multiplication of bacteria, the con-

trary has been proven, for enormous quantities of bacilli were found in the intestines of such individuals. Besides, introduce one of these bacteria into the circulation of an animal liable to the disease, and no matter how healthy the animal before, the malady, of which the bacterium is the pathogenic cause, will at once develop itself. Lastly, in complaints, as relapsing fever, where a week of comparative health is followed by a week of fever, with the very first symptom of the febrile period, and, as Obermeyer demonstrated, within five minutes after the increase of temperature, the blood of such a patient, which was normal during the interval, is loaded with the characteristic spirochaeti. Is it not more natural to assume that the spirochaeti, having entered the organism, gradually developed and multiplied, and at their maturity caused the febrile symptoms, than to think that somewhere in the immediate neighborhood of the patient, or in some obscure corner, billions of these bacteria should be hovering around, eagerly waiting for the happy moment, when the fever should break out, then to swoop down all at once upon the individual and saturate his blood with them within a few minutes? Remember, gentlemen, there never has yet been found a part of the body, the seat of an active and recent morbid process due to an infectious disease, where the characteristic bacteria have not been discovered. Though these facts clearly prove that the view of the opponents of the germ-theory is not tenable; and though their objection, now disproven, is the only one still raised against this theory, we will investigate the direct proofs in favor of the pathogenic character of the bacteria.

In favor of their pathogenic character would doubtless be the fact that a special bacterium, differing totally morphologically, chemically, and physiologically, from all other common septic bacteria, has been demonstrated as constantly present during life in the blood, and after death in the tissues in only one disease, that it can develop without impediment within the healthy living organism, and there always produce certain characteristic symptoms of its own kind.

The pathogenic schizomycete of most peculiar shape is the spirochaete of relapsing fever. Though a somewhat similarly-formed bacterium vegetates in the mucus adhering to the teeth, a microbe of exactly its screw-like shape has not been found in the blood of any other disease. And though a person rarely dies of relapsing fever, the spirochaeti have been demonstrated only in the blood of the living human being, and very rarely after death. And what is an almost certain proof of its pathogenic character is the fact beforementioned, that during the febrile period enormous numbers of these spirochaeti are met with in the blood, while they disappear synchronously with the cessation of the febrile seizure. There is but one proof wanting—inoculation of the human being, and artificial production of the disease. Who will sacrifice himself for this purpose?

The next most peculiar bacterium is the bacillus of anthrax. Of this it is known that under pure culture the colonies of anthrax-bacilli grow in a manner utterly at variance from that of any other bacterium. Further, in the blood of animals and human beings suffering from anthrax, colossal quantities of these colonies have been discovered, but not a single other bacterium; and the same anthrax-bacillus has not yet been found in the healthy blood of the human being or of any animal, nor in that of beings suffering from any disease but anthrax. But another proof of their pathogenic character has been adduced in the fact that only such material, taken from a body affected with anthrax, will, if inoculated, again give rise to the disease, as contains the living anthrax-bacilli. Even specimens containing dead spores were innocuous. But blood or tissue of a case of anthrax, whether years old or recent, decomposed and putrefied or fresh, if it contained but living anthrax-bacilli, invariably caused the disease. And should there have been still left a doubt, Koch's pure-culture method has finally given the clearest proof, at least as clear as human ingenuity can make it. By this method the anthrax bacilli—and no other foreign substance whatever—are artificially cultured. And whenever but one of these anthrax-bacilli was injected into the circulation of an animal, it at once caused all the familiar symptoms of the disease. Since this last proof no further objection has been raised by any authority, and we may, therefore, say, that of the anthrax-bacillus the scientific proof of its pathogenic character has been given.

Another special kind are the tubercle-bacilli, discovered by Koch and Baumgarten. They do not possess any peculiar shape, but the sum of their bacteriological peculiarities characterizes them as a separate botanical species. They belong to the smallest of all bacilli, and can, therefore, not be easily mistaken for those of anthrax or others of larger size, but they can also be morphologically distinguished from other varieties, for they are considerably finer and are not rounded at their ends, as those of typhoid fever, which they somewhat resemble. They further form endogenous spores, and are not capable of motion, as

the septic bacteria. The greatest likeness exists between the tubercle-baciili and those of lepra and glanders. But the lepra-bacilli possess motion, and are pointed at their ends, while those of glanders are thicker and provided with clumsier spores. Their difference, however, becomes still more apparent when they are colored. While the bacilli of lepra and of glanders, as of most bacteria, evince a great affinity to aniline colors, the tubercle bacilli, though they may be stained by the same, become so only after long exposure to their influence. Once colored, however, they retain the tint with far greater tenacity, than any other bacterium, not easily yielding the coloring matter under the influence even of strong acids, a peculiarity besides possessed only by the lepra-bacilli, while those of glanders at once lose their artificial color, when brought in contact with acids. But the easiest way of distinguishing the tubercle-bacilli is based upon their manner of growth, when artificially cultured. They grow only at a temperature of 99° 104° Fahrenheit, and do so with a remarkable slowness, forming dry, compact, scale-like vegetations, evincing a peculiar bend, never penetrating into the culture-albumen and never causing it to become fluid—while the bacilli of glanders already on the third day in the same soil form small transparent drops, and those of lepra after eight days make the surface of the soil watery, and then multiply rapidly in the fluid serum. Other bacteria grow in this soil at a far lower temperature, form colonies of greatly different shape, and penetrate deeply into the serum.

The following facts have been proven regarding the tubercle-bacilli:

They form a separate species, with peculiarities not possessed by any other bacterium.

In recent tubercular new-growth, only these and no other bacilli have been met with.

They were found only in tubercular formations, and nowhere else.

In all recent tubercular tissues they are present in numbers corresponding to the extent of the lesion.

While from these facts, and from what I mentioned before, there could scarcely be left a doubt of their being the pathogenic element of tuberculosis, the final scientific proof of their pathogenic character was given by the following two observations:

Koch succeeded—and the experiment has been repeated by other competent authorities with the same result—by inoculation of animals with tubercle-bacilli, artificially cultured by him—in causing the same group of symptoms in these animals, that we consider as characteristic of tuberculosis in the human being, and the post-mortem examinations revealed the morbid lesions of tubercular phthisis.

Baumgarten established the facts—also verified by other investigators—that tubercular tissue infects only when containing tubercle-bacilli capable of development and multiplication; that the morbid formation, called tubercle, forms only at such places of the tissues of the infected animal, as have previously been the seat of the development and multiplication of the tubercle-bacilli in large numbers; that the extent of the morbid lesion and the quantity of immigrated cells are directly proportional to the number of tubercle-bacilli present in the tissues; and finally, that wherever the tubercular process has ended, a simultaneous disappearance of the bacilli will be noted.

In the face of such complete proofs all doubt must cease, and I am glad to be able to announce that all competent authorities have at last acknowledged the tubercle-bacilli as pathogenic elements of tuberculosis.

With the same clearness the proof has been adduced in the case of the bacilli of glanders; for besides all the usual facts in favor of this view, it has been demonstrated that the discharge of a horse affected with glanders, if deprived only of its pathogenic bacilli, loses its power of contagion, while these bacilli alone, if artificially cultured, will give rise to the same disease in any horse inoculated with them. The existence and the pathogenic character of the bacilli of lepra has also been generally recognized.

Of typhoid fever and cholera the bacilli have been discovered—the first by Klebs and others, the second by Koch—and every proof has been given of their character, except one—inoculated, they have not given rise to the same disease in animals, as they cause in human beings. But, gentlemen, are there not many diseases which attack the human race but do not affect animals? Can you ever produce syphilis in any animal except in the monkey? And can physicians inoculate a human being with tuberculosis, typhoid fever, cholera, or any similar fatal disease?

As long as criminals sentenced to death are not handed over to the medical profession for such experiments, we will never be able to adduce the final proof. The idea might seem horrible at first sight, but is it really so? A murderer is sentenced to death. Human society must protect itself, and erect such barriers as capital punishment for its own safety. The individual, therefore, is doomed. If left the choice to suffer capital pun-

ishment or to give himself up for *one* medical experiment, for I would limit it to one, does he run a greater risk? If inoculated, for instance, with the bacillus typhosus, he may die:—yes, but he may also escape. But the debating of this interesting question would lead me too far. Let me only add that I think I could guarantee to the physicians of that State which would pass a law of this kind an early scarcity of subjects; so great is the power of superstition, that criminals fear greatly more the scalpel than the guillotine.

But what other proofs than those mentioned do men expect, who still doubt the pathogenic character of the bacteria? Let me give you a resumé of the facts established for instance in tuberculosis—facts upon which all authors have agreed.

In every part of the lung, when the tubercular process is still actively going on, there are found micro-organisms, which, in their morphological character, in their manner of responding to the action of anilin colors, and in their mode of growth and multiplication under pure culture, evince distinguishing points at variance with those of all other bacteria, so that they must be considered as forming a separate botanical species known as tubercle-bacilli.

As long as the tubercular process is actively going on in the tissue, no other bacteria are met with in the latter.

If there exist complications, as inflammation of the meninges of the brain, or of the kidneys, etc., in a person suffering from tubercular phthisis, these same bacilli are found in the brain, the kidney, etc.

The tubercle-bacilli have never been discovered in any other disease.

An animal, inoculated with a piece of tubercular lung, in which living bacilli are no longer present, will not become infected by the disease.

But if the most minute part of such a tissue contains one single tubercle-bacillus capable of development, and is introduced into the circulation of an animal, the tubercular disease will invariably spring up in the latter.

If the tubercle-bacilli are artificially cultured, and the smallest particle of such a pure colony be injected into an animal, this rapidly begins to suffer from tubercular phthisis, always provided the animal be such, as to possess by nature the capability of contracting the disease.

Sputa from phthisical patients, in whom the tubercular process has, for a time, come to a standstill, and which, therefore, do not contain any tubercle-bacilli, are incapable of causing the disease.

On the other hand, sputa, in which bacilli are present, may be dried, powdered, and kept for several months, and if they then still contain reproductive bacilli, as they generally will do, they will, if in the form of powder and mixed with the atmosphere they are thus inhaled by animals or carried in some other way into their organisms, produce tubercular consumption in them.

The most characteristic type of the pathological lesion of phthisis, the tubercle, is never met with except in a tissue previously attacked by tubercle-bacilli.

Can there still remain a doubt, gentlemen, under these circumstances? Though in cholera, Koch did not succeed in developing, by inoculation with the so-called comma-bacilli, the Asiatic cholera in animals, as this disease does not seem to attack them, besides the facts already mentioned he made three observations, which have not appeared in print this side of the Atlantic, but two of which have exactly the nature of self-inoculations, and all of which conclusively prove the pathogenic character of the comma-bacilli.

Individuals laboring under any irritation of their intestinal canal are most liable to attacks of Asiatic cholera. While Koch was in Toulon a French sailor, completely recovered from typhoid fever, was to be discharged from the hospital at 12 o'clock at noon on a certain day, and received notice to that effect at 9 o'clock in the morning. I might mention, that though many cases of typhoid fever have been examined, of individuals who died of the disease during a cholera epidemic, only the typhoid bacilli, but never those of cholera, have been found. At ten o'clock the same morning the sailor was taken sick with cholera in its most virulent form, and died within one hour at 11 o'clock, while Koch was in the hospital. The French physicians at once notified him, knowing that such a case of all others could prove or disprove the correctness of the germ theory and the pathogenic character of the comma-bacilli. Within six minutes after death the abdomen of the sailor had been opened, and the intestines, which did not evince the least morbid lesion except the well-healed typhoid ulcerations, were laid bare. Their watery contents were found to swarm with innumerable comma-bacilli in their purest culture. Twenty-four hours later, the French government admitted the epidemic to be the genuine Asiatic cholera.

In a village in Egypt about thirty persons had contracted cholera. An investigation resulted in the discovery, that the disease had been introduced into the village by two women, and that these

women had previously been washing the linen of cholera patients. Some linen of this kind was examined. Wherever the places soiled by cholera dejections were still moist, they were found to be full of living comma-bacilli; places totally dry contained but decayed, dead bacilli.

In a village near Calcutta several hundred persons had been attacked in the most rapid succession by cholera. As several neighboring places, though nearer to Calcutta, where the cholera then existed as an epidemic, were free from the plague, the circumstances were inquired into, and it was proven that those people in the infected village who had contracted the disease, had all been drinking the water from one tank. Two days before the outbreak of the epidemic in this village, the linen of cholera patients had been washed in this tank! The tank was at once investigated, and all pieces of decaying wood or other organic residues in the tank were found to be inhabited by an astounding number of comma-bacilli.

What more proof is needed?

To enumerate all the various species of micrococci which have been proven pathogenic elements, would lead me too far. I will only state the fact that scientists agree that the proof has been given of erysipelas, that it is caused by micrococci. But another important discovery will probably still more convince the doubting. Under the name of pebrine a disease is known, which causes great ravages amongst the silk-worms. This malady is also caused by micrococci, and it has a special interest in the fact, also but a few days ago brought to my notice, that it probably indicates to us the hereditary influence observed in some maladies, viz.: the pebrinecocci penetrate as well into the ova as also into the cells of the semen of the diseased worms. The news comes from Europe, that following the advice of Pasteur, the manufacturers of silk and growers of silk-worms in Lyons have by a microscopical examination determined the affected though apparently healthy ova and destroyed them, and that the consequence of this procedure has been the complete arresting of the further propogation of the disease, which had threatened to cause untold damage.

Does any one still doubt?

Just as not all hyphomyceti are dangerous to the skin and mucous membrane of the human and animal body, so there are amongst the schizomyceti varieties which do not give rise to infectious diseases. To these positively non-pathogenic bacteria belong the bacterium termo, the cause of putrefaction, many micrococci, as the common pigment-cocci, then the so-called hay-bacilli, many other bacilli, producing fermentation, and most real vibriones, spirilli, and spirochaeti.

Then there are bacteria, not strictly pathogenic, but dangerous to the human race, as they put up their abode in parts of the organism which have lost most of their vitality, or have become mortified, and in which these microbes cause putrid decomposition, whose products, if absorbed and carried into the blood, act as poisons upon the system. To these belong all septic bacteria; they develop only under the conditions named, and in the healthy living being they cannot propagate.

Some varieties again, as the bacilli of lepra, relapsing fever, typhoid fever, cholera, etc., multiply only in the human organism, while others grow and develop in the animal body alone, and again others do so in both.

Still it may surprise, when considering the power of multiplication of these bacteria, their presence in enormous quantities in diseased tissues, and the fact that morbid material alive with them, and products of tissue-change from the infected organism reach in various ways the outer world, and there are spread through the air, in water, food, etc.—it may surprise, I say, that under these circumstances in the course of a long life not every human being becomes the victim of all the various pathogenic bacteria, and affected with all the infectious diseases. Let us consider this question.

A large part of the pathogenic schizomyceti is not capable of development and multiplication except under conditions, such as they exist only in the interior of the living human (animal) organism. It is true, they may be artificially cultured outside the living human body, but only under the same conditions as they find in the latter. Beef-tea, chicken-tea, and the serum of the blood, or these combined with gelatine and continually kept at a temperature of about 100°, are not met with ready-made anywhere in nature save in the living human or animal body. These bacteria, called endogenous microbes, cannot preserve, therefore, in the world outside the living body, their virulent properties, or but for a short time; their multiplication, upon which their pathogenic character depends in the outer world, under natural conditions, is, therefore, an utter impossibility. The best representatives of this class are the bacilli of tuberculosis, lepra and glanders, and the spirilli of relapsing fever. In general, infection with such endogenous schizomyceti is, therefore, possible only when you are brought into direct contact with the diseased body, or its r

cently discharged products, or if you approach very near to them; and the danger of infection by contact or by near approach will greatly depend upon the fact whether the pathogenic bacteria can pass through the air in sufficient quantities, and in a fertile condition, over into another living human body, or whether for this end a more or less continuous contact of fluid or solid morbid material, containing the living bacteria with the injured skin or mucous membrane, is a necessity. In cases of this kind the general spread of the disease may be prevented by the avoidance, exclusion, and disinfection of the ejections of such patients. Such an endogenous parasite, which may be called a volatile carrier of disease, is the bacillus of relapsing fever; while as an instance of the second kind, representing the fixed contagion, infection only by contact, the bacillus of glanders may be named.

A peculiar position in this respect is occupied by the tubercle-bacilli. Experiments have proven that they do not pass from the phthisical lung directly into the atmosphere. Certainly sputa containing them may, when dry, spread the bacilli with the dust through the atmosphere, but experience has shown that infection is rarely caused in this manner. Baumgarten, Koch, and others, have also demonstrated the fact that from a slight abrasion or cut in the skin the tubercle-bacilli do not penetrate into the interior of the human organism.

But I now come to the latest and perhaps the most important discovery, which, especially if considered with reference to the well-established fact of the remarkably slow growth of these bacilli, will throw new light upon this question. In the apparently healthy semen of tubercular men, in the ova of tubercular women, and in the placenta of a fœtus, tubercle-bacilli have been found. At the recent meeting of the German Society of Natural Scientists in Freiburg, Weigert presented a number of apparently healthy testicles and prostata of tubercular men, and demonstrated to the satisfaction of those present tubercle-bacilli in these organs. The conclusions which might be drawn from these observations open a wide field for our reflection, but their consideration here would cause me widely to overstep the limits of this paper.

There are besides many other circumstances which explain the fact that not all human beings are infected, for instance, with tubercle bacilli. Decomposition and other factors prevent or weaken the growth of these bacteria; and considering the many conditions which must all be present to favor their multiplication, we should be rather surprised that so many suffer from the disease. But their presence in the sexual organs gives also here the explanation.

The danger of infection would appear to be greater in ektogenous pathogenic micro organisms, *i. e.*, those which can develop and multiply also outside the living being. But experiments have shown that an infection by simple inhalation, as formerly suppposed, is by no means frequent in these cases, and with some varieties, as for inst., anthrax, it never takes place. The anthrax bacilli, if they do not develop directly in an open sore or wound, must be swallowed, and cannot infect the human being simply by being inhaled. The bacteria of pyæmia and septicæmia, the comma-bacilli of cholera and others, can neither become dangerous to the human organism if inhaled; while the cocci of pneumonia seem to be the only ektogenous schizomyceti which threaten the human being in this manner alone.

It is an undoubted fact that we may easier escape from a danger coming to us in the shape of the water we drink, or the food we eat, or threatening us by contact, than we could guard against the inhalation of bacteria. The first we may prevent, the last we cannot. Then nature herself has taken care that these microzymes shall not overwhelm the human race. As I said before, so many conditions must favor the development of the most virulent micro-organisms, that the observations thus far made promise, that the day will not be distant, when we shall succeed in driving the whole breed from the neighborhood of civilized humanity.

Reflect for one moment on the practical results already gained by Koch's discovery of the comma-bacillus of cholera. It has been proven that this bacillus *living* cannot pass the *healthy* human stomach; that acids, especially sulphuric acid, kill it; that decomposing and putrefying animal and vegetable refuse destroy it; and that this bacillus can live at the most but twenty-four hours if deprived of moisture. How do these statements compare with experience and known facts?

It has been demonstrated in the epidemics of this and last year in Egypt, Calcutta, and Europe, that only persons suffered from the epidemic whose alimentary canal already was in a state of irritation, but that nobody fell a victim to the disease whose stomach was in a healthy condition. It is well known that on Sundays, especially in Europe, people are far more apt to overload themselves with eating and drinking and to spoil their digestion, than on any other day. Well, statistics have

proven that by far the greatest number of fresh cases in the infected districts happened on Mondays. The total and most thorough disinfection of sinks, sewers, etc., was without influence on the progress of the disease—a fact now explained by what I mentioned before. Sulphuric acid, if administered in the prodromic stage of diarrhœa, in every case prevented the outbreak of the real disease: we now know the reason. Is there an instance on record, where in a place which had been visited by an epidemic of Asiatic cholera, this disease had totally stopped—say over winter—and reappeared the next year? No: and why? Koch's discovery tells us that the comma-bacillus has no permanent existence—it dies out and must be introduced into any district *de novo*.

I could adduce many other instances proving the correctness of the germ theory as established by undoubted facts, but I fear I have already seriously misused your patience.

Let us hope that the discoveries concerning the pathogenic elements of infectious diseases will soon be completed in a manner which will give us the power to protect humanity against its most insidious and most dangerous enemies. The time will soon come when the world will acknowledge the gratitude it owes to our noble profession. But while glancing ahead at the near future, picturing to us the eminence whence medicine will look down upon the human race which it freed from diseases that had decimated mankind for thousands of years, that had baffled the skill of the brightest intellects of generations upon generations, let us confess the necessity of elevating more and more the standard of medical education.

And where can I express this hope with greater certainty of seeing its realization than here, in the aula of our college, where the members of its faculty are united for that one great end:

To admit to the study of medicine but men of the highest academical education;

To teach them most thoroughly every department and collateral branch of our profession; and,

Ultimately, to grant the diploma of the college only to graduates of its alma mater, whom the world will acknowledge as most accomplished gentlemen, and most thoroughly trained and scientific physicians.

May our hopes be realized, and may our noble profession achieve as its ultimate goal the freedom of the human race from all disease, and secure to all obeying its teachings a peaceful slumber as their painless end.

Medical Societies.

CHICAGO MEDICAL SOCIETY.

Regular meeting August 18, 1884, Dr. D. A. K. Steele, president.

"Cutaneous Therapeutics," by Dr. P. C. Jensen.

"Infant Feeding, and Summer Diseases of Children," by Dr. C. W. Earle.

"A Theory of the Cholera, or Two Theories of the Mode of Advancement of Cholera," by Dr. John Bartlett.

"**Remarks on Cutaneous Therapeutics**" is the subject of a thesis that Dr. P. C. Jensen is pleased to term a paper that he read before the Chicago Medical Society, at the date the subjoined papers were read, of which the following principal points are appended:

Inasmuch as the integument retains many of its primitive characters from early embryonic life, when it dipped into interior of the body by deep folds and involutions, to be subsequently differentiated into organs for special function, as alimentary canal and accessory organs, furnishing prolongations to the formation of spleen, kidneys, bladder, external and internal genital organs, etc., and owing to the fact that in all instances the excretory organs consist essentially of limitary membrane, forming part of the integument of the body, or its involutions, that the lachrymal, salivary, pancreatic, and mammary glands are in like manner composed of a continuation of the limitary membrane of the true skin, or of the mucous membrane lining, the alimentary canal involuted into tubes and follicles, the free surface of which is covered with epithelial cells, etc., it is from this early embryological relation of the true skin to internal organs which furnish us so essential a factor in therapeutics of disease. In cutaneous diseases, as in lesions of internal organs, it is worth remembering that much of the functions of disabled organs can be carried on by compensatory action of neighboring organs. In congestion of the kidneys we relieve and deplete by bringing the skin and bowels into energetic action, and by removing the burden we rest the overworked kidney; conversely, eliminating by all the emunctories is essential in treatment of diseases of the skin. * * * Upon the back of a horse Colin caused water impregnated with potassic cyanide, to drip for five hours; the percussion effected destruction of the sebaceous matter, with absorption of the cyanide, and poisoned the animal. In Vienna, patients have remained immersed in a bath for weeks and months without any perceptible degree of absorption taking place. Usually the small quantity absorbed is either introduced by points of transition between the skin and mucous membrane, or the orifices of the sebaceous and sudoriparous glands. When the cutaneous surface of a limb is immersed in putrid gases, absorption takes place (Bichats), and the poison is subsequently eliminated by the bowels. The rate and degree of absorption of any medicine will depend largely on its power of diffusion. Physiologically the skin may be considered a colloidal septum, on one side of which lie the blood-vessels containing an alkaline fluid, while an acid is on the other side—a condition most favorable

to osmosis. Medicinal substances in aqueous solution slowly permeate the skin to enter the circulation. Alkaloids dissolved in chloroform are readily transferred through the skin into the blood-vessels, while alcoholic and aqueous solutions are either not at all or very slowly absorbed (Waller, whose observations were made with chloroformic solutions of atropia, aconitia, morphia, and strychnia). The same physiologist determined that alcohol, mixed with chloroform, did not retard absorption, but alcohol alone caused an osmotic flow. With these remarks as a foundation, we proceed to the "Therapeutics in Local Treatment of Skin Disease," which consist, for sake of convenience:

1. Protectives—air to be excluded when its contact is injurious.

2. Cleanliness, through ablutions, removal, and prevention of disease products.

3. To check or limit liquid disease products, whether sanguineous, sebaceous, serous, or puriform.

4. The remedies should act directly, without injury to surrounding parts. To fulfill these requirements we have (*a*) emplastra, (*b*) unguenta. (*c*) tincturæ, (*d*) dry powders, (*e*) alcoholic and etherial solutions, (*f*) chloroformic solutions, (*g*) oleo-palmitates. The most common to be used are the metallic oxides and salts of the following metals: Pb., Ag., Hg., Zn., Cu., Al., also various astringents, sedatives, and anodynes, of organic origin. Of the local remedies, the most recent ones are salicylic acid, goa or aroba powder, chrysarobin, chrysophanic acid (Balmanno Squire), pyrogallic acid (Jarisch), and napthol (Kaposi). Tilbury Fox uses goa powder formed into a paste with water, applied to psoriatic patches, and retained in position with collodion. Sessemann employs chrysophanic acid 6 grammes to collodion 4 grammes. Pick recommends chrysarobin gelatin of different strength, and applies glycerine over the gelatin after application. Unna proposes chrysarobin plaster. Mülle, ointment of chrysophanic acid spread on muslin. But, as the writer states, all these methods will often produce dryness, irritation, pain, and tenderness, therefore are impracticable. Dr. Kohn uses a solution which he terms traumaticin, as

℞. Refined gutta percha, part one.
Chloroform, parts ten.

The following advantages are claimed for it: it forms a thinner and more delicate covering than collodion or gelatin, causing neither tension nor pain. Traumaticin is of itself a neutral covering and protective remedy. Ten per cent. solutions of it, when applied to large surfaces, do not cause irritation; besides, it produces more uniform pressure than collodion, glycerine, or gelatin. The writer has treated a number of cases of psoriasis and obstinate chronic eczema substantially as follows: In most cases there were present either a debilitated constitution, gouty diathesis, anæmia, neurasthenia, etc. Particular attention was paid to each constitutional dyscrasia. For removal of waste toxic debris, and for derivative effects by eliminants, *locally*, after removal of crusts, scabs, etc., an alkaline lotion was thoroughly applied, causing saponification of the sebaceous material, and inducing an alkaline reaction preparatory to osmosis and absorption.

℞. Sodic bicarb, ℥j.—4 grammes.
Potassic hydrate, ℥ss.—2 grammes.
Aqua pura, Oj—128 grammes.
M. S.—Apply thoroughly at night.

The following ointments have answered admirably in the writer's experience:

℞. Pulv. camphoræ, ℥j.—4 grammes.
Chloroformis, q. s. ft. sol.
Acid chrysophanic, gr. xx.—1.320 grammes.
Pulv. opii, ℥ss.—2.000 grammes.
Cosmolinæ, ℥j.—30.000 grammes.
M. S.—Apply freely after using alkaline lotion.

Or,

℞. Pulv. camphoræ, ℥j.—4.000 grammes
Chloroformis, q. s. ft. sol.
Acidi tannici, gr. xx.—1.320 grammes.
Pulv. opii, ℥ss.—2.000 grammes.
Cosmo. vel vaselinæ, ℥j.—30.000 grammes.
M. S.—To be used as above.

Chloroformic solutions are clean and efficient. Thus,

℞. Camphoræ, ℥ij.—8.000 grammes.
Acid chrysophanic, ℥ss.—2.000 grammes.
Tr. opii, ℥ss.—16.000 grammes.
Chloroform, ℥j.—32.000 grammes.
Alcohol, q. s. ad. ℥ij.—q. s. ad. 64.000 grammes.
M. S.—Apply with a silk sponge.

Or,

℞. Camphoræ, ℥ij.—8.000 grammes.
Acid carbolici, ℥ss.—2.000 grammes.
Tr. opii, ℥ss.—16.000 grammes.
Chloroformi, ℥j.—32.000 grammes.
Spts. vin. rect., q. s. ad. ℥ij.—q. s. ad. 64.000 grammes.
M. S.—Apply with a soft sponge at night after bathing with the alkaline lotion.

The writer has also tried the "liq. gutta percha" as a vehicle for chrysarobin, tannic and carbolic acids, which he stated is very efficient. A number of additional formulæ, with general remarks, concluded this paper.

We have selected the following, which acts charmingly for neuralgia, especially of the fifth pair, or hemicraniæ. The acid is added to diffuse it, and that it may be more readily absorbed:

℞. Menthol, ℥j.
Morphiæ sulphatis, gr. iij.
Tr. aconite radix, ℥ij.–℥iij.
Chloroform, ℥iij.
Spts. camphoræ, ℥ij.
Acid phosphor. (dil.), gtt. xx.
M. S.—Apply locally.

Neuralgia, which is symptomatic of some pathological condition, the cause of which should be sought for and, if possible, removed, in order to establish a permanent cure.

DISCUSSION.

Dr. C. E. Webster inquired of the reader what his experience had been with the oleates to be absorbed by the fatty substance? If these were not equally as efficient to favor absorption as acids, and if by a conjoined method of using both simultaneously we could not gain time in treating skin diseases?

Dr. H. J. Reynolds thought the paper to be a scientific one, and worthy the effort the writer had made in presenting it. Over-taxation of some of the organs from deficiency of action of other organs, with insufficient action of the skin, is a cause. Some forms of skin disease are more prevalent in cold weather, as, for instance, psoriasis, while others are seen more often during the hot season. The great aim in the treatment is to perfect the equilibrium of the action of the skin and other organs. We rely too much on specifics, and physicians are often defeated in alleviating their cases by placing too great reliance in those remedies. Yet mercury, iodine, quinine, and arsenic, will enter largely into the treatment, undoubtedly. But there are external causes producing it—more than we generally suppose—therefore we must rely considerably on external treatment. The digestive tract, also, will require our attention, doubtless, in many cases. Another remedial agent of which the value is frequently underestimated, is electricity. Nothing fulfills the indications so well many times as its local use.

Dr. C. W. Earle asked the writer of the paper, or any of the members, if using chrysophanic acid in the strength of gr. xx to the ℥j would not cause an erythematous condition of the surrounding parts. Is this too strong a quantity to use, or shall we expect the erythema when using it in less quantities?

Dr. Jensen replied, regarding the oleates, his experience in their use had not been so great as in using the acid remedies; he had, however, used the oleates of zinc, mercury, and copper, and found them to be very efficient, neat, easily absorbed, and easy to apply. Regarding irritation from the use of chrysophanic acid, this does occur, but by adding opium or bismuth we can prevent it to a considerable extent, or we need not apply the remedy in such strength as we formerly did.

Dr. Reynolds said chrysophanic acid does cause the eruption spoken of, but it was more apt to do so when applied or used in conjunction with arsenic administered internally. The erythema produced is analogous to a mild inflammatory condition produced in the mucous membrane of the stomach from too prolonged or too large doses of arsenic.

"Infant Feeding and Summer Diseases of Children" is the subject of an able paper by Dr. C. W. Earle, who reviewed, with some prolixity and pleasantry, a large number of the prepared (proprietary) foods kept in drug stores, with comments upon the merits or demerits of each, as he from experience had found them while using in both hospital and private practice.

We are obliged to greatly abridge the report which the secretary has prepared, and content ourselves with giving the conclusions of his paper as summed up, which were as follows:

1. The most frequent infantile disease in the city during the summer months is entero-colitis.

2. Excluding causes of infant mortality largely beyond our control, improper feeding is one of the chief causes of the great number of deaths among this class.

3. Mothers should nurse their children. In lieu of this a wet-nurse should be procured. If this is impossible, a mixed diet should be resorted to.

4. Artificial foods containing considerable casein are found to be a cause of indigestion and summer disease.

5. In many cases cow's milk diluted with water does not seem to agree with the children. Barley water or rice water as the diluent seems to make a more physiological food.

6. Condensed milk seems to agree with a considerable number of children, but in many cases a sufficient quantity is not used to nourish a child. Used in proper quantities, and diluted with rice or barley water, it is without doubt one of the best of artificial foods.

7. Cream, mutton broth, and white of eggs, are valuable adjuncts to the dieting of children.

8. Whatever the artificial food a child is having, the physician should examine frequently for evidences that it is a proper food as regards quality and quantity. The normal elevation of the fontanelles and increasing weight are among the conditions denoting a satisfactory and favorable nutrition.

DISCUSSION.

Dr. J. S. Knox stated that he judged from the paper to which we have all attentively listened, that the author had been a bottle-fed baby, the same as he himself had been. Upon inquiry in this respect, the speaker was answered affirmatively. However this may be, he differed from the writer somewhat as to the causes of entero-colitis and the other allied summer bowel-affections of children. Regarding improper diet, this in part is true as a cause, but the principle causes that produce it arise or are peculiar to the hot weather of summer. Heat produces nervous exhaustion in a child; they become restless. The anterior fontanelle is a little depressed, and the trouble at first is, nervous exhaustion of a child; or they become depressed, perhaps, is a better way to express it. Urgent thirst comes on. Then, too, a child is "wrapped up" too much, and the bottle-fed baby is especially enveloped in flannels, and the result is they become more thirsty. Milk and the farinaceous food used become sour, and these are frequently given to the baby, which produces fermentation, indigestion, and diarrhœa. A baby from three months of age to a child ten years old may need diffusible stimulants in the morning before breakfast to stimulate their nerve-centres during hot weather, such as a little spirits of camphor, aromatic spirit, or valerianate of ammonia, or even whiskey toddy. He has practiced giving his children occasionally a little toddy in the morning, and they have never had any bowel disturbance. A child should be fed at regular intervals, not too frequently, but instead give them a drink of pure, fresh water. Farinaceous foods must be prepared fresh only at time of administering them. Omit giving them oatmeal. If Ridge's food is given, prepare

it with cream, and withdraw giving a child milk. We can give almost any of the farinaceous foods or gruel, and it may be well to add a little lime water. Test the food given if necessary, also the excretions, with litmus paper, to see if there is an acid reaction. Excessive heat will be likely to produce a heat diarrhœa. When the little one is overheated, give the child a cold-water bath; repeat this three or four times daily, on the same principle that we should for the heat of a typhoid fever patient. He has frequently seen a baby drop asleep while it is in a bath of cold water. The cause most likely, I feel assured in stating, is, that it arises from heat, such as we have prevailing here mostly in August; and exhaustion, fermentation, irritation, interference with nutrition, and catarrhal diarrhœa, supervene.

Dr. F. E. Waxham differed with both the writer and the gentleman who had preceded him, as to the causes. The greatest cause is the combined effect of *improper feeding*, *heat*, and *impure air*. The latter is found in poor localities, in small houses, ill-ventilated, that are perhaps also stifling with heat, where, maybe, there are several in one bed, where an old pair of boots and filth are just as likely as not to be seen under the bed, etc. If the cause were due to improper feeding alone, they would die as readily in the country. If from excessive heat alone, they would die in our better districts as soon as if they were in the poor localities; and they would also die as rapidly in the country if the cause was due to excessive heat alone. Sudden fluctuation in the temperature is another cause, if combined with other causes. There are greater fluctuations of the atmosphere in Chicago, New York, Boston, and Omaha, than in New Orleans and San Francisco, it being more uniform in the two latter-named cities. Regarding cerebral disturbance as a complication, as the author claimed, now, when this is present, what is its cause, significance, and treatment? If a child should be attacked with a convulsion during an illness of entero-colitis, does it indidicate cerebral disturbance, or is it due to reflex irritation? It is the result of pain, and we should resort to giving an opiate and the bromides. There may be impending danger of hydrocephalus or meningitis. A blood stasis may form under the finger-nails. Now, why may not a serous exudation occur in the ventricles of the brain from want of tonicity of the blood-vessels? If so, then we must give quinine and stimulants. It may be a gradual softening of the brain that is coming on.

The speaker then cited a typical case of "cholera infantum" that had passed through these various stages of what he supposed had occurred in the cerebrum, corresponding to the appearance just described under the finger nails, when the child, after a fortnight of careful nursing and treatment, recovered.

Dr. D. M. Tucker thinks children do not require "whiskey toddy" in the morning before they have been taken ill, as one gentleman stated. In obstetrics, too, a nurse generally wants to give toddy to a baby almost the very first thing she does after the baby is born, which is also equally as pernicious. Then again, we are not called to see a baby until they have become pretty sick—very sick—and the very first thing we should do is to early regulate the diet, if it needs to be done, and if the baby has been taking toddy we should order it discontinued.

Dr. E. F. Gaston is of the opinion that babies died often times of inanition, and that the mixed diet and dilution of milk was in many instances overdone, and the little ones did not get sufficient nourishment to sustain them; this applies particularly to infants bottle-fed that are but a few weeks old.

Dr. John Bartlett: The field is well covered by the views advanced in the paper and the discussion. He would not, therefore, attempt to say more than a few words. He thought, however, the sweetness of condensed milk is destructive to digestion, and that that feature should be against using it generally. The causes of entero-colitis are several: whether heat, sudden atmospheric changes, irregularity of diet, constitution of a child, fermented foods, etc., all these combined, no one will deny, act as causes. He had had good success in these cases from using peptonized food prepared by J. L. Smith, and the pancreatic extract of Fairchild; yet he did not wish to recommend them as being superior to many other food preparations.

Dr. J. E. Walton inquired of the last speaker how frequently he would order the prepared foods he had just named to be given. Answered, every three or four hours to most cases.

Dr. J. J. M. Angear: According to physiologists, children cannot digest starch until there is a saliva, yet we give starch in the treatment of these cases. His observation as to the causes of these summer troubles are these: First is "overfeeding;" then again, some cows' milk will not agree with children, and we wonder why this is so. He explained the cause of this very satisfactorily by several illustrations, where, for instance, babies are fed on swill-milk, or where the cows are fed on slops from distilleries, and also where 150 to 200 cows are kept in a pen covering perhaps one acre of ground, where the mud becomes one or two feet deep, where the stench arising from these cow-pens could be felt "with a stick." The milk such animals gave would present several different colors of the rainbow, if allowed to stand a short time before using, and then if given to a child, why, of course, it sickened it. In London, cans of milk designed for children were sealed by an official "milk inspector," having his seal or stamp on the cans as being a superior quality of milk. If this valuable idea were carried out here, he thought our little ones would be supplied with a better grade of milk. Heat also produces the disease. How? By depressing the nerve centres of the brain. Yes, heat not only affects the cerebral centres, but the cells of every portion of the body; heat acts first by stimulating these cells, then the cells die and contaminate the blood, and this material enters the bowels; and here the cold water bath comes in as the first thing we should do to save the vitality of the cells.

Dr. H. J. Reynolds, regarding the etiology, as heat, imperfect feeding, filth, impure atmosphere, placing a child in a heated room, etc.—besides all these, a peculiar atmospheric condition may produce it where none of the other causes are present. The speaker alluded to electricity as a cause having much to do with it.

Dr. C. E. Webster: Respecting starch as a food

for infants, it may be interesting to note that recent experiments have demonstrated that the saliva of infants is capable of converting starch into sugar as early as the sixth day after its birth. The following deductions are also appended: The practical value of this discovery is limited, however, by the fact that the saliva is a very small factor in the digestion of starch; the intestinal and pancreatic juices must aid, its ferment is only capable of acting in an alcoholic solution, it is inoperative or wholly destroyed in the stomach, and the digestion of the starch takes place after the passage of the food into the small intestine. These being the facts, it is evident that the matter of infantile digestion of starch requires further investigation.

Dr. G. C. Paoli thinks opium is a very frequent cause of death of little children having these bowel difficulties; that they should have better diet, fresh air, and, lastly, that better hospitals for them should be erected. These hospitals will do more to save them than some of our large churches. Removal to a hospital or sanitarium from the slums and alleys where often they are fed on stale bread, where there are decaying vegetables, will save many lives.

Dr. F. H. Martin spoke of the sanitarium recently erected at the foot of Twenty-fifth street, on the Lake Shore, conducted by Jewish ladies. There are kept a number of fresh milch cows, fed on clean grass and bran, and twenty-five to fifty babies and little children are given daily sweet milk and crackers at this place.

Dr. J. H. Etheridge and others closed the remainder of the discussion, but added nothing of special importance in addition to the above remarks.

This was followed by a paper on "A Theory of the Cholera," or "Two Theories as to the Mode of Advance of Cholera," by Dr. John Bartlett, of which we append the substance of the papers in the following somewhat extensive abstract, the paper as originally read by him being very lengthy. This portion of Dr. Bartlett's paper will be read with much satisfaction and interest, if it be known that the illustrations made use of, the "Army Worm" and the "Marsh Fungus," had been carefully studied in the field by him as long ago as the year 1861.—*L. H. M.* (See Dr. Smith's report as Entomologist for the State of New York of that year.)

The writer has also had ample experience with cholera.—*L. H. M.*

(*To be continued.*)

Editorial Department.

Periscope.

Pneumonia, Bronchitis, and Pleurisy Treated Antiseptically.

Dr. Wm. F. Hamer reports these cases in the *St. Louis Courier of Medicine* for April, 1884.

Case 1. B. S., aged 23, was taken with a chill soon followed fever, oppressed breathing, and all the symptoms of pneumonia. When I saw him his pulse was 115, temperature 103°. The bowels befng constipated, I ordered as an enema a quart of warm water, with a teacup of sweet milk, and about a tablespoonful of common salt added to it —all of this to be thrown into the bowels at once. This relieved them in a few minutes. I made counter-irritation over the affected part with ground flaxseed sprinkled with mustard made into a poultice, and internally gave the following:

℞.	Quiniæ sulph.,	gr. xx.
	Pulv. iodoform (pulverized very fine),	gr. x.
	Granulated acacia,	gr. vj.

M.

Triturate well in a mortar, and make capsules No. x.

Sig. One every 3 hours alternately with:

Sodæ hyposulphitis,	℥iss.
Tinct. verat. viridis,	gtt. xviij.
Syr. pruni virg.,	℥iij.

M. Sig. Teaspoonful every 3 hours. Shake well.

At my next visit, which was ten hours from the first: Pulse 110, temperature 101½°. Suffering very much relieved. In two days expectoration commenced, having its usual character, rusty sputa; the height of the attack was reached by the fifth day, and on the eleventh day he was out on the street, feeling, as he expressed it, "all right." This was all the treatment used in this case, and four others of about the same nature which it is not necessary to relate, only some whiskey was used to make some panada and egg nog. These patients had less pain, less cough and fever, and all made good and speedy recoveries. At the same time I had other cases of pneumonia and treated them in the old way, as I call it, antiphlogistically, and giving cough syrups of different kinds, carbonate of ammonia, etc. They were more tedious, suffered more pain, and did not recover under fourteen and twenty days.

Case 2. Miss S., aged 18, had had a chill, and was suffering with sharp pain in the side, accelerated respiration, short cough, and fever. Diagnosis, pleurisy. The bowels were opened with sulphate of magnesia. To the painful part an application was made of equal parts of belladonna and aconite liniment, covered with a hot sandbag: internally,

℞.	Sodæ hyposulphitis,	℥iss.
	Tinct. verat. viridis.,	gtt. xviij.
	Syr. scillæ,	℥iij.

M. Sig. Teaspoonful every 2 or 3 hours. Shake the bottle well before pouring it out.

This was to be given alternately with the same capsules as in the pneumonia cases. I saw her in eight hours. Respiration was easier, pain less, and all the symptoms better. Instead of the sand-bag, a flax-seed poultice was used. This treatment was continued, and she made a speedy recovery. Two other cases were treated in the same way, with like results. In fact they all re-

covered quicker than by any other treatment that is recommended.

Case 3. Mr. L., aged 29, called me to see him. I found him depressed, and having high fever, tightness across the upper and anterior part of the chest, short, sharp, dry cough. The bowels being constipated, I ordered a dose of Rochelle salts, and covered the upper sternal region with a large linseed poultice, sprinkled with mustard. I also ordered inhalations of steam, combined with hops and a little carbolic acid. Internally, I gave the same capsules as before, and the following drops:

℞. Sodæ hyposulphitis, ℥iss.
Tinct. aconiti radicis, gtt. xviij.
Syr. scillæ,
" " pruni virg., āā ℥iss.
M. Sig. Teaspoonful every 2 or 3 hours.

This was continued 24 or 36 hours. The patient was seen but once, and made a speedy recovery.

Now this is what I call the antiseptic treatment, and these are septic troubles.

Is Acute Pneumonia an Infectious Disease?

Dr. Flindt (Damsö) told the late International Medical Congress that he had endeavored, over a series of years, and by means of epidemiological observations, to clear up the etiology of acute croupous pneumonia. His researches had convinced him that there were preponderating reasons for considering pneumonia as an infectious disease. Among the most conclusive epidemiological facts, he reckoned the following: A preliminary rigor was so rare in a pulmonary disease that it was quite impossible to look upon chill as the essential and single cause of pneumonia. In spite of the closest attention, he had been unable, except in 8 per cent. of his cases of pneumonia, to demonstrate, or to render it probable that the individual before the illness, was exposed to risks likely to lead to cold affections. In 92 per cent. of all his cases, the supposition of any chill whatever had been certainly excluded. The occurrence of cases of pneumonia relatively to the seasons did not prove that it was produced by cold; on the contrary, it contradicted such a supposition. It was an incontestable fact that croupous pneumonia showed on the average, the greater number of cases in the spring months, and the least in the autumn; but this fact did not authorize the assumption that atmospheric influences constituted the essential cause of pneumonia. Among the observable and appreciable atmospheric conditions, it was rain only which showed a certain relation with the seasonable occurrence of pneumonia, the annual curve of the frequency of pneumonia being in inverse proportion to the annual curve of the quantity of rain. But neither cold, nor rapid changes of temperature, nor a combination of cold and damp, showed any constant relation with the frequency of pneumonia. Also the unequal frequency of pneumonia in different years militated certainly against the idea, that the essential cause of the disease was to be sought in the state of the weather. In contrast with ordinary years, the disease showed in certain years such a frequency that, as regarded pneumonia, these years should be regarded as true epidemic years. If pneumonia were truly the result of cold, and if it was in direct relation with known atmospherical conditions, it ought to be easy to show the predominance of these assumed conditions of the tidal years of pneumonia. But no one had been able to show any such predominance in the epidemic years. They were, therefore, forced to look for the essential factor in pneumonia outside atmospheric conditions. Pneumonia never appeared equally spread over the population; it was always aggregated in small local epidemics and endemic outbreaks; often it formed purely domestic epidemic and endemic outbreaks. This phenomenon, which was so usual in the disease that it gave a characteristic stamp to the epidemiological physiognomy of pneumonia, was utterly irreconcilable with the theory of cold; it could not be understood, except on the supposition that the disease was an infectious disease. By means of exact observation, a considerable number of cases of pneumonia were found which, after a more or less distinct fashion, laid the transmission of the disease from person to person to the account of contagion. A whole series of people were seen to become ill, without its being possible to find out any of the common causes of the disease; on the contrary, the cases were seen to follow, the one upon the other, like a chain; in certain confined places, above all in certain houses, which had been always, or for many years, free from the disease, the first case of pneumonia appeared under circumstances which showed that a close contact had existed between the patient on the one side, and persons previously affected, or their houses, on the other; and when a first case of the disease had appeared in a place previously free from it, this case seemed to be a starting point, and to constitute a true centre for the further spread of the disease; for it was not only the members of the same household, but also strangers visiting the affected house, who were specially seized by the disease. It was correct to assume that intercourse between the healthy and sick played an important part in the spreading of the disease, which necessarily affirmed the supposition of the infectious and specific nature of pneumonia.

Management of the Third Stage of Labor.

Before the late International Medical Congress, Prof. Stadfeldt (Copenhagen) read a paper in which he gave the result of the expectant method of treatment, Credé's method, and the Dublin method. In the expectant method, as practiced in Copenhagen, the placenta was allowed to become detached spontaneously, and to escape into the vagina, unless severe hemorrhage indicated earlier removal of the contents of the uterus. As a rule, the detachment of the placenta took place within about two hours. In Credé's method, circular frictions of the fundus uteri were made immediately after the birth of the child, and during a strong after-pain, generally the third, the placenta was pressed out by a combined concentric and pushing down pressure on the fundus and body of the uterus. The Dublin method was described in somewhat different terms by different authors. As a rule, the chief importance was attached to pressure on the fundus uteri immedi-

ately after the birth of the child. This, he thought, tended to increase anteflexion, and thereby to impede the escape of the placenta. He had, therefore, applied friction to the fundus uteri, as in the first stage of Credé's method; and, when the placenta had escaped into the vagina, it was easily removed by the help of two fingers, with simultaneous gentle traction on the umbilical cord. In a few cases, where the placenta was not expelled at the end of half an hour, he made a depressing movement through the fundus. When these methods failed, the placenta was removed by the introduction of the hand into the uterus. Dr. Stadfeldt had treated a large number of cases by each of the three methods above named, and gave the results. From his statistics he excluded all cases of abortion and of placenta prævia, cases in which the contents of the uterus were putrid, and some cases of very difficult labor. From April 1, 1863, to March 31, 1867, he followed the expectant method in 1,780 cases; from September 1, 1877, to February, 1, 1881, Credé's method in 1,611 cases; from May 12, 1882, to February 15, 1884, the Dublin method in 971 cases; and from February 16 to May 30, 1881, the expectant method in 198 cases. The results indicated that, when compared with the expectant method, that of Credé was preferable. Detachment and retention of the membranes, or of small portions of placenta, indeed occurred more frequently; but the preponderance was not great (2.3 against 1.8 per cent.), and any danger might be obviated by the use of antiseptics. On the whole, it seemed to him that the objectors to Credé's method were wrong in attaching too much importance to its disadvantages, and overlooking the fact that it removed the dangers attendant on the expectant method during the time of waiting, especially outside lying-in hospitals. It could not, however, be denied that the proper and safe application of Credé's method required so much intelligence and accuracy, that it might be attended with danger in the hands of unskillful persons, and, therefore, it was not thought right in Copenhagen to teach it to midwives. On the contrary, the Dublin method was easily learned, and was free from the dangers of the expectant and Credés methods; on the one hand, it diminished the liability to flooding and to retention of the placenta; and, on the other, removed the danger of separation and retention of the membranes. It had been said that Credé's method, by favoring retention of the membranes and of the decidua, was more liable than the expectant method to give rise to puerperal disease and mortality. The contrary was the result in Dr. Stadfeldt's experience; the figures being, with the expectant method, for disease, 24 per cent., and for mortality 1.9: with Credé's method, disease, 18.3 per cent., mortality, 0.6 per cent. In both series, antiseptics had been used with equal energy. He believed that, in the present day, retention of the membranes had little influence on puerperal disease and mortality, provided that strict antiseptic precautions were carried out during labor, and that the accoucheur abstained from unnecessary meddling during the lying-in period. Large portions of decidua might even be left in the uterus without becoming septic, and without giving rise to self-infection of the patient.

Reviews and Book Notices.

BOOK NOTICES.

A Text-book of Medical Jurisprudence and Toxicology. By John J. Reese, M. D. 1 vol., 8vo., pp. 606. P. Blakiston, Son & Co., 1884.

There has long been needed a work like this one. The student of the subject has had to choose between very prolix and expensive treatises by American writers, or those prepared by foreigners, whose customs and laws differ so much from ours that it materially detracts from their usefulness.

In this single volume, printed in clear type and on excellent paper, Dr. Reese presents all that the student or the general practitioner will have occasion to learn about the subject. It is no light guarantee of his fitness for the task that he has been for twenty years a teacher of this branch, and in various official positions has had unusual opportunities to acquaint himself with legal usage, as well as with the medical facts.

He begins with the signs of death and the method of making a post-mortem examination. The question of personal identity and the various causes of death follow. Death from poisoning and toxicology in general receive very full consideration. Next, the numerous sexual questions in legal medicine are taken up, such as pregnancy and its determination, criminal abortion and infanticide, rape, and legitimacy. Fifty pages are then devoted to a discussion of the various forms of insanity, as they present themselves to medico-legal inquiry, and this is followed by two chapters, on medical malpractice and on life insurance, which close the book. It will be seen that it is sufficiently comprehensive to meet the wants of all ordinary students of the subject.

Suicide in Germany.

It would seem that suicide is of much more common occurrence in Germany than in England. In the forest called Grunewald, near Berlin, there is a special place of burial for those who have put an end to themselves by hanging or otherwise in the forest. A notice has just appeared in one of the Berlin papers that, during the last few weeks, scarcely a day has passed without the body of a suicide being found and buried there, so that the burial-ground is now almost full. But Saxony is even worse than Prussia in this respect. The rage for suicide seems to increase relatively in a greater proportion than the population. In 1872, there were in Saxony 687 suicides, *i. e.*, 266 to a million inhabitants; in 1877, this number had increased to 1,114, that is, 403 to a million inhabitants; in 1882, there were 1,872; and in 1883 (last year), 2,004 suicides, of whom 1,081 were of the male and 923 of the female sex.

THE

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MIRYACHIT.

Dr. W. Hammond described, February 16 of this year, in the *N. Y. Medical Record*, a peculiar nervous disease, which is said to be endemic in the neighborhood of Yakutsk in Siberia (see REPORTER, March 15, 1884, p. 343). It consists in the involuntary imitation of sudden movements and actions of others by those suffering from the disease. For instance, the captain of a ship suddenly clapped his hands before his face, and the steward, whose disease the captain knew, at once imitated the motion. Though the patient got very angry about it, he could not but submit to the force within him, which induced him to imitate any action he saw others do.

Dr. Beard (*Journ. Ment. and Nerv. Dis.*) mentioned a similar disease, which is endemic in Maine and New Hampshire. Here the so-called "jumpers" at once execute any order which is given them in a loud voice and decided tone. They also repeat involuntarily spoken words.

In Number 14 of the *Hosp. Tid.*, Brochner remarks, that such cases have been formerly reported. See Daa (*Nat. Udvikling, Kristiania*, 1869, p. 150 ff.), where he speaks of the nervous disease which Pallas ascribes to the natives of Siberia. If such patients are tickled, suddenly accosted, or frightened in another manner, they fall into a kind of rage, in which sometimes suicide is committed.

Dr. Rabl. Rückhard, whose article in the *Deutsche Med. Zeit.*, 55, 1884, we have to thank for this information, also mentions Dr. E. Metzger, according to whose report (*Globus B.* 42, p. 381,) there exists in Java a disease known by the name of Sakit-latah. The patient imitates everything which anybody that succeeds in frightening him shows him how to do. First he does it offering resistance, later the imitation becomes purely mechanical.

Privy Councillor Mettenheimer, in Schwerin, wrote to the *Deutsche Med. Zeit.* that this neurosis (morbid compulsory imitation) is by no means limited to Siberia, but very prevalent amongst the nations of the Malay Archipelago, and is known by the same name as in Java, Sakit-latah,

and is met with mainly in women of a nervous temperament.

Such women have to imitate everything which healthy persons *want* them to do. They cannot help themselves—the imitation being compulsory. It seems, however, that the disease is not a continuous one, and that the patient must first be in a peculiar ecstatic condition ere the compulsory imitative desire presents itself. That this really is the case, and that the brain probably is the seat of the disease, may be imagined from the fact that when in this ecstatic condition the patients repeat with ease and fluency words in languages utterly unknown to them, and to them very difficult to pronounce. A medical work by W. A. von Rees, published some fifty years ago, gives a detailed description of the sakit-latah.

The editor of the *Deutsche Med. Zeitung* adds to the foregoing a remarkable observation of his own.

"A Pole, æt. 27, suffering from pneumonia in its worst form, was attacked during the acme of the disease by active delirium and convulsions. Called to see him, I first quieted him with a hypodermic injection of morphia, after which the convulsions ceased for a time. During this pause I asked him a few questions, when to my surprise, instead of replying, he repeated, word for word, what I had said, though his mind did not seem affected. The affair astonished me, having never made such an observation, except in hypnotic individuals, and I determined to test him further. I first spoke some words, then whole sentences, in all the languages known by me. He repeated every word plainly and in the same rhythm as I had employed—now slow, then fast. The patient was a very illiterate man, nevertheless he repeated the beginning of the Odyssey in Greek, the commencement of the Bible in Hebrew, Horace's *Integer Vitæ* in Latin, and some English, Italian, Spanish, Danish, and German sentences. Notwithstanding the grave situation of the patient, the whole affair had something comical about it.

"To my regret, I had no further opportunity of experimenting with the patient, for he fell into a deep sleep after the morphia injection, and I had to leave town an hour later. The next morning I saw the patient once more; he was perfectly conscious, but in the beginning of the agony. The convulsions had ceased, but all attempts on my side to induce him to evince the same compulsory imitation were in vain. The same evening he died."

The writer of these lines had for some years a patient also suffering from pneumonia. An hour before his death several questions were asked him; instead of replying, he repeated them. Death being plainly approaching, no further importance was attached to the fact mentioned, and if we remember rightly, the symptom is not so very rare during the agony of death.

THE TREATMENT OF EMPYEMA BY ELECTRICITY.

We are not generally inclined to believe all the favorable results which electropathists so often claim to have obtained by treating certain diseases with electricity. But of late the reports accumulate with reference to the successful application of the induced current in cases of empyema. It is especially from Italy that these reports come.

There have thus far been eight cases published by well-known reputable Italian authors, in which patients suffering from large pleuritic exudations had refused operative interference, had been treated in the usual manner without success, and at last been cured by faradic electricity. Dr. Guiseppe Manzini, who has gained a well-merited reputation for skill and veracity, now publishes two more cases from the medical clinic of Modena.

Both cases are described in detail. One suffered from a sero-fibrinous, the other from a serous-pleuritic exudation of large extent. In both cases every known treatment had been tried in vain, and thoracentesis seemed to offer the only chance, when electricity was proposed. A large metallic plate was directly applied to the place of dullness posteriorly, while a common sponge-electrode was held anteriorly to the chest an inch or two below the nipple. A faradic current, strong enough to cause visible contractions, was then allowed to pass through for about twenty minutes. The application was daily repeated, and after the fourth *séance* the dullness had lessened by several inches. In the second case fifteen applications were necessary, before a diminution of the exudation could be noted, but five or six *séances* later the whole dullness had disappeared. Both cases totally recovered without any

untoward symptom, the exudation not reappearing. It may further be well to mention, that in none of the cases retraction of the thoracic wall set in.

Manzini cautions, however, not to apply the faradic current until every sign of active inflammation—fever, high temperature—had disappeared; not, therefore, until the end of the acute stage, for otherwise the employment of the electrical agent is followed by great increase of fever. The high authority of Manzini should be sufficient to stimulate others to make further trials of the effect of the induced current in cases of pleuritic effusions.

INGROWN TOE-NAIL.

Dr. Monod, in the *Union Méd.*, contends that in cases of ingrown toe-nail, to effect a radical cure, the removal of the nail may be avoided by thorough cauterization of the ulcerating or granulating place with nitrate of silver. He says that one single cauterization will suffice, though correctly-fitting shoes will always form the main element in the prevention of the recurrence of the trouble.

We have several times drawn the attention of our readers to a method of treating this complaint, which is not only far milder, but also just as sure in removing the difficulty. The simple procedure, for the reliability of which we can vouch on account of a great personal experience with it, is as follows:

The sore in ingrown toe-nail is caused by the pressure exerted by the shoe on the *middle* of the diseased nail. Anybody, by looking at the nail of the large toe (the one generally affected), can convince himself that the middle of the nail is higher, more prominent than the sides. But in ingrown nails it is not only that, but also much thicker. By using the least pressure with a finger on this centre, one can at once see how the irritation, and as its consequence the ulceration, are produced.

The most rational way of treating the difficulty consists, therefore, in the scraping off of this very centre of the nail. This is best done by means of a piece of broken glass, and the scraping should be continued until the operator nearly reaches the flesh. There is one symptom which at once indicates that enough has been removed, viz., pain. Until within a line or so of the flesh there is not experienced the least sensation by the person undergoing this operation, and the moment the procedure causes a sore feeling, it should at once be stopped. The same shoe can then be worn; within a day or two all pain will cease, and shortly after the ulceration be healed; for there is no longer any pressure exerted upon the centre of the nail, driving the edges into the flesh and causing the soreness. When the nail has grown sufficiently to be cut, it will be observed that for a certain distance the nail has split in the centre. Whenever the nail has grown so far as to be of the same thickness in the centre as before, the operation of scraping has to be renewed. By doing it in time, all future trouble may be avoided. Once every three months is about the usual time. The method has not failed in a single case in which we have tried it.

THE COURAGE OF PHYSICIANS.

The courage which was displayed by King Humbert in entering Naples, and visiting its plague-ridden slums, fully deserved the encomiums it received throughout the world.

It should, however, be remembered that hundreds of obscure examples of equal bravery, on the part of the attending physicians, pass without comment every day. They expose their lives not merely during a passing visit, but for weeks and months. Only the ignorant, vulgar class credit them with the knowledge and use of secret means of protection, which they reserve for themselves.

Yet it is curious to observe what return they get for their self-devotion. Both in Marseilles and in Naples the populace hooted them, and even pursued them with sticks and stones. Precisely what the prejudice was, is not clear. They were accused either of having introduced the disease, or of poisoning the sick.

But even their heroism seems left in the shade by the ardor of a young Pole. This individual,

in a card published in the Warsaw *Courier*, offers himself in the interest of science as a subject to be experimented upon in reference to cholera. "I am unmarried," says he. "I have no ties of any kind, and no plans for the future. I therefore wish to be of use to humanity by undergoing any experiments which have not yet been tried upon human beings." He says he is twenty-four years old, healthy, and wants no reward.

Whether a hoax or a real offer, this is nothing more than what has repeatedly been carried out by physicians. Auto-inoculation of various organic poisons has been repeatedly practiced, sometimes with fatal results. Not a few deaths could be recalled, the results of experimenting with dangerous and unknown drugs. The desire to test new agents and to study diseases on the spot has led many an aspiring young doctor to his death. These are unremembered heroes, who have no Homer to chant their praises. All the more should their deserts not be left unmentioned.

THE PROGRESS OF CREMATION.

The claims of cremation as a method of disposing of the dead have lately been urged, on grounds that will be sure to secure for them a respectful hearing. This is nothing less than its superior economy. Appeal to the pocket, and our people are ever willing to lend an attentive ear, and to sink their prejudices.

The immediate occasion of this advocacy of incineration, is the problem of how to dispose of the paupers of Brooklyn when they die. The suggestion to erect a crematory for them comes from "official" quarters. Economy is one of the objects of this proposal, and another is the promotion of the public health. Sentimental reasons cannot be urged against cremation in this case with much force, for heretofore the unclaimed dead of Brooklyn have been treated with the utmost disrespect, being buried in packing and soap boxes, and these latter used over and over again, although the City of Churches paid the money for coffins and decent burial.

Whether burning the remains would after all be any cheaper than stowing them away in the second-hand soap boxes, has not yet been demonstrated, and on the face of it, it looks doubtful. That it would be a little more decent, more creditable to the city, need not be urged.

With the enormously increased density of population certain to come in a few years, the problem here presented will attain more and more serious magnitude. There is no better solution of it than a cheap and expeditious means of incineration, and we confidently look forward to this being generally adopted.

NOTES AND COMMENTS.

Caffein and Adonis Vernalis.

In the last meeting of the Berlin Society for Internal Medicine, before this summer vacation (June 30 c.), Dr. Michaelis reported a case in which all other diuretics had proved useless, and digitalis produced dangerous symptoms, forbidding its employment. (Deutsch. Med. Zeit., p. 45, No. 56.)

The patient, a man æt. 50, was suffering from pneumonia of the whole left side, and besides from an enormous ascites and left-sided œdema. With each paracentesis 6–8 liters of fluid of very low specific gravity were discharged; but the fluid always rapidly re-accumulated, and, digitalis having been administered a long time, diuresis suddenly ceased, and disagreeable disturbances of the heart's action set in. Having just then read of adonis, Dr. M. tried this remedy. The patient had then for some time been daily passing about 10 oz. of a very concentrated urine, and his pulse intermitted. A decoction of adonis (℥j to f. ℥vj) was given, and already within the next twenty-four hours the patient discharged a pint and a third of urine; and, on the second day, the quantity passed within the last twenty-four hours amounted to 2½ pints, of a specific gravity of 1022. M. had to leave the city for a few days; the physician who took his place omitted the adonis, and M. found on his return the patient in the former miserable state. Digitalis was then once more tried, but it evinced no diuretic effect; when adonis being resumed, the quantity of the daily excreted urine gradually rose to 50 oz., and œdema and ascites totally disappeared. Finally, the patient died of urinary paralysis.

Corvello has discovered in adonis a glycosid, adonidin, which is said to resemble digitalin in its

effect. In the same meeting, the chief of one of the large Berlin polyclinics reported that in every morbid case in which the remedy has been employed, it greatly increased the excretion of urine. Even in persons suffering from a very weak heart the same effect was noticed; and it is remarkable that the urine, under its influence, no matter how much augmented in quantity, retains or assumes a high specific gravity, which, according to Botkin, is to be ascribed to the increase of urates and chlorides, which takes place under the influence of adonis. But though the remedy will occasionally improve the pulse, it does not possess the same tonic effect on the heart as digitalis. An accumulative action has not been observed. But the drug is exceedingly bitter, and yields that taste to no corrigens; it also causes at times nausea and vomiting, and even diarrhœa has been produced by it, though the addition of a small dose of bicarbonate of sodium somewhat improves the action of adonis in this respect.

Caffein in its double salts, is the best remedy where prompt and rapid effect on the heart is needed, no other drug acting so energetically. Its effect is not so permanent as that of digitalis, but in cases of intense dyspnœa, cyanosis of a high degree, small and exceedingly rapid pulse, within a few minutes, if hypodermically employed, caffein will improve the patient visibly, and rapidly bring him decided ease. Subcutaneously administered, the dose is a syringeful of the following solution: Caffein natro-benzoic, gr. lxxx, aqua dest, f.℥ij—℈ij, while internally a tablespoonful about every four hours is given of caff. natro-benz. gr. xxxii, aqua dest, f.℥v.

As a resumé we may say: that in cases of danger caffein natro-benz., subcutaneously employed, is the best remedy in heart disease; digitalis, if a more permanent effect is wanted; adonis, if the intention is simply to increase the flow of urine; while caffein, internally administered, will often assist us, when digitalis has lost the therapeutical effect.

The Contagiousness of Diphtheria.

Dr. A. Jacobi thus concludes an article in the *N. Y. Med. Jour.*, September 27, 1884:

There is probably no spontaneous origin of diphtheria, any more than there is a spontaneous origin of cholera or scarlatina.

Diphtheria is contagious. Severe forms may beget severe or mild forms. Mild cases cases may beget mild or severe cases.

What has been called follicular tonsillitis is *mostly* diphtheria. It is seldom dangerous to the patient, as the tonsils have but very little lymph communication with the rest of the body. But it is contagious.

This form is frequent in the adult, in whom it loses nothing, however, of its contagiousness.

Diphtheria in the adult proves dangerous to the community, mostly because it does not restrain the patient from communicating the disease.

It is apt to last long: Firstly, because most cases occur on a surface covered with pavement epithelium (tonsils); secondly, because of the constant exposure and neglect on the part of the patient. Even without it, diphtheria may last weeks and more; with it, it is subject to sudden relapses. As long as it lasts it is contagious.

As diphtheria is but a mild affection in many adults, who disregard it and frequently do not care to mention its existence, pain in swallowing and moderate malaise being the only symptoms, the question of transmission by means of clothing, etc., on the part of third persons is capable of becoming more difficult to answer than it ever was. Many a case which has been believed to be thus carried is probably one of direct contagion from a patient to a second person, and from this second to a third.

Operative Opening of Pulmonary Cavities.

Before the late International Medical Congress, Dr. E. Bull (Christiania), in a paper on this subject, laid down the following propositions:

1. Abscesses of the lung, which can be diagnosed with certainty, and are so situated that they can be opened through the chest-wall, should be treated in the same way as pleural empyema.

2. The condition is the same with regard to limited gangrene of the lung. If several gangrenous foci exist, each one must be treated separately.

3. Echinococci, and 4, foreign bodies in the lung, are to be treated in a similar manner.

5. In bronchiectasis the formation of a pulmonary fistula is indicated only when the accumulation of stagnant matter in large cavities essentially contributes to the deterioration of the patient's condition.

6. In rare cases of tuberculosis, where a large cavity is the predominating condition, the cavity may be laid open with the view of improving the condition of the patient.

7. The operative puncture of a pulmonary fistula is justifiable as a palliative measure.

8. In cases where diagnosis cannot be arrived at, exploratory puncture is certainly of much

value; positive as well as negative results may be derived from it.

9. Adhesion of the layers of the pleura thoug not to be insisted on as an absolutely necessary preliminary to the opening of pulmonary cavities.

10. Amyloid degeneration is not an absolute contra-indication to a palliative operation.

11. The use of the thermo-cautery is to be recommended both for the opening of cavities, and for the destruction of diseased portions of lung-tissue.

Abscess of the Brain.

A man, æt. 59, suffered for 8 months, from difficulty in swallowing, vomiting, regurgitation of swallowed food, cough, and emaciation. During the last five days before his death, his mind was clouded; he replied to questions in a connected manner, but not accurately. Active motion in the lower extremities was perfectly preserved. (Dr. Hein, *Ber. üb. d. Rud. Hift. Wien.*, 1883.)

Post-mortem.—Above the cardia a carcinomatous ulcer 15 ctm. long. At the point of the right middle convolution an abscess of the size of a walnut; in the centre of the same gyrus another abscess of the size of a cherry. A third abscess as large as a bean was found in the left middle convolution, two fingers' breadth anteriorly to the anterior central convolution; a fourth (cherry) in the marrow of the left frontal lobe; a fifth (walnut) in the head of the left corpus striatum; a sixth (cherry) where the head of the striated body passes over into its tail; a seventh ($2\frac{1}{2}$ ctm. long and $\frac{1}{2}$ ctm. wide) at the base of the left lenticular body (interior and outer lenticular capsule intact.)

Dr. Mader, of the same institution, reports the following case: A man, æt. 34, suffered *for three days* from headache, vertigo, vomiting, and abdominal pains. No trauma discovered in the history. Later somnolence, pain in the nape of the neck on motion, not on pressure, left lid contracted. In the centre of the left cerebellar lobe an abscess was found, as large as a hen's egg, and filled with a pungent, fœtid pus. No injury could be detected at the base of the brain, and no exudation was discovered in the middle ear. The cause of the abscess is not explained.

Extirpation of Thyroid Gland.

In the same manner, as Zesas, Schiff, and others, J. Wagner has extirpated the thyroid gland in a large number of animals, especially cats but a few weeks old, for the purpose of determining the effect. A few hours—never immediately—after the operation tremor of the extremities and fibrillar muscular contractions evince themselves. They can first be only felt, later seen, and then exert an influence on the walk of the animals. Occasionally these contractions increase to clonic spasms, which again alternate with tetanic rigidity. The walk had something stiff about it, the legs were put far apart; while respiration was dyspnœic even during the time the animals were free from spasms. Sensation was greatly diminished. In some animals a decided increase of electric as well as mechanical nervous excitability was to be noted, and all the animals died between the second and fourth day after the operation, and they all showed a remarkable tendency to walk backwards. The result of the post mortem in every case was negative; the nervi recurrentes were never injured.

Wagner believes that in general, the symptoms caused by extirpation of the thyroid gland in young animals greatly resemble those following removal of a kidney, so that it may appear plausible that in all such cases of the removal of a healthy organ, certain noxious substances accumulate in the blood (ptomaines?) and exert a poisonous influence upon the central nervous system; for the symptoms are very similar to those induced by intoxication with certain poisonous drugs, though a still greater analogy seems to us to exist between them and those caused by the ptomaines.

The Treatment of Phthisical Night-Sweats.

Many drugs have been recommended for this weakening accompaniment of phthisis, but comparatively few have given satisfaction. With the view of discovering some drug that would control the sweating, and at the same time that would be free from drawbacks, Dr. C. M. Cauldwell instituted a series of observations on a large number of cases. As a result he reports, in the *N. Y. Med. Jour.*, September 27, 1884, that picrotoxin, recommended by Dr. Ringer and Dr. Murrel, more nearly approached the ideal in view than any of the other drugs. It was prescribed for twenty consumptives suffering from profuse night-sweats. In seventeen of the cases the perspirations were entirely checked, or so far diminished as to produce no further debility or annoyance. Even when given in much larger doses than are ordinarily prescribed, it caused no disturbance of the nervous system or of the gastro-intestinal tract—in fact, produced no evil effect whatever. In this respect it compared very favorably with atropine, ergotin, etc. A single full dose of the drug at

bed-time was generally sufficient to control the sweating for twenty-four hours.

Where one dose failed, a second was taken shortly after midnight.

The initial dose, mentioned by Ringer and the English writers generally, is the one hundred and fiftieth of a grain. This was found much too small, and was accordingly increased to one-fortieth of a grain.

Emphysema of the Skin in Diphtheria.

Recommending in diphtheria, when a dangergerous emphysema of the skin threatens life, to make a small incision with a bistoury into the tense skin, Dr. Reitz, in a letter to the *Deutsche Med. Zeit.*, 56, 1884, says that during his residence in Central America, one day his mule, while jumping over a fence, received a considerable wound in the skin of the forelegs by a splinter. His servant made the animal trot back to the city, and the consequence of the rapid motion (?) was the development of an empyema of the skin, causing considerable swelling of the chest, forelegs, neck, and head of the animal. Its exceeding restlessness proved the painful condition and great apnœa of the mule. There was no veterinary surgeon in the place, and so R. determined to take up a fold of the skin and cut it through with the bistoury. He remarks, that cut and jumping aside were both simultaneously performed, the mule anyhow not being in an amicable condition of mind. The swelling disappeared, and the four-footed patient was saved. R. recommends therefore strongly the same operation in the case of an emphysema of the skin developing in consequence of the destruction of the mucous membrane in the pharynx or larynx by diphtheria, as breathing and swallowing continually force more air into the areolar tissue. Such a patient not only suffers a great deal, but also risks death by suffocation.

Lemon Juice in Malaria.

We have already noticed the recommendation of Dr. Tommasi Crudelli, of Rome, in reference to the use of lemon juice in malaria. Before the last International Medical Congress, this Professor gave the following directions for preparing the remedy. A lemon is cut up, peel and all, into thin slices, which are then put into three glassfuls of water, and the whole boiled down to one glassful. It is then strained through linen, squeezing the remains of the boiled lemon, and set aside for some hours to cool. The whole amount of the liquid is then taken fasting. Dr. Mascagni, of Italy, has succeeded with this remedy in curing an obstinate case of malaria in his own person, that had resisted quinine. It is well known that in Italy, Greece, and North Africa; they often use lemon juice or a decoction of lemon seeds, as a remedy in malarial fevers of moderate intensity; and in Guadaloupe they use for the same purpose a decoction of the bark of the roots of the lemon tree. All these popular practices tend to show that the lemon tree produces a febrifuge substance, which resides in all parts of the plant, but which would seem to be most abundant in the fruit. In fact, among the popular remedies employed against malarial infection, this is the most efficacious, for it can be employed with good effects in acute fevers. But it is especially advantageous in combatting the chronic infection, which is rebellious to the action of quinine, and in removing or moderating its deplorable effects.

Intermittent Contractions of the Uterus in the Diagnosis of Pregnancy and its Complications.

Dr. Braxton Hicks, of London, presented a paper on this subject to the late International Medical Congress. He again called attention to the value of this means of diagnosis, and briefly referred to the discussion on his paper in the last Congress, where it was stated that soft tumors of the uterus also contracted at intervals. Presuming that this was ultimately found to be correct in general, the cases in which this would interfere with the diagnosis were pointed out; namely, those in which the fœtus could not be felt, and where hemorrhage was urgent, for instance, where the uterus remained constantly firm, as in some cases of blighted ovum, apoplectic ovum. In these, there was almost always a history of pregnancy, and of recent hemorrhage; while, if there were amenorrhœa or only normal menses, it would be exceedingly rare if it were a soft tumor. He gave three cases; two of pregnancy complicated with uterine fibromata. In the third one, of extreme obliquity of the uterus, it was difficult to say how much was uterus. In all the cases, the exact relation of the uterus was clearly and readily made out by means of the alteration which occurred at short intervals in the density of the uterus.

A Practical Point in the Treatment of Pleural Effusions.

The *Boston M. and S. Jour.*, August 28, 1884, tells us that Dr. Broadbent, in a clinical lecture, says that when he hears distinct bronchial breath-

ng generally over the chest in cases of pleural effusion, he feels sure that a consolidated lung is immersed in the fluid, and he consequently does not tap unless the symptoms are so urgent as to demand interference. A solidified lung cannot, of course, expand, as does one which is simply collapsed or even compressed, unless it is bound down by adhesions; and experience has shown him that on the resolution of the pneumonia the fluid is usually rapidly absorbed.

He seems to hold the sound views that with grave symptoms a pleural effusion should be withdrawn, whatever the complication; that the course of moderate effusion may often be shortened by tapping; but that, if the lung be consolidated—one evidence of which is the persistence of bronchial respiration over the whole or a large part of the chest—is is better to wait, if the condition of the patient warrants such a course.

Antipyretic Treatment of Wounds in Children.

Before the late International Medical Congress. Dr. Rupprecht, of Dresden, said that he thought, the best disinfectant was a one-third per cent. solution of salicylic acid, or for very septic wounds, a four to eight per cent. solution of chloride of zinc. One of the poorest materials for use in operations on children was carbolic acid. The general admissibility of corrosive sublimate solution (1 to 1,000) in childhood was, he thought, questionable. For certain wounds, iodoform in small quantities is indispensable.

The best material for dressings was gauze impregnated with salicylic acid (five to ten per cent) or corrosive sublimate (1 part per 1,000), while carbolized gauze was objectionable. Wood-wool cushions are of advantage for certain wounds. Dry dressings are best for fresh, as well as for large suppurating wounds, but for small suppurating wounds moist dressings are more suitable. In these, however, neither carbolic acid nor corrosive sublimate should ever be used.

In order to prevent soiling of the dressings with urine, he favored covering them with a waterproof cloth, the edges of the dressings being smeared with grease. Other methods of avoiding irritation from the urine were vertical suspension of the child, frequent changing of the dressings, or the permanent bath.

Periodically Recurring Convulsions Caused by Impacted Fæces.

Dr. J. F. Baldwin reports a curious and instructive case in the *New York Med. Jour.*, September 27, 1884, wherein a woman aged sixty-four had periodically recurring attacks of convulsions each day for four days. They were not relieved by sedatives and antispasmodics, which were freely used. Neither did quinine have any effect. Croton oil moved the bowels very freely, and there was no convulsion on the day of its administration, but they returned the next day and continued for two weeks. Examination revealed a mass of fæces as large as a child's head in the rectum. The rest is soon told. The mass was broken down and removed in the usual way, and no more convulsions occurred.

The point of interest in the case is: There had been no history of constipation; the salts taken before he was called had operated freely; there was no constipation subsequent to the commencement of treatment; the croton oil operated copiously and without scybala—yet the rectum was impacted with a tough mass, resembling blue clay in consistence, without producing any symptoms pointing to the seat of the trouble.

Peritonitis Resulting from Diseases of the Vermiform Appendix.

Before the late International Medical Congress Professor With (Copenhagen), dealing with this subject, said that the inflammation of the right iliac fossa, known by the name of perityphlitis, very often began in ulceration and perforation of the vermiform appendix. Peritonitis of this origin was called appendicular peritonitis, and was met with under three forms or conditions, generally well marked; as adhesive appendicular peritonitis (before perforation), and appendicular peritonitis, local or general (after perforation). As regarded treatment, the chief indication was to give the intestinal canal as complete rest as possible. To this end, sufficiently large doses of opium and morphia should be used, as well as complete abstention from laxatives and enematas, kept up for a period of twenty-four hours if that were thought necessary. By means of this treatment, the indication for surgical interference underwent a considerable restriction.

Massage in Rheumatic Gout.

Dr. Douglas Graham contributes a paper on this subject to the *Boston M. and S. Jour.*, August 28, 1884, in which he strongly recommends such *massage as he is capable of administering*, in the treatment of the deformed and stiffened joints of rheumatic gout. He relates eight cases wherein signal benefit was achieved, after having been well-nigh rubbed to death in the ordinary way, besides having exhausted the resources of the materia

medica, baths, and mineral springs of all kinds. While we do not believe in nor do we see the advantage of *too much specialism*, yet it is plainly evident to us that there is a great difference between *rubbing* and *massage*, and we would therefore advise all of our readers who have failed with rubbing, to study up the subject of *massage;* it is a truly valuable therapeutic resource.

Urticaria as a Cause of Miscarriage.

It will be well for us to know that Dr. S. J. Radcliffe (*Med. News*, August 30, 1884,) considers that urticaria is capable of causing miscarriage. He relates a case, which, we must confess, seems to prove nothing; the woman had aborted from obvious causes and she had urticaria, but a relation of cause and effect between the two is not made out. However, Dr. R.'s suggestion is certainly a very good one. We can conceive of no more irritating affection than a severe case of urticaria, and we can imagine that such a nervous, irritable, and generally deranged condition of the system might be produced by it so as to give rise to abortion. However, it will surely do no harm to cure the urticaria, or, at least, to try to do so.

Suppressed Lochia Successfully Treated by Condy's Fluid.

Twenty-six hours after confinement, a woman, about whom Dr. Archibald D. Macdonald writes the *Brit. Med. Jour.*, September 6, 1884, had an attack of what is generally termed puerperal eclampsia. There was no evidence of lochial discharge. Ten drops of Condy's fluid in about three tablespoonfuls of water were given every four hours for forty-eight hours. The lochia commenced and the woman did well.

Correspondence.

The Fulfillment of Dreams.

Eds. Med. and Surg. Reporter :—

This singular incident occurred on the occasion of the late murder of Mr. R. M. Stribling by I. E. Gladson, at Markham, Fauquier county, Virginia, the former a descendant of Chief Justice Marshall and of Dr. Stribling, so eminent for his treatment of the insane. Two remarkable coincidences have been published in connection with the killing of young Stribling, viz: Dr. Walter Bruce, his brother-in-law, a native of Virginia, now resident at Micanopy, Florida, late on Friday night, December 28, awoke from a sound sleep, feeling there was some mysterious presence in his room, and got up and lighted a lamp; finding no one, he returned to bed and fell into a light sleep, and had a dream or vision of his wife's brother, R. M. Stribling, in a deadly conflict, in which he had his throat cut in a horrible manner, and was removed to a store near by, placed on a counter, and after a lapse of time died from the effects of the wound. Dr. Bruce, though far from believing in "isms," such as spiritualism, visited a medium in the town, who told him that some awful calamity had befallen young Stribling. The vision, and its effects on the mind of Dr. Bruce, prevented him from sleeping. Sure enough, the next mail from Virginia announced the death of his brother-in-law in the exact manner and at the very hour he had appeared to him.

A sister of the murdered man, who was visiting relatives in Kentucky at the time of his death, had also a similar dream, and while relating it at the breakfast-table was handed a dispatch announcing its fulfillment.

The writer's brother-in-law furnishes like experience: While on duty in the British Navy in the Gulf of Mexico, he saw the form of his father in a dream vividly presented pale and ghastly, though when he had lately parted with him at Portsmouth, England, he was in the vigor of his manhood. The succeeding mail conveyed the news of his death at the hour of the occurrence of the son's dream.

The sacred Scriptures, as well as human experience of mankind, assert the fact, if they do not explain the philosophy, of dreams. Joseph, the destined prime minister of Egypt, realized the fulfillment of the dreams of his boyhood; and under the inspiration and warning of Jacob's dream, the life of the infant Saviour was preserved, and the author of Job's grand epic poem tells us how "In a dream, in a vision of the night, deep sleep falleth upon men, in slumberings upon the bed, and then God openeth the ears of men, that he may withdraw man from his purpose and hide pride from man."

Frederick Horner, M. D.

Marshall, Fauquier City, Va., May 19, 1884.

P. S.—Gladson was acquitted by acclamation by a Virginia court. Poor Stribling was an inebriate.

F. H.

More About Boils.

Eds. Med. and Surg. Reporter:

In the Reporter of September 5, Dr. G. W. Barr, writing about boils, says: "All attempts to abort or prevent a succession of boils are unsatisfactory."

Now, in reality, their abortion is easy and simple, if treated before there is any really dead tissue to slough out. My own plan is to cover thickly with absorbent cotton and keep it constantly saturated with spirits of turpentine. This will also always abort a felon, if used *early*. Now, to prevent their succession. Put a handful of bird-shot in a pint of sweet milk; boil it twenty or thirty minutes and take it for supper. Repeat this for three nights, then omit three nights, and repeat. Then, if a tonic is needed, take ten to fifteen drops of elixir of vitriol three times a day, following each dose with two or three grains of quinine sulph. If Dr. B. will follow the above hints I am sure he will not prefix *un* to *satisfactory*. In place of vaseline, I would advise him to use a paste of *resin soap*, *yolk of egg*, *brown sugar*, and

sweet oil. Now, doctor, if you really feel that your reputation as a surgeon requires you to incise a boil *early*, select your *enemies*, incise freely, and fill the incision with carbolic acid or creasote, and cover with a poultice. For your friends, use the paste and wait till the boil is ripe.

F. R. Millard, M. D.

San Diego, Cal.

An Improvement in Caustic-holders.

Eds. Med. and Surg. Reporter:

I desire to call the attention of the profession, through the columns of your widely-circulated Reporter, to an improvement in caustic-holders. For the past twenty years (which includes the period of the writer's experience in the practice of medicine) we have continued using an instrument which physicians generally have regarded as inconvenient, and which soon became useless from the action of the caustic upon the metal with which it was constantly in contact. Physicians have long felt that a better instrument was needed.

While attending our State Medical Society in Philadelphia last May, I called upon Mr. J. H. Gemrig & Son, and explained to them my ideas as to how an improvement might be made. Thinking favorably of my suggestions, they made a few instruments, and soon perfected the one I send to you.

It is not an improvement of the old caustic-holder, but an entirely new and very different instrument. It consists simply of a cross forceps, with long, slender, grooved blades. It is three and a quarter inches in length, and quite neat in appearance. It may be carried in the pocket case of instruments, or in the vest pocket, as the surgeon prefers. The caustic is not carried in the instrument, but in a vial of the pocket medicine case. If the springs are of just the right strength and flexibility, the stick of argent nit. or cupri sulph. is very easily and quickly picked up, and firmly and securely held. With proper care the instrument will last a life-time. By increasing the length of the instrument, it might prove useful in gynæcological practice.

Samuel Birdsall, M. D.

Susquehanna, Pa., September 25, 1884.

News and Miscellany.

Professor Virchow.

A Berlin correspondent of the *Canadian Medical Journal* for July supplies some interesting facts concerning the great Berlin Professor. "The central figure at Berlin is Virchow. With the exception of the years 1849–56, he has been here as student, prosector, and professor, since 1839. In 1843 he became assistant to Froriep, whom he succeeded as Prosector of Pathology in 1846, losing the position in 1849 on active participation in the political disturbances of that period. He was, however (not without considerable trouble), reinstated, and shortly after was called to Würzburg as Professor of Pathology, returning to Berlin in 1856. Under his direction, the Pathological Institute of the Charité has become the most famous pathological school in Europe; and to name the men who have been his assistants, is to go over those of many of the best-known teachers and investigators in Germany—Klebs, Recklinghausen, Rindfleisch, Cohnheim, Liebrich, Hoppe-Seyler, to say nothing of the younger men, Orth, Ponfick, Salkouski, and others. After 40 years of teaching, it is but natural that he should have much of the drudgery done by his able assistants, Jurgens, Grawitz, and Israel, who conduct the autopsies and the courses on pathological histology. Students, however, have still the great privilege of hearing him in three different classes. For the first three or four Mondays of the semester, from 7:30 to 10 a. m., he performs an autopsy before the class, giving detailed directions as to methods and the proper modes of observation. On Wednesday and Saturday are held the famous demonstration courses on morbid anatomy, in which the material for the week, often ten or fifteen cases on each occasion, is brought before the students. The time occupied is at least two and a half hours, the first half of which is taken up by some special subject, the pathology of which is well illustrated by the specimens at hand. At 11 a. m. he gives each day a lecture on special pathology. Politics and anthropology now absorb the greater part of his time. He is a member of the German Parliament and of the Prussian House of Representatives; and I noticed a day or so ago in one of the daily papers that Virchow had spoken in one of these 38 times during the session. It need scarcely be stated that he is an advanced Liberal. He is also a member of the City Council—not an idle one either, as the copious literature of the "canalization" (drainage) system of the city can testify. His archæological and anthropological studies are most extensive, and it is upon these subjects that he now chiefly writes. When one turns to the Index of the Berlin Archæological or Anthropological Societies, the figures after his name stand thick and deep, just as they do in a similar index on medical subjects. He has been collaborator with Dr. Schliemann in several of the important works issued on Trojan antiquities. His collection of skulls and skeletons of different races, one of the most important in Europe, will doubtless find an appropriate place in the new Archæological Museum erected by the Government. There are those who grudge him the time he spends on politics and his favorite studies; but surely he has earned a repose from active pathological work, and may well leave section-cutting and bacteria-staining to the smaller fry; and when we consider that in addition to the classes above-mentioned, he is president of the Berlin Medical Society, and edits his *Archiv*, now a large monthly journal, it can scarcely be said that he neglects professional duties. On all questions of general, medical, and scientific interest, his utterances are not infrequent, and display a judicious conservatism—as witness his sound position regarding the Darwinian theory, as opposed to the vagaries of Haeckel. It is satisfactory to note that the at-

tack of gouty nephritis of some eighteen months ago appears to have left no trace. Aged, of course, he is (he is now 63), but there is still a vigor and sprightliness in the wiry frame which bespeak years of continued activity."

Oleomargarine.

The war on oleomargarine, which is waged with more or less fierceness in almost every state, has taken a peculiar form in Ohio, where the defence interposed in a suit was that the imitation of butter was made under a patent from the United States, and that it would be an infringement upon the rights of the manufacturer as secured from the United States to prevent him from making and selling his imitation. The Ohio statute provides that any person who shall knowingly sell or offer for sale any article purporting to be butter or cheese, which is not made wholly from pure cream or milk, and is not stamped with the names of the various ingredients, shall be punished by fine or imprisonment, or both. This statute, it was claimed, was in conflict with the rights of the maker of butterine under a United States patent. This reasoning the court held to be unsound, as the possession of a United States patent did not enable a person to violate any of the health laws of a state, and the right of a state or a community to prevent the sale of articles deemed injurious to health was unquestioned in law. It was further decided that a State had the right to prohibit the manufacture of articles under a United States patent if it prohibited the manufacture of all similar articles made without a patent. It was only when a State discriminated against a patented article that a person could properly claim that his rights had been infringed upon by the state legislature.

Legal Evidences of Apparent Pregnancy.

A recent case in the central part of New York State presents a discussion as to the evidence of apparent pregnancy allowable in a suit for slander for charging an unmarried woman with unchastity. The defendant in the suit offered to prove that the physical appearance of the plaintiff was such as to lead a person to suppose pregnancy, and introduced a married woman as a witness for the purpose of asking her this question. The trial judge excluded the question, but on appeal it was allowed, the court holding that it was not only proper under the circumstances for the witness to describe the physical appearance of the plaintiff, but she could give an *opinion* whether this appearnce was such as pregnant women usually presented.

The object of testimony of this character was to reduce the amount of damages which might be awarded, by showing that while a mistake might have been made, there was some apparent ground for giving utterance to the charge of unchastity.

The Stigmata of Maize.

This familiar product has lately come into quite general use for its various therapeutic properties as an emollient, antiseptic, and diuretic. Under its lenitive action the inflamed surface of the genito-urinary tract, and more particularly, perhaps, of the bladder, as in vesical catarrh, is soothed, and the decomposition of urea into the irritant ammonia salts is checked. The flow of the urine is at the same time augmented, and thus we have a combination of the very effects which an intelligent comprehension of a case of vesical irritation would s em to dictate, on the part of the therapeutist.

The demand for corn silk has been rapidly growing since attention was first called to it by Drs. Dassun and Dufau, of Paris, and Prof. Castan, of Montpelier. The fluid extract must be made from the recent drug, and hence can be prepared only during a few months in the year. Messrs. Parke, Davis & Co., who were the first to place a preparation of stigmata maidis before the profession of this country, with the return of the season have laid in a large supply of the drug, in anticipation of a continuance of its popularity.

Hours of Study at Home.

It has often been found that the long lessons given by teachers in the public schools, requiring special study on the part of the scholar at home, have resulted unfavorably to the health of the scholars. A curious instance where this question was indirectly brought up occurred recently in England, where a teacher was indicted for an assault upon a scholar who had failed to learn certain lessons which were to be studied at home. The case, no doubt, went against the teacher on the score of assault; but the judges gave consideration also to the question whether study at home could could be enforced under any circumstances, and decided that such lessons were not proper. The lengthening of the hours of study which such a course makes necessary, results very often in a serious injury to the health of scholars.

Correction.

The Proceedings of the Philadelphia County Medical Society can be obtained from Dr. C. M. Seltzer, librarian, not from Dr. French, as we stated.

Personal.

—Dr. J. M. F. Gaston has been appointed to the chair of Surgery in the Southern Medical College, at Atlanta, Georgia.

Items.

—Prof. L. Mauthner is mentioned as the probable successor of the late Prof. Jäger as Professor of Ophthalmology in Vienna.

—At the conference recently convened by the Medical Society and the National Health Society of Great Britain, the subject for discussion on the first instant was Recreation and Gymnastics. After the reading of several papers Sir James Paget maintained that the English system of gymnastics—namely, outdoor games—was far superior to the German, Swedish, or any other system.

—A woman at Litchfield, Conn., had agreed to take a boy and his sister for their second visit to the place. The boy came alone, however, and being asked about his sister, replied: "Mother wouldn't let her come to Litchfield this year. She says she got the malaria coming out with the fresh air fellers last year." The children live on Baxter street, New York.

—M. Dastre and M. Bourquelot, in a note recently communicated to the *Académie des Sciences* ("Progr. Méd."), give it as the result of their experiments that maltose undergoes direct consumption when injected into the blood of an animal, without having been transformed by any digestive juice. They estimate its practical value as been that of lactose and that of glucose.

—Speaking of the causes of failure in life, Tourgee says: "Trying to carry too big a load. I don't know about a professional man's failing if he works, keeps sober, and sleeps at home. Lawyers, ministers, and doctors live on the sins of the people; and, of course, grow fat under reasonable exertion, unless competition is too great. It requires real genius to fail in either of these walks of life."

—Dr. Gelle, of Paris, has found that twenty to twenty-five per cent. of children hear only within a limited range. A practical result of this discovery is that children are now placed at such a distance from the teacher's desk as will correspond with their strength of hearing. The matter does not appear to have been thought of before, but its obvious importance is now likely to attract attention from our teachers.

—It is proposed to utilize the spawn of the cod and mackerel fisheries, which now are of no comparative value, and by the production of albumen from this source it is thought may yield a profitable revenue. By taking the spawn, separating it from the membrane enclosing it and crushing the mass by machinery, the expressed liquid strained, and reduced in a vacuum apparatus at a temperature of 110° F. to 115° F., the product is said to be entirely satisfactory.

—In the *Indian Medical Journal* of July, Dr. P. Cullen gives a table of thirty-eight cases of leprosy, setting forth age, sex, occupation, family history, etc., of the sufferers. Asiatics, as a rule, do not believe in communication of the disease by personal contact, but are highly suspicious of food which has been handled by a leper. In no case out of the thirty-eight were the living children of the lepers affected with leprosy, and in only four cases was admission made of the disease being present in the parents or grandparents, thus far indicating the absence of heredity in the causation of the malady.

—M. Dubois draws attention to the difficulty of preventing accidents during the administration of chloroform, inasmuch as one of the principal druggist of Paris had furnished him with chloroform containing a considerable quantity of chlorine and hydrochloric acid, which he believed, was independent of any falsification, but probably resulted from its contact with the air. M. Rabuteau observes that impure chloroform should be well shaken and washed in potash and soda. M. Dubois admits the efficacy of the process, but objects that surgeons could not take that precaution before operating.

—The cod-liver oil business is flourishing at Marseilles, and competition runs high. A repudiated advertisement of one of the manufacturers reads as follows: "The cod being one of the small fishes of the sea, is constantly tracked and pursued by its enemies, the whales and sharks, etc., therefore it lives in a constant state of fear; and it is a well-established fact that fear engenders in all living creatures jaundice and diseases of the liver. Consequently, all codfish taken in the open sea have diseased livers. But all my fish are caught in a safe harbor, where marine monsters cannot enter. They live there in peace and comfort. Their livers are pefectly healthy, and that is the reason why my cod-liver oil is the best."

—During the cholera season of 1873 a French physician in Nashville declared that he never lost a cholera patient. Shortly afterward, having gained some notoriety by this assertion, he was summoned to attend a man named White. The neighbors were anxious to see the result of the Frenchman's treatment, and whenever the doctor was seen leaving White's house numerous inquiries were propounded. "How is your patient, doctor?" was asked one morning. "Ze man is dead." "What! thought you never lost a case of cholera?" "Zis was ze first case I had. You not expect a man to lose one case before he get him. I cure ze man of ze cholera, but he die of ze weakness."

MARRIAGES.

JOHNSTON—WILLHIDE.—September 4, 1884, by Rev. J. F. Pennington, A. R. Johnston, M. D., of New Bloomfield, Pa., and Miss Laura T. Willhide, of New Germantown, Pa.

BIRKINS—TUCK.—September 17, in Wilkesbarre, Pa., at the residence of the bride's mother, by the Rev. H. H. Birkins, assisted by the Rev. H. E. Hayden, Dr. Ernest Reeve Birkins, of New York city, and Miss Kate H. Tuck, of Wilkesbarre.

HAVEN—DICKINSON.—September 17, 1884, at the Presbyterian church, Lake Forest, Ill., by the Rev. J. G. K. McClure, Dr. Alfred C. Haven and Kate, daughter of George B. Dickinson, all of Lake Forest.

HOISINGTON—CAMPBELL. — September 9, in Westminster, Vt., at the residence of the bride's mother, by Rev. J. L. Sewall, Walter L. Hoisington, M. D., and Clara S. Campbell, all of Westminster.

OSBORNE—BARNITZ.—September 10, by the Rev. A. M. Barnitz, of Central Pennsylvania Conference, Dr. James A. Osborne, of Milton, Pa., and Miss Anna H. Barnitz, of Shickshinny, Pa., a daughter of the officiating clergyman.

PARTRIDGE—DWIGHT.—September 18, 1884, at Clinton, New York, by the Rev. E. B. Willson, of Salem, Mass., assisted by the Rev. B. W. Dwight, D. D., of Clinton, Dr. Edward L. Partridge, of New York, and Gertrude, eldest daughter of Prof. Theodore W. Dwight, of Columbia College Law School.

RALSTON—DEERY.—September 11, 1884, in Saltsburg, Pa., by Rev. O. Katz, Dr. W. Chalmers Ralston and H. Anna Deery, all of Saltsburg, Pa.

ROBERTS—HAMMITT.—September 3, 1884, at College Hill, Ohio, by Rev. McLean, Dr. Thomas S. Roberts, of Sioux Falls, Dakota, and Miss Carrie S. Hammitt, of College Hill, Ohio.

STILLWELL—MOLLOY.—September 17, 1884, at the residence of the bride's mother, by Rev. Dr. Peddie, Dr. Walter C. Stillwell and Miss Eleanor Molloy, all of Philadelphia.

WILLIAMS—STEPHENS.—September 10, 1884, Simpson F. Williams, M. D., of Orangeburg county, South Carolina, and Miss Dora C. Stephens.

DEATHS.

CLARK.—September 26, 1884, at Lincoln, Mass., Luther Clark, M. D., of Boston, aged 74.

HALL.—September 22, 1884, Dr. Caleb S. Hall, of Westchester county, New York, in the 73d year of his age.

LIENAU.—September 24, 1884, in New York city, Dr. Rudolph Booraem Lienau, in the 38th year of his age.

COOK.—September 23, 1884, at Hudson, New York, Dr. Abijah P. Cook, aged 76 years.

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Communications.

OUR BEEF SUPPLY.

BY H. LASSING, M. D.,
Of New York City.

One of the most important considerations for the physician is the character of the diet of his patient, as well as of the community in which he lives. The most valued of articles of human food is beef. It was a favorite aphorism of one of our learned professors that beefsteak is the best tonic. This to a very large extent is true, and therefore, all other things being equal, it must be of vital interest to the physician to have the supply of beef of the very best, and to have it in that condition which will furnish the greatest amount of healthy nutrition in the most suitable form, palatable and at a comparatively low price.

To speak of this matter intelligently, it is necessary first to consider what are the characteristics of good beef, what should be avoided and what required in its production.

Good beef, then, should be bright red in appearance, the muscular parts firm and elastic, the fat hard, and light yellow or white; it should be free from all substances calculated to expedite putrefaction, such as exuded blood, bruises, or extraneous dirt. To produce such beef, it follows that the animal from which it is taken must be in a perfectly healthy condition and of the proper age when slaughtered, and that the process of slaughtering and preparing for market must be conducted in such a way as to obviate anything tending to vary from the conditions just enumerated.

Certain conditions may be enumerated which invariably tend to produce poor, unhealthy, as well as unsavory beef, while others just as surely will result in good, healthy, and appetizing meat. No one can deny that long driving and exhausting railroad journeys in crowded cattle cars with insufficient food and water, the animals goaded, beaten, and bruised by brutal drivers, frightened by unusual noises, will cause inflammatory, congested condition of the meat and can never result in good wholesome beef. Again, the careless handling of the dressed meat, filth and dirt allowed to accumulate about the meat in the slaughter-house, insufficient emptying of the blood from the carcass, all injure the quality of the beef.

The blood in its normal condition almost invariably contains noxious elements. From the very nature of the double office of the circulatory system, this must be so, for while, on the one hand, the blood serves to renew the various parts of the system after their ordinary wear and tear, on the other, it has to carry off the natural waste of the tissues. This waste or refuse is ultimately eliminated by means of the kidneys, the sudiparous glands, etc., and then appears in its avowed character of excrementitious matter; but it must always be, to a certain extent, present in the blood, and in event of any derangement of the action of the kidneys, accumulates in considerable and highly poisonous qualities. It must therefore be evident that the blood is always an undesirable article of food, especially as it is impossible when an animal is slaughtered to separate the arterial

from the venous blood, which would be the only means of overcoming the difficulty.

"We contend," says one writer, "that to use the blood as food approximates very closely to drinking urine, and is not merely loathsome but *pro tanto* unsafe. That like liquid and solid excrement, it is valuable for plant food, and that it serves as pabulum for certain classes of animals, is no proof that it is fit for human consumption."

The old Jewish Rabbins, well knew the importance of this, some 1700 years ago, when they recommended that in slaughtering animals in addition to severing the trachea and œsophagus the blood should be poured out from the vessels of the neck and this at a time when it was believed that arteries contained only air.

And yet another consideration, which is that beef should be long enough killed before it is cooked to have allowed of complete relaxation of the muscular contraction of the fibre without permitting even the slightest decomposition to take place. We must not for a moment lose sight of the fact that any process of decomposition may be arrested by antiseptics, yet can never be so remedied as if it had not taken place.

It is clear, then, that healthy animals of a proper age, well rested, fed and watered, killed in such a manner as to produce the least fright and congestion, dressed in the cleanest possible manner, completely deprived of the excessive blood and animal heat, and so kept as to prevent even the slightest decomposition will furnish the best, most wholesome and appetizing beef.

The last consideration is the availability of such good beef to the largest number of people. The nearer to the point of production and the more direct a product is bought from the producer the cheaper it must be.

Having thus spoken of the characteristic requisites, and cost of wholesome, well-tasting beef, we will now briefly consider if such can be so found within our reach.

In Chicago, one thousand miles nearer the vast cattle-producing pastures of the far West, are the largest stock-yards in the world. Connected with the entire Union by the most extensive system of railways centering there, cattle are brought there from all directions, but more largely from the vast ranches of Montana, California, Nebraska, and Texas, and after being fully rested, fed, and watered are picked out and bought by a vast army of buyers for local use as well as for reshipment. The principal grades of cattle here represented may be divided for our purpose into home-raised and range cattle, and it may be stated that the quality of these latter has been vastly improved during the last few years, not only by more careful breeding, but principally from the fact that so many railroads are now operated through the country that it no longer pays to drive these range cattle on foot only for the shortest distances to the nearest railway station.

The cattle having thus been carefully selected and purchased are driven to the cattle-pens of the different slaughter and packing-houses which surround the stock-yards and form a very large suburb of Chicago.

To give a correct idea of what seems the best method of slaughtering and dressing animals for the supply of wholesome, good beef for the Eastern markets, we will now enter one of these establishments and follow a steer from the pen to the market in Boston, New York, Liverpool, or London.

One of the largest of these beef-dressing places located on the edge of the stock-yards is that of the Swift Brothers, whose name on refrigerator cars and large refrigerators in the Eastern markets has become so familiar.

The bullock to be killed is driven from the enclosure wherein he is confined to a separate pen and thence into a narrow stall where he is alone. Here he is stunned by one or two blows upon the head which has a double object, one to disable him, but the more important object is to drive all the blood possible to the brain and forward parts. After this, a chain is fastened to him and through a sliding door he is hauled upon what is called the bed of the slaughter-house. Overhead throughout the entire buildings are a system of iron tracks, intersecting and connecting by switches to which are attached sheaves and blocks with hooks, and these being connected with powerful steam machinery, may be run in any direction. After the steer is thus placed upon the bed, his fore feet are so placed as to open as wide as possible the opening which is to be made in his arteries, and thus make sure of the perfect and entire exit of blood. He is again knocked in the forehead until his muscles relax, when a man opens with a sharp knife one of the largest arteries in the body at the lower throat; his head is then entirely severed from the body, and by means of a chain on the hind legs he is hoisted up clear of the floor, and he is shoved into another place to make room for a fresh victim; he is again lowered on the floor, where he is placed on his back, his feet taken off, the skin taken off the belly and sides, the breast and crotch sawed open, and the caul taken off. This caul surrounding the stom-

ach contains the purest fat in the steer, and is washed and cleansed to be converted into the finest and most valuable suet oil. The carcass is then wiped all over, washed free from all blood stains and other impurities, he is then hooked and hoisted up part way, the tail is cut out, furnishing ample material for the celebrated ox-tail soup, the rump is skinned, and after being hoisted clear of the floor, two men beat down the fell on the hind legs, another takes the hide off the back, the entrails are removed, and the animal is sawn down the spine from the tail, the back is thoroughly washed off and wiped and split down the middle; he is then hoisted further and run on a track to more thoroughly drain out the blood, the hide is entirely cut off from forelegs, neck, the last attachment; and this is done in such a neat, careful way, with clean knives and hands, that the hides from this establishment bring an extra price in the market. The neck is split and the carcass is trimmed carefully, cutting off all ragged pieces of fat or meat, all blood stains or bruises. It is again thoroughly washed in two waters and wiped dry, when it is allowed to hang at the back of the beds near the cooler, where, after being allowed to thoroughly drip some fifteen minutes or more, it is again wiped and trimmed and shoved in the cooler to be entirely deprived of its remaining animal heat. It will thus be seen that the carcass is not only kept very clean, thoroughly emptied of blood, being about one hour or more in transit from the pen to the cooler, but none of the meat is ever, under any circumstances, allowed to touch the floor. The number of men actually handling the animal from the pen to the cooler is forty-two. In addition to these there are large numbers carrying away offal, washing floors and posts, wiping the hooks and implements, so that at the close of each day's killing, there is not any filthy debris or even blood left on the floor. While it is unavoidable for those who do the bloodiest work to keep from soiling their hands and clothing, they are, by the strictest discipline, compelled constantly to wash their bodies, and the clothing is changed and washed at every resting spell. All debris is instantly removed and worked up to some useful purpose, so that there can be nothing remaining to cause any foul smell or decomposition, and in the various buildings on the grounds, though every process of manufacture of the debris is carried on, no smell of an objectionable nature is perceptible, and cleanliness is carried to such an extent that a lady with kid gloves could fearlessly handle the woodwork of the coolers and the meat therein contained without soil or stain. The floors of these coolers are covered with clean, dry sawdust, which is changed every other day. These coolers or refrigerators are very simple in construction, with hollow walls, having an ice chamber overhead, the cold air from which is conducted downward, and thus is kept up a constant circulation of pure air at an even temperature of about 40° F. These refrigerators have ample room to hold about 7,000 cattle. The cars in which this beef is transported are built on a similar principle, and will each contain from twenty-five to thirty-four cattle. The meat is usually kept forty-eight hours before shipment, by which time all animal heat is surely expelled from the meat. It is from three to four days on the way to New York, and on the way the ice is resupplied four times; thus beef sent from this place is at least seven days old when it reaches the New York market. In the winter time the same temperature is maintained; but, of course, the ice needs only to be replenished twice.

Beef which has been thus refrigerated will keep out of the refrigerators perfectly sweet and wholesome two days, even in the hottest weather. It is unnecessary to state that ordinary beef not so well cleansed, and not having the animal heat so thoroughly removed, will not keep nearly so long.

This concern uses about thirty-three car-loads of fresh ice per day. As each car averages fourteen tons, this makes about 500 tons of ice per day.

Ice is very cheap there—so much so, that it does not even pay to manufacture artificial ice, much less to use any chemical or other artificial means of cooling.

One notable fact connected with this process of slaughtering cattle is that the hearts of animals so killed are always empty of blood, whereas those killed by other processes are generally full. Beef thus prepared is sent by rail to the coast, shipped in similar refrigerators on steamers to Liverpool and London, where it is taken out of the coolers, carted and sent by ordinary rail-car to Smithfield and other markets in England, and has always been in good condition and superior to English beef. In one instance meat was thus kept forty-three days on a disabled steamer, and yet was in fair condition on arrival in England.

There has been considerable prejudice created against this so-called Chicago dressed beef by ignorant and malignant misrepresentation, sometimes wilfully confounding inferior canned beef, which, because it is also packed in Chicago has been called "Chicago beef;" and, again, while

the writer has frequently seen butchers selling Chicago dressed beef as New York beef, while they were vigorously declaiming against this Chicago stuff, and pointing out inferior New York beef as being Chicago meat. It has got to be quite customary now with careless reporters whenever, justly or unjustly, meat has to be spoken of as the cause of sickness, glibly to describe it as Chicago beef, thus creating an unfounded prejudice against what is really a wholesome, palatable, and cheap article of diet. Many districts of country which have heretofore suffered for the want of tender, toothsome beef, are now well supplied from this source. (About two thousand head of cattle are daily slaughtered in this establishment.)

Some of the prejudice against this beef has been created by the ignorance of the so-called leaders of workingmen, who led them to believe that by using Chicago meat they were injuring their fellow-workmen along the various railroads between Chicago and the Atlantic board, as well as those in the New York slaughter-houses. The fallacy of this belief is too evident to require argument.

MUCOID OR PURULOID ENGORGEMENT OF THE ANTRUM.

BY JOHN S. SMITH, D. D. S.,

Of Lancaster, Pa.

Mrs. H., married, aged 24 years, was brought in consultation to me in August, 1883, by her dentist, Martin Musser, D. D. S., of this city.

The patient had suffered for a period of nearly two years with neuralgia and periodontitis at times in her left upper jaw and face. The pain was at first felt in the pulp of the first bicuspid tooth; the pulp was subsequently devitalized, and the canals filled with a temporary filling. For certain reasons the operation was not completed with a permanent filling. The case came into Dr. Musser's care, who finally extracted the tooth, which gave no relief. The face continued swelling, the pain became unbearable, and it was concluded to consult other advice.

I made a thorough examination of her mouth and teeth upon the affected side. The gums over and around the first and second molars were inflamed. These teeth were filled with large gold plugs, which occupied the crowns, and on percussion with an instrument showed some degree of pain. The wisdom tooth was missing, having not erupted. Suspecting diseased condition of the antrum, my attention was directed to the nares of the effected side, which was found free from moisture.

There was noticed a discharge of a mucus nature escaping from the inner canthus of the eye; the conjunctiva was inflamed, with an intermittent flow of tears over the lower lid; the sight was somewhat defective at times. The patient showed symptoms of a marked anæmic condition; had lost in body weight; appetite poor; the pain was intermittent; when it was the most severe she located it under and back of the orbit, and in the body of the cheek bone; here the pain was characterized as a dull sensation, and at times producing a fullness as though the face would burst.

Further examination revealed uniform fullness over the region of the antrum, and slight fluctuation upon pressure, and tender to the touch; the skin presented a blush-red appearance with a number of rose-red and purplish-colored spots scattered upon its surface. This condition was more noticeable when the pain was greatest, thus showing the deep-seated congestion of the parts involved.

Diagnosis.—The foregoing history of the case was sufficient to establish the fact of an engorgement of the antral cavity, brought about by the result of a reflected chronic periodontal inflammation. The tumor noticed upon the cheek was distinguished from others that might affect this particular locality: first, by the history of the case; second, by the dryness of the nares of the affected side; third, by the gradual and regular enlargement; fourth, by the non-association of the integuments of the cheek; and fifth, by a fluctuation which it yielded upon pressure. The long-continued periodontal inflammation resulted in the engorgement of the antral cavity by a reflected chronic condition of the parts, which were filled with a profuse discharge and closure of the orifice or outlet of the sinus, thus causing the attenuated condition of its walls, which was the result of the protuberance noticed upon the cheek. One of the weakest points had finally given way, namely, a slight rupture into the orbit. From this fistula flowed a muco-purulent fluid (inodorous). This established our diagnosis—mucoid, or purulent engorgement of the antrum.

Treatment.—"To treat successfully such a disease we have only to search out the source of offence, and where it is possible, remove it."

The first superior molar was directed to be removed, which was done by Dr. Musser a few days later. The pulp was found to be dead. There was no discharge from the alveolus after its re-

moval. Disappointed in this, an attempt was made to puncture the antrum through the palatine alveoli socket of the tooth. The pain being too great, further operation for the time was abandoned. A few days later the patient was again brought to my office, suffering greatly; the face was swollen, and she was feverish and the mouth was hot. These symptoms were controlled by proper remedies, and an external application of lead-water and laudanum was ordered to be applied, and the patient dismissed until the inflammatory condition had subsided. At the next sitting, a few days afterwards, the second molar was removed and the pulp also found dead; and there was some absorption of the alveolar process (buccal portion). Upon its removal, a small quantity of thin ropy fluid escaped with the blood. The outlet not being sufficiently large, the patient was etherized by Drs. D. R. Summy and Musser, and I passed a suitable-sized trocar through the alveoli of the palatine fang, opening into the antrum; this was followed by more abundant purulent secretions. The cavity was then thoroughly washed with tepid water, and the following stimulant wash prescribed:

℞. Glycerinæ, ℥j.
Tinct. opii camph., ʒij.
Aquæ coloniæ, ℥iv.

M. S.—To be thrown into the cavity daily with a syringe.

This, in addition with phenoli sodique diluted and warm water, formed the local dressings observing to keep the opening patulous with cotton-wool.

The general systemic treatment consisted in taking good, nourishing food and free exercise in the open air, and the administration of copaiba, tincture of iron, and quinia.

In six months the patient made a good recovery from the antrum trouble. The purulent secretion from the eye ceased, but at this writing the eye still remains weak and at times a profuse lachrymal flow over the lower lid, notwithstanding she has had the probe passed for stricture of the lachrymal duct. Hopes, however, are entertained by the ophthalmic surgeon having this now under treatment, of a final cure.

—The manufacture of perfumeries from Florida-grown flowers bids fair to become an extensive industry in that State. One firm in Jacksonville is already at work. It is reported that a gentlemen from South Florida has patented a process for the utilization of the mangrove and sapodilla, and to extract the sweet fragrance from the cassave plant as well

Hospital Reports.

HOTEL DIEU, PARIS, FRANCE.

Lecture on the Mechanism of Epilepsy: Experimental Epilepsy.

BY PROFESSOR GERMAIN SÉE.

Gentlemen: In a former lecture I called your attention to the fact that epilepsy has no anatomical characteristic; that it is dependent on no known pathogenic lesion, not even the alterations of the olivary bodies indicated by Schroeder, Van der Kolk, nor the atrophic degenerations of the cornu ammonis described by Meynert. In fact, we have nothing but experimental physiology to explain the nature of the phenomena, so diverse in appearance, which constitute the various forms of epilepsy.

To attain this end, to obtain light respecting the mechanism of epilepsy, and to assign to this disease its true place in that vague class of maladies called neuroses, which have nothing in common but the absence of material lesions, we must make artificial epilepsy, and reproduce in animals what clinical practice shows us every day. It is important, from this point of view, to omit none of the elements of the complex syndrome, which whether under the form of *grand mal* or *petit mal*, is always attended with complete, though sometimes momentary loss of consciousness. This loss of consciousness, which from its essentially subjective nature is more difficult to decide upon, besides being more difficult of reproduction in animals than the convulsive attack, constitutes in man a whole series of rudimentary epilepsies called "epileptic vertigo," "epileptic absences," "*petit mal*," and the "larval" or "supplementary" epilepsies, which are exclusively psychical.

This being premised, we may arrange under three heads the means known for provoking epilepsy: one consists in over-excitation, through the instrumentality of the different parts of the nervous system, of the reflex function in general, especially that of the bulb, thereby attaining the first condition of epilepsy, viz., reflex hyper-excitability; this we will call excito-motor epilepsy. A second method has especially for its end to augment the excitability of the vaso-motor centre, which has also its seat in the medulla-oblongata; this we will call vascular epilepsy. The third manner of provoking artificial epilepsy is to excite the cortex cerebri; this we will call cortico-cerebral epilepsy.

Bulbar Excito-Motor Epilepsy.

It is more than thirty years ago since Brown-Séquard succeeded in producing artificial epilepsy by practicing sections, hemi-lateral or transverse, or both combined, in the spinal cord of guinea-pigs, and by injury of certain nerves and the encephalon itself. He thus obtained at the end of four or five weeks such hyper-excitability in the animal operated on, that the least cause of irritation affecting principally certain regions which he designated epileptogenous zones (as, for instance, the territory occupied by the terminal expansion of the tri-facial nerve), sufficed to provoke convulsions, generally limited, partial, tardy, and presenting a great similarity to that kind of rudi-

mentary epilepsy which we have called *auto-motor petit mal*. Little by little this epilepsy would become general.

An example not less interesting of experimental epilepsy has been obtained by Vulpian, as the result of excitation or lesion of the sciatic nerves. Later, Westphal acted on the entire encephalon in guinea-pigs by smiting their heads with repeated blows of a club. He observed several weeks after, all the phenomena of epilepsy.

What took place in these divers experiments? Were serious cerebral or bulbar lesions produced? The necropsy proved to Westphal that in one case there existed in the spinal cord trifling effusions of blood, which, however, did not explain the fits. In all the other cases there was no lesion. We may say then that there was produced nothing but an exaggeration of the excito-motor function of the encephalon, or rather of the encephalic organ, the most endowed with this reflex power—the medulla oblongata. The experimenter had created either indirectly by the cord or peripheral nerves, or directly by the cerebrum, a persistent disease, slow to produce, characterized by extreme sensibility of the reflex properties. This is true epilepsy, partial or general. What proves this is that this acquired epilepsy may be transmitted by heredity, as Brown-Séquard has shown. But what do we see in the case of man? The transmission, evident but limited, of epilepsy itself from parents or from grandparents. Comprehended in this way, the direct or even collateral inheritance is far from being as frequent as has often been asserted. The most careful observers have noted it only in minimum proportions. Leuret admits but one case in six or seven of direct inheritance. Lasègne gives but three per cent. By researches of the most precise character, I have attained nearly the same results, or about five per cent. We are far then from having obtained the startling figures indicated by the greater part of writers, and the reason is very simple. They claim that epilepsy in its quality of *neurosis* may be derived from any other neurosis, and even from any cerebro-spinal lesion. Reckoning in this way, they have made out fifty per cent. of cases of hereditary epilepsy. But is it not absurd to admit into the number of the causes of hereditary epilepsy, migraine, neuralgia, hypochondria? It suffices that a member of the family shall have been migrainous, melancholic, hysterical, or even that a brother or sister shall have succumbed to cerebral hemorrhage, or to an embolism, which you know to be a vascular or cardiac lesion, to justify the affirmation of the hereditary origin of the epilepsy. Such a supposition is not allowable. Epilepsy demands for its production a reflex hyper-excitability, inherited or acquired. and from this point of view only epilepsy can engender epilepsy.

This reflex hyper-excitability, transmitted or acquired, being granted, we are now concerned with knowing by what organ this exaggeration of function is exercised. This is the point anatomically elucidated by Schroeder, Van der Kolk, and experimentally by Nothnagel.

Theoretically, one would be led to consider the grand crises as the result of excitation of the great basal-encephalic centres—medulla and pons. The bulb contains, in fact, the ganglia of the principal motor-cranial nerves, hypoglossal, facial, masticatory, oculo-motor and pneumogastric; it is moreover the place of transit of the columns of the spinal cord. Nothnagel demonstrated in the hare a convulsive centre situated by the side of the calamus scriptorus, and whose excitation is followed by convulsions, general, bi-lateral, with loss of consciousness; this is a perfect representation of the attack of epilepsy major.

But even from this point of view, one has the right to ask if it is to direct excitation of this convulsive centre that the convulsive movements are due, or if they may not be the result of the troubles of the circulation produced by the excitation of the vaso-motor centre, which has its seat in the bulb itself? In this case bulbar epilepsy will be confounded with vaso-motor epilepsy.

Vaso-Motor Epilepsy—Cerebral Anæmia or Hyperæmia.

The bulb contains, besides the principal cranial nerves, the chief vaso-motor centre which innervates the greater part of the blood-vessels, especially those which are destined to the bulb itself, to the base of the cranium, and nerves distributed to the surface of the encephalon. If the vaso-motor nerves are excited, the encephalic vessels contract and shut off blood from the cerebral nerve centres. This anæmia may be produced easily by experimentation. If you tie the carotid in the hare, there results cerebral anæmia with vertigo; if, moreover, you electrize the superior portion of the cervical sympathetic on the other side, and by this means cause contraction of the encephalic vessels, the cerebral anæmia is complete, and there results a convulsive attack.

This is the celebrated theory of Kussman and Tenner, who also produced cerebral anæmia by means of large hemorrhages, and in this way obtained vertigo, or convulsions.

In man, the anæmia of the encephalon has been attributed to excitation of the vaso-constrictor nerves, and in support of this was adduced the initial pallor of the fit, resulting from contractions of the blood-vessels of the face.

But there are grave objections against this doctrine of cerebral ischæmia. When you produce artificial epilepsy by another process, as by poisoning with absinthe (as well studied by Magnan), you find the cerebrum congested in the animal intoxicated by it.

Moreover, in a man who is having an epileptic fit, you may judge of the state of the brain by the manifest congestion of the eye. In fine, you will find at the autopsy of old epileptic patients, hyperæmias, or rather vascular dilatations in the bulb, sometimes near the origin of the hypoglossal nerves and fifth nerves, sometimes congestions near the origin of the vagi, in individuals who died of dyspnœa during the fit. It is also without doubt to this hyperæmia of the nucleus of the pneumogastric that we are to attribute the excitation of this nerve, at the end of the fit—that is to say the slowing of the pulse indicated by Magnan. There is a final argument which may be alleged in support of the doctrine of cerebral hyperæmia, a phenomenon observed by Charcot and Bourneville. They noted during the so-called sub-intrant attacks of the *status epilepticus*, a certain degree of hyperthermia or excess of heat

production, which distinguishes these attacks from fits of hysteria. Now this excessive heat production is incompatible with cerebral anæmia—only over activity of the encephalon, by or with exaggerated afflux of blood, can explain the hypothermia.

We are now concerned with knowing how the dilatation of the blood-vessels is brought about. It cannot be the result of paralysis or even of fatigue of the vaso-constrictor nerves. It depends on the function of another kind of vaso motor nerves, which have an office antagonistic to the preceding. Indicated by Schiff, Loven, thoroughly studied by Claude Bernard, by Vulpian, and quite recently by Dastre and Moret, these vaso-dilator nerves also take their origin in the bulb. It is by their excitation that we explain the hyperæmia which succeeds the anæmia of the encephalon and of the bulb, and which is capable of itself of engendering convulsive phenomena, although in a less degree than cerebral oligæmia. We can by this alternation of anæmia and of hyperæmia, by the successive excitations of the constrictor vaso-motor nerves, and of the vaso-dilators, easily explain the development of the great crisis, that is to say, the attacks of grand mal. We can say then that vaso-motor bulbar epilepsy represents from all points the paroxysm of epilepsy major. It remains to be seen if this theory is applicable to other forms of epilepsy, and to examine the part which the cortex cerebri plays in their production.

Cortico-Cerebral Epilepsy.

All the facts of experimentation and of the clinic tend more and more to show that the point of departure of certain epileptic convulsions is in the cortical substance of the cerebrum. The rudimentary forms of epilepsy always associated with psychical troubles, the analogy of epileptic fits with convulsive phenomena, arising from alterations of cortex—in fine the extension, the generalization of convulsions, at first localized to other muscular groups, goes to prove their origin in the cortical motor centres. Experimentation is decisive on this point. The inexcitability of the cerebrum was considered from the time of Galen to Haller and Longet, as a dogma in physiology, when in 1870, Fritsch and Hitzig demonstrated that there were in the cerebrum excitable convolutions, constituting centres of movements which disappear by extirpation of the gray substance of the motor centres. Ferrier confirmed these facts, which were verified by Albertoni and Luciani. Charles Richet was the first to recognize in this excitability of the cortex a special characteristic. He found that in order to obtain convulsions it was necessary not to excite violently, but to employ moderate repeated excitations, which, as it were, by accumulation of effect, gradually bring about an explosive condition of the cerebral cells.

Franck and Petres on their part have furnished another datum, no less important, namely: besides the slowness of transmission of the excitations, their retention by the cortical gray substance, which maintains the impression far longer than the white substance, which is only a conducting medium.

There is in the cortex a special convulsive power, a form of reaction proper to it, which is the distinctive mark of the cerebral excitability.

Several experimenters, especially Boubenof and Heidenbain, acknowledged the reality of these facts, which were differently interpreted by Roche-fontaine and others, who oppose the theory of cerebral localizations.

There are, in fact, departments of the cortex cerebri which preside over voluntary movements, whose destruction causes paralysis, as has been proved by Charcot and Petres, and whose excitation produces motor phenomena often sufficiently pronounced to give a complete representation of epilepsy; electrical excitations of the cortical substance near the fissure of Rolando have, even in the human subject, as shown by Bartholow in the case of a wounded patient of his, provoked epileptiform fits. It is for this reason that Hughlings Jackson has designated the cortex cerebri as the point of departure of epilepsy and epileptoid accidents, just as Schroeder, Van der Kolk, and Nothnagel, have attributed the epileptic paroxysm to irritation and hyper-excitability of a special convulsive centre in the medulla oblongata.

In epilepsy, called partial or cortical epilepsy, the convulsions are generally limited to a determinate region, but in other cases they attain the whole of one-half of the body, eventually to be transformed into general convulsions, as has been proved by some brilliant recent experiments of Unverricht.

If to these convulsions there should soon be added another symptom of partial epilepsy, namely, a paralysis or paretic state, you may, according to Charcot, admit with certainty a circumscribed lesion of the motor-zone, or of the part immediately contiguous.

Differences Between Cortical and Bulbar Epilepsy.

If you consider the relations between cortical epilepsy and true or bulbar epilepsy, the first thing that will strike your observation is that the one passes into the other, and that there are numerous intermediate degrees. When you see the convulsions, after having been local, become general, you are tempted to regard them all as of the same mechanism and of cortical origin, as Hughlings Jackson teaches; and we are far from the opinion (as you see) that cortical epilepsy is an encephalic irritation which acts on the bulb and pons in a reflex manner so as to provoke in the convulsive centre general convulsions. (Nothnagel's view). This type of cortical epilepsies applies especially to the partial epilepsies, the rudimentary epilepsies, such as epileptic vertigo, "absence," the psychical troubles which are interchangeable with the fits; all this is explained by the irritation of the cortical substance, which alone can by extension of this irritation, and by the multiplicity of the functions of the cortex, produce forms of the disease so varied in their nature and manifestations. Everything goes to prove this; first, the observations of Fritsch, who has seen irritation of the cortex produce general, as well as partial convulsions; the facts of Bernhardt, which prove that tumors of the convex surface are quite certain directly to bring about epileptic paroxysms; perhaps, also, the experiments of Westphal, who caused fits in his guinea-pigs

after blows of a hammer over the cortical regions; in fine, the observations of Kussmaul and Tenner, who by producing artificial ischæmia were able to affirm that circumscribed lesions of the bulb cannot engender all the phenomena of epilepsy; and it must be understood that the coma supposes necessarily the participation of the convolutions themselves. As for the auras, vaso motor, sensorial, psychical, secretory, it is still more difficult to refer them to the functional disturbance of a little corner of the bulb.

Epilepsy, then, presents itself, as it were, abbreviated and shorn of its puzzling complications in these cortical convulsive manifestations. Partial epilepsy corresponds then to certain anatomical and symptomatic data, clearly determined: the term central epilepsy is more comprehensive, and applies to a great number of cases, such as we have above alluded to.

Résumé.—The condition of permanent excito-motor hyper-excitability was clearly established by the first experimenters. When the cerebral system comes under the persistent influence of a lesion of the spinal cord, of certain nerves, or of the encephalon, the medulla oblongata becomes the seat of a functional modification, that is to say, an aggravation of its reflex power, which makes the organ a prey to the least excitations; the bulb can itself engender convulsive attacks without the least exterior determining cause. Here we have the first theory. The acquired property of the bulb extends naturally to the vaso-motor centre in the bulb; the excitation of the vaso-constrictor, then of the vaso-dilator nerves, determines anæmia, then hyperæmia of the encephalon, and we have the *grand mal* attack with loss of consciousness; the vaso-motor theory is only applicable to the grand mal—this is bulbar epilepsy, or bulbo-vascular epilepsy.

The new conception of excitation of the psycho-motor centres, applies to all the other cases, to all the forms of petit mal, *i. e.*, vertigines, absences, "petit mal auto-motor," which is a psychical trouble with unconscious movements. It is especially applicable to partial epilepsy, when the motor centres are affected; in fine, it is applicable to the psychical troubles which characterize epileptic insanity. An excitation limited to the frontal lobes gives rise only to intellectual troubles; such excitation determines simply, troubles of motility, when it is located in the front parietal convolutions, or the ascending parietal or the para-central lobule, which constitute the motor zone. If, in fine, the electric excitation of the cerebral cortex is produced further back in the hemispheres, on the parietal lobes, the angular gyrus, the occipital lobe, or on the tempero-sphenoidal convolutions, it gives rise, as Franck and Petres have shown, to hallucinations of taste, of hearing, of sight, of smell, or to troubles of the general sensibility which constitute in the majority of cases the auras of common sensation or of special sense which one may consider rather as the first manifestations of the grand or petit mal, than as prodromes capable of being arrested.

—In the *American Journal of Obstetrics*, September, 1884, Dr. Theodore A. McGraw reports a case of vicarious menstruation from an ovariotomy scar.

Medical Societies.

CHICAGO MEDICAL SOCIETY.

(*Concluded from page* 406.)

While it must be admitted that the knowledge of the cholera is very imperfect, it may yet be of interest and profit to frame some theory of the disease which shall conform to every known fact regarding it, and which may offer explanations of the phenomena of the disorder as satisfactory as the limited knowlege of such subjects will in the present state of science admit of. Such a theory is of value, if simply as a framework which may hold together in an apparently perfect order and relation a large number of fragmentary facts which might be lost to the mind if allowed to lie detached and disconnected. * * * The writer accordingly has conceived such a theory of the disease, taking occasion to follow the method of induction so far as to erect the theory upon a trestle-work of facts, assumed to be analogous, drawn from other departments of observation. * * * Events are occurring about us similar in many particulars, to the rise and spread of epidemic diseases. One of the most striking of these, perhaps, is the prevalence of that plague to vegetation—the army worm. The laws of this pest have something in common with those of cholera. Thus the cause of the army worm is always present in, and indigenous to, certain localities favorable to its development, life, and modes of propagation. Appearing yearly in these habitats, it spreads occasionally, and with some show of periodicity, over extents of territory far beyond its normal limits; and these periodic irruptions frequently cover vast areas of territory, carrying devastation over continents. In this march outward from the nidus of development, pushing onward and further onward, by some regular, yet occasionally interrupted stages, the army worm resembles an epidemic of disease in its mode of approach to a place, its gradual attainment of an acme of destructiveness, and final abatement. Thus the army worm millers indigenous to certain marshy lands of the South, in the year 1861, sallied from their haunts in illimitable swarms, and deposited their eggs in suitable places and at a suitable period of the growth of early vegetation in every county from the Gulf to the lakes. These eggs lie dormant until stimulated by the warm weather. Then, apparently starting from its habitat at the southward, began the northward march of the army worm which overran the country. It was because of the fact of the apparent onward march of the countless hosts of these invaders that they received the suggestive name of the "army worm." And yet their march was only apparent. They moved only from field to field, as other insects, for the purpose of forage. They advanced northward only as the peach blossom advances northward; their march kept pace with the increment of heat of the advancing season necessary for development of the long-deposited egg. The line of their advance was an isothermal one. Thus, the worms, keeping pace with vegetation, appearing when the winter wheat was "in the milk," advanced toward the north slowly, so that they appeared in Maine two months

after they were first seen in Missouri. After several weeks the destroying agents disappeared. They had not moved on to other conquests, as people supposed, but the worm, disappearing under the sod, had become a chrysalis, which in a few weeks emitted the miller, which deposited its eggs, and thus completed the cycle of the insect's life.

In the above reference to the army worm invasion, it was assumed by some that the whole field devastated had been sown with the germ of the plague the previous season. Observation of the insect indicated, however, that it passed through its phases within a few weeks: and it is probable that the visitation was not thus sown broadcast and at one time; but that the invasion was by gradual encroachments of successive "crops" of the worm, so that the insects marching northward into Michigan were not "cotemporaries," but descendants by several removes, of those which, weeks before, invaded Southern Illinois. Thus a brood of worms, disappearing in the northern counties of Mississippi, as chrysalides, were represented in a few weeks in Middle Tennessee by millers attracted northward in search of early vegetation suitable as nidi for their eggs. The crop of moths from these eggs would in turn deposit their ova in Kentucky; and so the advance northward would be effected, not by the worms, but by that element or insect, floating in the air and endowed with power of swift flight, and with selective instinct. In regard to the continuance of the recurrence of these insects, it is essential that the several elements find suitable resting surfaces and conditions (of temperature, moisture, etc.,) and in the lack of these the element may perish, or may remain inactive for an indefinite period, till conditions occur requisite to arouse it to development. Thus in the latitude of St. Louis, with favorable conditions, two or three broods of the worm were hatched in one season, while in Maine a second brood did not appear. Injury to the crops, wrought by secondary broods in one locality, was comparatively limited. The new worms were preyed upon largely by enemies now come into the field, and material suitable for their sustenance was scarce—in good measure exhausted by the depredations of their predecessors. Finally, the miller of the army worm "winters over," and deposits its eggs at the appearance of vegetation in the spring. By accident, or design, the insect in any of its phases could be transported to any distance; and as a miller, it might be readily carried by the wind.

Dr. Koch, the noted microscopical investigator of the causes of disease, believes that he has discovered the actual entity producing the cholera in a fungoid cell—the "comma bacillus." As yet, no more is known of this bacillus than its bare existence. It has a natural history, but the laws of its development and changing growth are yet to be learned. In the absence of such knowlege we may assume that it has certain phases of development, as the army worm has, and that in each one of these it presents different potentialities. In relation to certain fungoid cells, the fact of such phases of existence is ascertained; and from analogy, it may be inferred that the comma bacillus, after a period of active growth, develops into an apparently lifeless formed material—a crystalline substance—bearing, for illustration, as the writer stated, the same relation to the cell as coral does to the insect which forms it. The crystalline substance is not dead, but living matter, and after a period of passivity, under favoring circumstances, it puts forth buds which presently burst and emit into surrounding media a protoplasmic fluid, in which in time are developed the cells, thus completing the cycle of changes in the life of the plant. The peculiarities of the several elements may be thus stated: The crystalline substance, we may suppose, is in the form of dust, granules, or threads, not an impalpable something, but a material which may be seen by the naked eye and handled by the fingers. Under the microscope it may be seen to form an aggregation and concretion of cells. From it buds sprouting emit what may be compared to the contents of an egg—a protoplasm, an apparently homogeneous aqueous fluid, in which presently begin to appear dim outlines of cells that gradually grow in size and increase indefinitely, not from cell division, but from the development of a cell from every atom of the protoplasm. The power of this fluid is only exhausted when its ultimate atom has become a cell. The characters of the protoplasm prior to the development of cells would probably elude all efforts at recognition, so that fluids and tissues of a body containing it might be examined with the highest powers of the microscope without the detection of any organic particles.

All parts of the cholera fungus, then, are portable—all are tangible, visible entities, except the infinitely minute atoms of cells in the protoplasm.

The entrance of this fluid into the economy impregnates the system with the ultimate germ of the cells, which, under favoring circumstances, develops at the expense of the blood and produces the symptoms known as cholera.

The seeds of the disease are brought in the course of travel to a locality as crystalline substance, cholera dust, or of protoplasm diffused in the moisture of the air or water, or in the fluids of the human body, in the form of cells. Under favoring conditions, these elements proceed to perform each its part in nature, so that sooner or later after finding a resting-place in a community, they develop protoplasmic fluid, which, disseminated by the law of diffusion of fluids in the air and water, or resting as the dew upon articles of food, finds its way into the body. The atoms of this poison, infinite in number and pervading large areas of space, are received into the system of all, as is the pernicious miasm of the marshes. The blood, acting as other fluids have been observed to conduct when impregnated with fungi, resists the changes which it is the destiny of the foreign agents to effect, until the number of the invaders, or some change in the vitality or chemistry of the impregnated fluid, makes longer resistance impossible, and the explosion of the disease like a paroxysm of pernicious fever results. The ejecta from the first cases, filled as they are with cholera cells, find their way generally to a favoring soil, and develop within a few hours succeeding phases of the fungus. Thus crop after crop of cholera atoms are begotten in a prodigiously increasing progression, to extend the area of infection and increase the malignancy of the disease. It may happen that the germs of cholera introduced into a locality find circum-

stances unfavorable for their development at the time, and although the seed of the disease may be pretty generally sown, they lie dormant for a season.

There are certain known facts regarding the cholera which at least lend plausibility to the theory that the germ may be implanted in a district long in advance of the actual appearance of the disease: such certainly is the case where the cholera "winters over," as it is said—lies inactive, it may be, through the fall, winter, and spring, to arise into activity the following summer.

It has long been noticed that an epidemic of cholera is often preceded for weeks by the influenza, and a marked and general tendency to diarrhœa. The reasonable assumption that both the forerunning ailments and the succeeding disease were the effects of a common cause, would imply the presence of the germ of cholera in a locality long before the actual outbreak of the epidemic.

The march of the pestilence, though generally in the track of travel, is sometimes singularly abnormal as to this law. The cholera sometimes springs up in places far out of the line of apparent exposure. These variations and exceptions to the general law of portability of the disease suggest a possibility of the truth of the theory that it may be primarily sown as a temporarily inactive dust, as well as implanted as a speedily-developing protoplasm. It may be, that in attempting to trace the origin of the disease, by noting in any locality the first case, we err in this, that we compare the course of the epidemic with the line of travel in the presence of the attack, when possibly it is the course of the traveler from the infected district of last year to which attention should be given. The irregularity as to the time and place of appearance may be further referred to the varying soil and temperature of the respective localities considered as developing agents of the deposited germ.

It will be noted that there have been here set forth two theories as to the mode of advance of cholera—the one, that it advances in successive crops from a first or isolated case; the other, that the seed are sown broadcast over the countries elected for visitation, and that these are developed when and as favorable conditions arise. The number of cycles which the cholera germ may undergo in a season may vary with the locality, temperature, etc., conditions which determine the severity of the epidemic and the length of its stay in a place; thus at St. Louis the number of ite cycles might be three-fold greater than at Bangor. And a variation in the time of the cycle, also, might influence the rate of advance of the disease.

Changes in the blood effected by the protoplasmic atoms in their act of development into cells alone produce the cholera; the presence of cells which have already completed their growth, or the material formed from them, cholera-dust, does not directly induce the disease. Thus rice water discharges abounding with comma bacillus may be drunk without injury. The subsequent deposit of these cells in the ejecta of the experimenter may however lead to an outbreak of the disease, of which he may prove the first victim.

One of the most singular laws of cholera is this, that with rare exceptions it marches *onward*. It remains active in a place a number of weeks, and subsides, and the places next attacked are *beyond*, relatively to the starting-point, the district last devastated. In reference to the army-worm this also is a fact, and in regard to the march of the insect we can plainly discern the laws—and that, whether it be held that the eggs have been all deposited by the same army of moths, or by successive broods of them. In the one case we may suppose the millers, finding the fields of favorable deposit pre-empted, pass onward to unoccupied territory. In the other, because of the devastation made by the preceding generation, the millers of the present must instinctively move onward in search of proper resting-places for their eggs.

Now, as the army worm moves onward by instinctive selection, may it not be possible that the cholera fungus advances by a vis-a-fronte—a species of chemico-vital affinity—a diffusion in the direction of affinities not yet exhausted?—just as the small-pox virus dwells in a community till its affinities for all are expended, and then moves onward in the direction of the unprotected.

To the student of cholera, the parallel furnished by the army worm, as to the convection of its elements and the possibilities and proper times and methods of quarantining against them, are suggestive.

Means by which man might stamp out, or keep out, the myriads of army worms which sometimes in a few hours filled to the brim the cordon of ditches plowed about the grain fields, and changed in an equally short time flourishing acres of wheat into a "marble ground," can hardly be devised. Plans by which he might unearth and devitalize chrysalides planted under every sod from Georgia to Maine are difficult to imagine. Methods by which he might successfully contend against the innumerable moths filling the air, might discover and destroy the numberless eggs deposited in every meadow on the continent, are inconceivable.

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How infinitely more difficult to avoid or to antagonize are the minute cells, the every way and every where portable dust, and the invisible, intangible, miasmatic atoms of the cholera. * * * And yet the farmers actually did antagonize their protean plague in all its phases, and with a fair measure of success. They quarantined against the ever-coming and ever-increasing countless millions of worms. They energetically and persistently worked to keep off from the yet uninvaded fields, by means of a cordon, mechanical and chemical, all possible insects—they plowed under and deeply buried, in order to destroy the chrysalides known to have formed; they attempted to entrap and destroy the millers by cordons of lights, and they burned the grass where the eggs were deposited. * * * * The principles of quarantine against the cholera suggested by the theory of the disease here presented, may be summed up in the following propositions:

1. Elements of the disease known to exist may be isolated or destroyed.

2. Places suitable for the development of the elements may be rendered unsuitable.

3. Ingesta, possibly contaminated by the cholera poison, may be avoided.

4. Badly infected districts may be evacuated.

According to this theory, during an epidemic the poison lurks in every individual. In the blood of an exposed person are two contending forces: the one the resistance of the vital fluids to the changes attempted to be made by the invading atoms; the other the efforts of the latter to appropriate from the blood materials for their own growth.

One of the first evidences of the yielding of the forces contending for integrity of the blood is loss of serum. The one important event in the chemical change in the blood necessary to give the victory to the ferment (invading atoms) is loss of its serum. Speaking figuratively, serum is the essential ally of the blood in its resistance to the invaders. Ejection of ever so little of this tends to render the ejection of other portions easier, and to give the final victory to the poison.

Now, while no prophylactic measures are known, it is most fortunate for mankind that remedies are at hand which, if applied in season, may, unless the assault of the ferment be overwhelming, arrest the flow of serum and reinforce the blood in its resistance to the infection.

Even when the cholera has held full sway—when it has run its course without interference—it is not necessarily fatal:—either because the dose of the poison has been insufficient to destroy, or because in some life may continue after the virus has done its worst.

The secondary reactionary conditions, following the collapse known as the typhoid state, are complicated phenomena. They are expressions of the efforts of the system in its struggles with the resultants of the cholera paroxysm, rather than a proper stage of the disease. They bear a relation to cholera which may be compared to that which surgical fever brings to injuries which caused it.

This theory of the presence of the germ of disease in the system of all, involves the recognition of the principle of acclimatization in this disorder. One may become by gradual inurement habituated to the presence of the virus, and perhaps the majority so inured are competent to resist it. As in yellow fever, however, the acclimation may be speedily lost. Persons whose systems have not thus become acclimated to the poison may be, upon sudden exposure, stricken down with violence.

This valuable paper, abounding with euphony, provoked much discussion and inquiry, but which for the want of space we are obliged to omit at this time.

LISTON H. MONTGOMERY, M. D., *Secretary.*

EDITORIAL DEPARTMENT.

PERISCOPE.

Successful Arrest of Tubal Pregnancy by Galvanism.

Dr. Paul F. Mundé reports this case in the *Medical Record*, September 27, 1884:

Instances of extra-uterine pregnancy observed at so early a period as to admit not only of a certain diagnosis, but of their successful treatment, are not so common, but that, as yet, each additional case presents features of interest sufficient to warrant placing it on record. Of late, two cases have been reported by Veith, of Berlin, of successful removal by laparotomy of the whole sac in tubal pregnancy, in the first case the diagnosis being obscure, in the second case clearly made before the operation was decided upon. It is possible that at some future time the details of laparotomy may be so simplified that a fatal termination is a rare exception; but at the present day, in spite of Tait's wonderful results, the fact remains undisputed that every patient whose abdominal cavity is opened incurs the risk of losing her life. So long as that is the case, the majority of operators will hesitate before performing a dangerous operation, when the same result can be obtained, at least so far as a continuance of the gestation is concerned, by an entirely harmless and simple process. Whether now this process, the passage of an electric current through the gestation-sac, is so entirely harmless, and whether it can be relied upon always to arrest the growth of the ovum and its envelopes, and finally whether the ovum so arrested is a safe thing to have in the abdominal cavity *ad indefinitum*, these are points which only additional observations will decide. As a contribution to the settlement of these questions, the following case is reported:

Mrs P. A——, thirty-eight years of age, mother of one child eight years of age, one miscarriage six years previously, consulted me February 6, 1884, in order to ascertain whether she was pregnant. She stated that she had last menstruated during the last week of November, 1883, that she had had connection immediately after the cessation of the flow, December 1, and not since, as she soon began to feel nauseated, and being afraid of becoming pregnant, had avoided intercourse. Her next menstrual period, due about Christmas, passed without a show, but early in January there was some bloody discharge, although much less than usual. She also began to feel colicky pains in the lower part of the abdomen, which, together with the nausea, persisted until I saw her, and were gradually growing worse. She said that her appetite was good, but that she invariably vomited soon after eating. Morning-sickness was not specially marked. When she came to me she had just had a second scanty show of blood. For several days the abdominal pain had produced some faintness, and her weakness had increased considerably. She was a tall, graceful woman, rather thin and pale, and bore traces of suffering in her face. A vaginal examination showed the uterus pushed somewhat to the left side, but slightly, if any, enlarged, and in the right half of the pelvic cavity an oblong, irregular, deeply-fluctuating mass of the size of a goose's egg, which could be slightly

moved about, causing the uterus to move with it. Bimanual palpation of this mass caused intense pain, and brought on faintness and the colicky, cramp-like pains of which the patient had complained. Large vessels could be felt pulsating through the right vaginal pouch. Feeling confident that the uterus was empty, for it certainly was not enlarged to the size of a two months' pregnancy, I introduced the sound, and it entered toward the left to a depth of three inches. My already formed diagnosis of tubal pregnancy was confirmed by the appearance of the areolæ, and the oozing of colostrum from the nipples on pressure, certainly unusual except as a sign of pregnancy in a woman who had not been pregnant for six years. The breasts were not enlarged, however, although the lady said that they felt rather fuller than usual.

I explained to the patient and her husband what I thought to be the trouble, and the danger of allowing the pregnancy to proceed, and the hope I had of checking its growth by the electric current. But in order to share the responsibility, and as a guarantee of the correctness of the diagnosis, I proposed a consultation with Dr. Thomas Addis Emmet, which was readily agreed to. He saw the patient at his office the next day in my presence, and without giving him my diagnosis, which I told him I had formed the day before, he at once pronounced it to be a pregnancy in the right tube, and advised the galvanic current.

The patient had already felt considerably prostrated before going to Dr. Emmet, where she was obliged to ride in a carriage, although perfectly able to come to me the day before in the horse-cars, and after his examination she had so much pain that I prescribed a morphine suppository, to be taken as soon as she reached home. Fearing that delay might result in a rupture of the sac, I arranged to go to her residence that afternoon with my battery and pass a current through the mass. Accordingly I went there at 4 p. m., and found the lady so much prostrated, that her husband met me at the door with the words, "I fear, doctor, you cannot do anything to-day." But the danger of rupture was so vivid before my mind, that I preferred to run the risk of producing that rupture by the electricity, rather than what seemed to me the greater risk of allowing the sac to grow even twenty-four hours longer. Placing a leather-covered button electrode in the rectum, and the other pole by a flat sponge on the abdomen over the mass, I passed the current of my newly-filled galvanic battery through the sac, gradually increasing its strength to twenty-four cells, and rapidly breaking the current a dozen times or more. The sitting lasted about ten minutes, and the shocks were quite painful. I did not think this current too strong, for I remembered that in one of the successful cases reported, McBurney's thirty-six cells had been used. I left the patient fairly comfortable, no more prostrated than before the application.

Early the next morning I was called, and when I arrived I learned that the lady, whose nausea and retching had continued all night, had sat up in bed toward morning to vomit, had been seized by a violent pain in the abdomen, and had fallen back in a faint. I found her perfectly conscious, but white as a sheet, with pinched, clammy features, absolutely pulseless at either wrist, skin cool, extremities cold. I naturally thought that the sac had ruptured; the history and present condition clearly pointed to that conclusion. One thing only led me to doubt a rupture, and that was the strength with which the patient could turn about in bed and answer questions. It was evidently a state of collapse, but it did not seem to me exactly like prostration from hemorrhage. I could not but hope that it might be merely shock from the repeated examinations and the galvanic current through so sensitive an organ as an overdistended tube. I made a gentle vaginal examination, and found the outline of the mass as distinct as the day before. In any case, the only active measure, laparotomy, could not be carried out on a patient in so profound a state of collapse as to be pulseless at the wrists; she must simply have died on the table. Hence, if there was a rupture, all I could do was to stimulate her until she rallied sufficiently to justify laparotomy; and if there was no rupture, then that operation was not indicated. I therefore ordered hypodermics of brandy, each containing five minims of arom. spir. ammonia, one to be given every fifteen minutes in different parts of the body (the patient's stomach would retain absolutely nothing), sent for a nurse, and went home for my laparotomy instruments, in case at any moment they should be required. The physician who was hurriedly called in, and whom I found at the bedside when I arrived, Dr. Black, of the United States Army, on leave of absence and temporarily residing in the neighborhood, kindly stayed with the patient, and was relieved later by my assistant, Dr. E. H. Grandin. On my return, several hours later, I found the condition unchanged. The hypodermics were continued during the day, some fifty in all being given.

During the afternoon, while on my way to Mount Sinai Hospital, where I was to operate, I met Dr. Charles K. Briddon in the car, and remembering his recently-reported case of laparotomy after rupture of a tubal gestation-sac, related my case to him, and the doubt I was in as to whether rupture had occurred, and whether I should operate or wait developments. He strongly advised me to operate at once in spite of the collapse, saying that his patient also was pulseless, but that after the operation her pulse rose. I decided to wait, however, still feeling that, after all, it might be nothing but shock.

The next morning there was a faint trace of pulsation at the wrist; gradually it increased, and we began to hope; the retching diminished and the patient could retain cracked ice. Her abdomen was very sore, and she complained a great deal of colicky pains on the right side. To make a long story short, she gradually rallied, began to retain nourishment, and in a week was able to sit up in bed, and in two weeks lie on a lounge. The sac had become somewhat harder, fluctuation was less distinct, pulsation had disappeared, but the mass was not perceptibly smaller. The breasts had become flabby, but they still secreted colostrum. Although there could not be any reasonable doubt of the death of the fœtus after such a series of galvanic shocks, still, to make sure, I thought it best to pass the faradic current through the sac a number of times, and

beginning on the sixteenth day after the galvanic sitting, I made six faradic applications to the sac, one pole in the vagina, the other over the mass on the abdomen, using the full strength of a Kidder tip-battery and frequently breaking the current. One sitting per day was given, lasting about fifteen minutes. This treatment caused no pain or shock whatever. From this time on the patient improved rapidly, regained her flesh and color, and by the end of the fourth week was able to go out. The colostrum gradually disappeared from the breasts, but the sac diminished very slowly, so that when I last saw her at my office, on May 19, three months and a half after the galvanic shock, it was certainly still two-thirds as large as at first, although perfectly solid. All pain in it had ceased before she was allowed to go out. Menstruation reappeared on April 12, and again on May 7, lasting seven days. The uterus was measured and found to be two and three-fourths inches deep. The lady left for Europe on May 21 in perfect health, and without a complaint of any kind, and is still abroad.

The special points of interest in this case are: first, the occurrence and recognition of the nature of the collapse after the galvanic sitting; and, second, the kind of current which should be used, the galvanic or the faradic.

1. As regards the collapse, I have no doubt that it was due to the violent galvanic shocks passed through a highly sensitive organ, at that time even more closely connected than usual with the sympathetic system, and that the previous examinations had already paved the way for such an occurrence.

The recognition of the cause of the collapse was not easy, and I confess that I expected all during that 7th of February to be called upon at any moment to do laparotomy as a last resort; But I wish again to call attention to the one symptom which led me to defer operating, and which, giving it its correct interpretation, as I chanced to do, saved the patient's life, namely, her singular physical strength, while pulseless at either wrist and evidently collapsed in the highest degree. Had I not considered this persistence of voluntary muscular power incompatible with the loss of so great an amount of blood (intra-abdominal, of course) as would produce so severe a collapse, I should probably have done what was the only other thing to do but wait, that is laparotomy, which I do not think the patient would have survived.

2. My experience with the galvanic current in this case leads me to prefer the faradic, which has been successfully used by Landis, Allen, Garrigues, and others, without any of the shock or pain experienced in my case. I do not attribute the shock entirely to the character or strength of the current, for there was undoubtedly some present before it was used, and I am disposed to believe that rupture was impending or had already begun; but I doubt if the shock would have become so severe if I had used the faradic current. But the Faradic will need to be repeated frequently and at short intervals to insure success.

Whether the encysted ovum ever gives rise to subsequent trouble by suppuration or septic infection, I do not know. As no such result has been mentioned in the reported cases, I suppose it is fair to assume that its growth once arrested, it simply shrivels, mummifies, and is no longer recognizable except as a small hard lump, causing no inconvenience whatever.

Although I have heard incidentally of one or two other unpublished cases of extra-uterine pregnancy checked by electricity, I believe this is the twelfth case on record, the eleven others having been reported by Garrigues in vol. vii. of the American Gynecological Society's Transactions.

The Treatment of Bright's Disease.

Dr. James Tyson is one of our highest authorities on all diseases of the urinary organs, hence it is important that we should be acquainted with his treatment of Bright's disease. In the course of a lecture published in the *Boston M. and S. Jour.*, August 28, 1884, he thus gives it to us:

"Next, as to *treatment*. Many cases of acute Bright's disease, if recognized early require no treatment but rest in bed and an easily assimilable diet, of which the best form is milk. Although this is true, it does not do to leave these patients unwatched, for the course of the disease is uncertain; and, as a rule, you will not rest satisfied with this treatment, although what more is done will depend to a great degree upon the urgency of the symptoms. We wish to keep the kidneys acting in order to prevent the retention of urea in the blood and the consequent danger to life which arises from this accumulation. After instituting the general treatment which I have suggested, I see that the bowels are opened, for neither digitalis nor any other diuretic will act as long as the bowels are constipated. If there is costiveness, some saline laxative, as magnesia or the citrate of magnesia, or some of the natural aperient waters, should be given. After the bowels have been opened, digitalis may be given either in the form of the tincture or infusion, giving fifteen drops of the former, or a dessertspoonful of the latter, every three or four hours. If this does not produce the desired effect, I should not increase the dose of digitalis, for it is liable to derange the stomach, but I should associate with it one of the vegetable alkalies, as the acetate or the citrate of potassium.

"When admitted, this man was given one-tenth of a grain of elaterium to act upon the bowels, and afterwards received fifteen grains of acetate of potassium and a teaspoonful of the infusion of digitalis every three hours, making four or five doses in the course of the day. Under this treatment he did very well, and the œdema rapidly disappeared.

"If the treatment which I have suggested does not produce satisfactory results, and the symptoms grow worse, I sometimes use cups over the loins, relieving the renal arteries through the lumbar arteries, by the anastomosis which exists between them. After the cupping, I usually apply a corn-meal or flax-seed-meal poultice, the surface of which has been sprinkled with mustard. This keeps up a permanent counter-irritation, and it often starts the secretion of urine.

"If these measures fail, free action by the skin should be promoted. This is best accomplished by jaborandi, and in this case it became neces-

sary to administer this remedy. As I have said, the patient at first did well on the use of digitalis and the acetate of potassium, but day before yesterday the resident physician found him delirious and acting in a very singular manner. On investigation it was found that although the urine was not actually suppressed he was passing a very small amount. We at once concluded that his symptoms were uræmic, and due to the retention of urea and its allies. The complication is frequently met with: a patient will be doing well, when suddenly there will appear coma, convulsions, or delirium, as we had in this patient. In addition to delirium, the man had slight convulsive seizures. We at once proceeded to treat him as we usually treat such cases in the hospital. An infusion of two drachms of jaborandi leaves in four ounces of water was made, and the whole quantity given by enema. We often make the infusion with only one drachm of jaborandi, but as the symptoms were urgent, a double quantity was used. This did not produce perspiration, and in an hour the injection was repeated. In a short time he sweat profusely. He was also given one drop of croton oil, which acted promptly. The next morning all the symptoms had disappeared and the man was entirely rational. We are not always so successful in removing the uræmic symptoms, but frequently the result is all that could be desired. In this case the dropsy was also greatly relieved by the sweating.

"The above well illustrates the usual course which is to be pursued in cases of acute Bright's disease. If the disease is promptly recognized and properly treated from the beginning, the patient generally gets well; but if overlooked, as it often is, the opportune moment may be lost never to be regained. Perhaps no disease demands for its prompt recognition and treatment a broader and more thorough medical education.

"There are modifications of the treatment I have described which are demanded by circumstances. In private practice, instead of giving jaborandi I should use the alkaloid, pilocarpin, giving the nitrate or muriate subcutaneously. The dose is from one-fourth to one-half a grain, as the urgency of the symptoms may demand. My usual custom is to give one-fourth or one-third of a grain, and if sweating does not come on within half an hour, I repeat the dose. Jaborandi not only produces sweating, but it also increases the secretion of saliva, and may induce purging. It is also a diuretic. We have in this remedy a most valuable addition to the therapeutics of Bright's disease. In order to keep up the diaphoretic action, pilocarpin may be continued in doses of one-tenth of a grain. This is readily done by the use of gelatin-coated pills. One pill may be given in the evening, or one may be given night and morning. The system rapidly becomes habituated to the use of jaborandi, and the dose has to be increased. Another good way of administering this drug is to use the inspissated juice by suppository. The fluid extract may of course be used by the mouth, but it is a less agreeable remedy.

"If jaborandi cannot be procured, there are other ways of inducing sweating which we have now almost entirely given up, although they are very efficient. Hot-air or steam-baths may be used for this purpose. In employing the hot-air bath the patient is covered with a rubber blanket, and a tube with an expanded extremity which is held over a spirit lamp is passed beneath the covering. In the steam-bath, the steam from an ordinary tea-kettle may be conducted through a piece of rubber tubing under the bed-clothing. These methods are not as promptly effectual as the administration of jaborandi, but at the same time there are circumstances when they may be required.

"There is another method of treating urgent uræmic symptoms which should be mentioned, that is, bleeding. I should not hesitate to bleed a patient suffering with uræmia if he is not relieved by the measures described. As you are aware, the uræmic symptoms are dependent upon the retention of urea and allied substances in the blood, which, when they have accumulated to a sufficient quantity, act upon the nervous system, producing delirium and convulsions, or coma. The condition is, in fact, an intoxication. If under such circumstances the patient is bled and a pint or a quart of this blood removed, some of the poisonous material is taken away, and the patient is relieved. In puerperal cases I believe that bleeding relieves not only by diminishing the vascular and nervous tension, but by removing the accumulated uræmic poison which has produced the symptoms.

"Another valuable remedy for the control of uræmic convulsions, which should not be forgotten, is chloral. So far as the relief of the convulsions goes, jaborandi is a slowly-acting remedy, because it operates by removing the poison from the blood. Something is needed to act upon the nerve-centres and obtund them, and make them less susceptible to the poisonous substance. Chloral often admirably answers this purpose. It may be given by the mouth or rectum. By enema the dose is one drachm. I have seen the convulsions stop almost instantly after such an injection.

"There is still another remedy which has been strongly urged by some, which should be used with caution, and that is morphia. It is some years now since Dr. Loomis, of New York city, advocated the hypodermic administration of one-half a grain of morphia for the relief of the convulsions in acute Bright's disease. There is no doubt that in certain chronic forms of the disease, more particularly in the contracted kidney, the effect of opium is to increase the danger of uræmia; and Dr. Loomis states explicitly that this treatment is only applicable to the acute disease. I confess to being less particular in the use of opium in chronic Bright's disease than I used to be, always excepting contracted kidney; and where other remedies fail I would use a hypodermic injection of morphia in the uræmic convulsions of Bright's disease, but I should arrange the order of remedies rather as follows: jaborandi, chloral, bleeding, morphia.

"With such measures, these cases can often be brought to a satisfactory termination; and although the appearance of uræmia is a serious sign, yet it does not necessarily follow that the patient will die, and recovery therefrom in acute cases is not uncommon. Uræmic convulsions in chronic Bright's disease is a far more serious condition."

Cranial Bones of a Fœtus Removed from the Rectum.

Dr. O. W. Doe reports this case in the *Boston M. and S. Jour.*, September 18, 1884:

E. W., colored, widow, fifty-two years of age, entered the City Hospital on April 8 last, complaining only of diarrhœa. Her discharges averaged about seven in number daily, and were very thin and often slightly bloody. Under the use of astringents she had but one daily, and after having been kept in bed for two weeks, she was allowed to sit up. On doing so, she stated that a very full watery discharge from the rectum took place, and she had no voluntary control of the sphincter. The nurse, was directed to give a laudanum injection, but found it impossible to introduce the syringe, as it seemed to impinge against a hard substance just inside the anus. My assistant, Dr. Welch, was called, and found that the obstruction was caused by a collection of small bones, one of which was removed and found to be the left temporal bone of a fœtus. By questioning her closely, the following history was obtained, though she seemed somewhat unreliable in respect to dates:

She had borne three children, the last thirteen years ago: her labors were not difficult. Ten years ago she had a miscarriage when about four months pregnant; but as the only thing that came away resembled a piece of liver, she was not sure it was a miscarriage. Since then her catamenia have been regular, until their cessation about five years ago. About six months ago something rather hard about the size of an orange passed through the rectum. Since then she has had a diarrhœa, the discharges at first being accompanied with pain and containing crumbly matter. The dejections during the last two months have occurred sometimes as often as every fifteen minutes, and frequently have taken place involuntarily during sleep; they were very much less frequent when the patient was in bed. During the past two months there has been considerable abdominal pain and rectal pain, which would be relieved by defecation. The day before entering the hospital she passed two pieces of bone from the rectum; one resembling half a wish-bone, and the other the upper part of a chicken's leg. When the patient first entered the hospital, examination of the abdomen revealed nothing abnormal. There was some emaciation, but not as much as one should expect to arise from a diarrhœa of six months' duration. On the day when she had the large involuntary discharge, on sitting up there were noticed hard masses in the left inguinal region, which moved under the fingers, and also a large tumor above the pubes, which proved to be an over-distended bladder. The patient then stated that she had passed urine only at intervals of three days during the past three months, feeling no inclination to pass it oftener. In removing the bones, four of the largest ones were found in close juxtaposition about an inch inside of the anus; they were quite freely movable, and, as the sphincter readily dilated, they were removed with but little difficulty. Three fingers could be easily introduced into the rectum, and but little, if any, laceration of the sphincter resulted. After removal of the bones near the anus, another collection was found closely imbedded together, directly underneath the promontory of the sacrum. There was much more difficulty in removing them, especially the first one, and in their removal a considerable amount of a thick cheesy deposit was noticed. The fingers could not recognize any distinct rectum, but high up seemed to enter a sac containing the bones, the walls of which seemed to be defined by a thick cretaceous deposit.

The bones were removed fifteen days ago, and since then the patient has had no unfavorable symptom. The temperature was 100° F. the day following the operation, and since then normal. She is now sitting up, and has on an average two dejections daily, lately well-formed. The sphincter shows no signs of any laceration having been produced; but the rectum is still very capacious and not easily defined, the finger apparently entering a large cavity with soft, cheesy-like walls.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——The St. Louis *Medical and Surgical Journal*, under the competent management of Dr. Frank M. Rumbold, is one of the best monthlies published in this country. Its pages are filled with the choicest original and selected matter, and any of our readers wishing to add a monthly to their files will do well to write to the editor and obtain a schedule of his terms and inducements.

——The first paper we have received from the Copenhagen Medical Congress in August last is one by Mr. Reginald Harrison, F. R. C. S., on the treatment of prostatic obstruction by a section of the gland. It is beautifully printed, and contains a valuable surgical suggestion.

——The reflex action of phimosis has received further confirmation and additional illustration in an essay by Dr. T. G. Comstock, of St. Louis, in a neat reprint before us. He shows its relations to hip-joint disease in a tabulated series of cases which deserve the attention of every physician.

——An obscure case of periodical painful affection in or near the liver is stated by Dr. R. H. Reed, of Mansfield, Ohio, in a reprint before us. It offers a curious subject of study.

—At a late meeting of the Paris Academy of Sciences, the president publicly congratulated M. Chevreul, the illustrious chemist, on the occasion of his *ninety-ninth* birthday. The celebrated professor, who is in the enjoyment of admirably good health, has lectured at the Museum of Natural History for the last fifty-seven years; and if, as we all hope and wish, he is spared for a few years more, he will be an authentic and splendid instance of a centenarian.

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A NEW INTERPRETATION FOR DIABETIC COMA.

Kussmaul first described the symptom-complex, which to-day is known by the name of diabetic coma, and which, according to Kussmaul, is caused by aceton or a similar substance in the blood, producing toxic symptoms. From two different sides (*Centrlb. f. d. Med. Wiss.* 32, p. 571, 1884,) cases have been published, which give a different explanation of this coma.

Dr. L. Riess has found the same mode of death and the same group of symptoms in seventeen different diseases. Amongst these were eight of anæmia (three simple, two pernicious, and three caused by hemorrhages), five cases of anæmia and cachexia complicated by Bright's disease, and four cases of cancer (stomach and liver). In all the chloride of iron reaction of the urine was wanting, uræmia was in neither present. R. believes that the coma in these cases is to be ascribed to the profound disturbance of nutrition, induced by the poor condition of the blood. Senator, who has also observed such cases, is of the opinion that in anæmia a peculiar poison develops itself, thus causing self-intoxication of the organism analogous to the action of the ptomaines. R. finally proposes the name "dyspnœic coma" for this state, and thinks that it may be produced in a double manner: either by intoxication of the organism by certain injurious substances (as in diabetes by aceton) or by poorness of the blood in red corpuscles (*Ztsch. f. Kl. Med.*, vii. Supp., p. 34). Confreres, take your choice!

Dr. M. Litten, on the other hand (*Idem.*, p. 81), has found the chloride of iron-reaction in twenty-five different diseases not diabetes. From his and the observations of other authors, it seems that this reaction may succeed in every disease, though it is a very rare occurrence in most. Relatively frequent it is in the acute exanthemata (morbilli, scarlatina), especially during the height of the eruption. In his twenty-five cases L. saw the group of symptoms, described by Kussmaul as diabetic coma, but once, viz., in that of a scarlatina patient, æt. 30; the breath as well as the urine evinced the peculiar flavor of fruit. But in five other individuals suffering from gastric dis-

turbances, accompanied by moderate fever, he noticed after a few days an intense odor of fruit in the air exhaled by them and in the urine. This odor was followed by the chloride of iron reaction of the urine and by a state of sopor (not coma), but the change in the respiration, as observed by Kussmaul, did not take place. Referring to the fact, recorded also by V. Frerichs, that the diabetic coma is not necessarily accompanied by a dyspnœic condition, L. lays stress on the otherwise great resemblance of the symptoms, and believes that they depend—as in the opinion of R. above mentioned—upon self-intoxication, the poisonous substance being developed in the alimentary canal. The substance recognized by its odor is probably the same as that indicated by the chloride of iron reaction.

We would like to recommend to future observers to determine the following: Has the quantity of aceton (or whatever the substance may be) an influence on the gravity of the symptoms? It seems to us as if this important point had not been at all considered.

THE VALUE OF VACCINATION.

That there are still intelligent people who oppose vaccination, and strive to make it appear that it is not only useless but injurious, need surprise no one acquainted with the vagaries of the human mind. For such persons, testimony is of no avail. They are not capable of seeing the conclusions of a logical train of reasoning. Facts to them are inferior in power to prejudices.

Yet there are facts which now and then are brought to one's notice, so startling in their native hideousness that it seems wrong to pass them over in silence. If it is only as a matter of medical statistics, we must print a reference to a letter from Dr. Neve, of the Mission Hospital in Cashmere, which has appeared in the *Civil and Military Gazette of Lahore*. "Thanks to the exertions of the English authorities, vaccination has been carried to some extent in that portion of India ruled by us; but in Cashmere the state of things in an entirely unprotected country was to be seen." Dr. Neve says it would be nearer the truth to say that the population is annihilated than to say that it is decimated by the scourge of small-pox. Small-pox is endemic in every village and town of Cashmere. "I recently obtained from all my hospital staff a statement of the mortality of small-pox among their immediate relatives. They represent twenty-five families, and in these 190 members were born, of whom exactly 100 died of small-pox. Two or three children have not yet been attacked; all others have had the disease." Thus, of these 190 persons, at least 95 per cent. had been attacked by small-pox, and of those 65 per cent. succumbed. "There is not much room for hoping," Dr. Neve says, "that these figures indicate any very unusual rate of mortality, and, of course, the evils inflicted by the disease are lifelong in many who survive the attack."

Such is the condition of things in a country where vaccination is not practiced, and such it was here before the discovery of Jenner. So it would be again were the crazy notions of the anti-vaccinationists to prevail—which, however, we do not greatly fear. The world may be old, but it is not that senile.

DIARRHŒA IN CHILDREN.

Children, especially during the period of second dentition, frequently suffer from a peculiar form of diarrhœa, which mainly sets in immediately after a meal. Scarcely is the meal over when these patients have to hasten to the water-closet, so urgent is the demand of nature. A careful examination, instituted by various authors, has demonstrated the fact that the emaciation usually observed in these cases is due to the want of digestion of the food. The majority of observers agree that more than nine-tenths of the nutritive material passes undigested and unabsorbed from the bowels.

Dr. M. Leer (*Lyon Méd.*, 24, 1884,) made the discovery that in almost none of these cases are any symptoms of dyspepsia noted. He concluded, therefore, that the disturbance was due to augmented peristalsis, and as this is under the in-

fluence of the par vagum, he attributed the disease to an irritated condition of the ganglion of the pneumogastric nerve. This view induced him to try bromide of potash, and in every case the administration of this drug was immediately followed by a cessation of the annoying symptom, and not only controlled the diarrhœa and the sudden desire for evacuation, but if but one or two doses too many were given, constipation at once set in.

This observation, if verified by others, would be of great value, for the complaint is not only met with in children during second dentition, but also frequently in adults, especially delicate women. Thus far the usual remedies did not seem to influence the disease, and we therefore advise our readers to give bromide of potash a trial, as, if not successful, it can surely do no harm. L. mentions no dose, but five to eight grains in children and twelve to twenty in adults should about suffice.

CAUSE OF DEATH AFTER LIGATION OF EXTERNAL PILES.

It it a well-known fact that ligation of external hemorrhoids is always accompanied by the most excruciating pains, not to be relieved by narcotics, while that of internal piles is painless. This, probably, also is the reason why so frequently trismus and general tetanus follow ligation of external hemorrhoids. There are many such cases reported in medical literature, and Dr. N. N. Snamenski (*Moskow Zeit.*, 35, 1884,) adds two cases of Prof. Sklifosowski, in one of whose cases, that of a patient æt. 32, trismus and death followed the operation on the sixth day, while in the second case the most violent pains made their appearance, though finally recovery took place. Prof. S. ligated internal piles in 39 cases, and none of these were accompanied by any pain, nor set in any complication.

Dr. S. has made a number of experiments on dogs, and found that in these the same conditions are present as in the human being, viz: the rectal mucous membrane for a short distance above, 1½ ctm. from the anus, is perfectly insensitive, while that of the last centimetre and the skin around the anus possesses an extraordinary hypersensitiveness. This agrees with the anatomical researches especially of Fellner, who has discovered that the skin near the anus and the rectal mucous membrane for about one ctm. above the orificium ani is provided with sensation by the sensory nerv. pudend. commun., while the mucous membrane of the rectum about one ctm. above the anal orifice receives only fibres of the non-sensory middle hemorrhoidal nerves.

Notes and Comments.

Obscure Hepatic Disease.

In the *Jour. Am. Med. Ass.*, August 30, 1884, Dr. R. Harvey Reed describes a periodical painful affection, which he believes is located in the liver, its capsule, or both, or to be possibly an irritation of the capsule of Glisson.

The premonitory symptoms of this disease come on so insidiously, that the patient is scarcely aware that he is afflicted with more than a "slight colic," or a "touch of neuralgia," or "the cramps," as they will often express it, until it gradually increases in frequency and severity, and perhaps his attention is called to the fact of its periodical return every few nights, which very greatly disturbs his nocturnal rest.

He generally goes to bed feeling perfectly well, but after a few hours' sleep is awakened with burning, shooting pains in the region of the liver, which keep him awake or compel him to walk his room for an hour or so, or perhaps till morning, before it subsides.

Generally by morning, in the less advanced stages of the disease, the pain subsides and the patient feels as well as usual, and goes to his work thinking "that is all there will be of it," until in a few days he has a repetition of the same, excepting it has increased somewhat in severity, or is more prolonged than the previous attack.

Thus it creeps on gradually, until the attacks of pain become so severe as to warrant his calling a physician, who may find his patient walking the room in agony, or rolling from side to side of the bed, or sitting tailor-fashion with the arms folded across the bowels and rocking to and fro. This motion he will sometimes keep up for hours, asserting that "nothing else gives him as much relief," or "that he would die" if he he were to stop it.

Upon interrogation, it will be found that these

attacks, which at first were weeks apart, are now separated by an interval of a few days only; or perhaps they occur every night, generally coming on about the same time each night, and with but few exceptions after the patient had fallen asleep.

After the attack subsides, the patient feels somewhat exhausted, with perhaps a slight tenderness over the hepatic region, but otherwise appears to be in usually good health—so much so that he imagines every attack is certainly the last, until experience induces him to be skeptical of the most favorable symptoms.

Dr. Reed knows of no disease which is more satisfactorily influenced by a proper treatment, and also knows of none which is more tenacious when not properly treated.

The remedies which have given the most satisfactory results in this malady are alkalies combined with a bitter tonic.

The combination most frequently used is the following:

℞. Sodii bicarb., ℥iv.
Pulv. hydrastis can., ℥j.
M.

S.—Use a teaspoonful in two-thirds of a glass of water before eating.

If, however, there is a tendency to constipation, he gives:

℞. Sodii sulph., C. P., ℥v.
Hydrastia sulph., gr. v.
Aquæ, ℥iij.
Glycerine, q. s. ad., ℥iv.
M.

S.—℥j. before each meal and before retiring.

Sodii et pot. tart. combined with infusion of gentian has given good satisfaction in some cases, or a Seidlitz powder before each meal, followed with a capsule of cinchoniæ sulph. and pepsin after eating, especially if there is any complication of malaria or gastric irritation.

Recent Observations on the Rupture of Important Organs.

Dr. B. Beck reports a series of interesting cases of injury to internal organs (*Centrlbl. f. d. Med. Wissench.*, 31, '84). He first mentions those of traumatic *rupture of the bladder*. Of eleven injuries of the organ caused by a gun-shot wound, four times a perfect cure set in. In the seven other cases far-reaching interruptions of continuity occurred, as total tearing off of the neck of the bladder, injury of the rectum, comminution of the pelvic bones, etc. The evil consequences due to infiltration of the tissues by urine were not observed until the second week, and some of the patients died of them in the third. Of intraeritoneal injuries B. has seen but one in his military hospital, for most such patients died upon the battle-field. The only cases on record, where intra-peritoneal rupture of the bladder was followed by a complete cure, is that of Walter in Pittsburg; all others reported leave a doubt concerning their diagnosis. Rupture of the bladder, without opening of the abdominal cavity, B. observed four times during the last two years. He describes one minutely, where a horse fell with its whole weight upon the abdomen of the thrown-down rider. The case ended fatally. B.'s most important conclusion from these cases is, that the fatal issue in uncomplicated rupture of the bladder is not due to septic peritonitis, but caused by intoxication, induced by the absorption of the decomposed urine infiltrating the surrounding tissues. The final symptoms indicate paralysis of the heart.

Rupture of the Liver.—An artillerist had been kicked several times in the abdomen by a horse. Within the first twenty-four hours symptoms denoting perforation of the intestines set in. But six days later wind passed by the anus, and two days afterwards normal defecation took place. Not until several days after, pain and soreness developed in the hepatic region, followed by great increase of temperature and effusion into the right pleural cavity. Exactly thirty days after the injury the purulent exudation was removed by thoracentesis, and a Nélaton's catheter introduced to act in the manner of a lever. Nevertheless, hectic fever, marastic thromboses, decubitus, secondary inflammations of left pleura and of pericardium followed, and caused the death of the patient half a year later. The post-mortem showed the evidence of a cicatrix, extending over the left lobe and Spiegel's, 4 mm. deep, 3 ctm. wide, and 3 ctm. long, while the surrounding tissues and organs, lung, pleura, intestine, peritoneum, and diaphragm explained the real cause of death, tubercular inflammation having developed and given rise to the hectic fever and the fatal issue.

Rupture of Bowels.—B. observed ten such cases during the last two years. They were caused mainly by the kicks of horses, three of them, reported in detail, ending fatally. In one the colon descendens was ruptured, the soft parts of the pelvis were injured, and the right femur and tibia broken (cause, run over); the second concerned a transverse rupture of the small intestine, followed by peritonitis (kick of a horse); and the third a circular rupture of the duodenum, and a long tear of the mesenterium (fall from a horse). The last did not die until the sixth day, of septic peritonitis.

Treatment of Puerperal Fever by Cold Baths.

This subject was discussed by Prof. Vincent, of Lyons, before the late International Medical Congress, who said:

1. That the administration of cold baths was practicable with the recently delivered attacked with puerperal fever.

2. That cold baths were free from danger in the puerperal state.

3. They had a certain and quick anti-febrile effect in the sequelæ of delivery.

4. Recovery from puerperal fever was the rule with treatment by baths of proper temperature and methodically administered.

5. Cold baths were indicated in all high temperature forms of after-complications of childbirth, the very acute peritonitis excepted. The indication for cold baths did not arise except where the fever was kept up, without notable morning remission, to about 40° Cent., when the powerlessness of quinine and diffusible stimulants in full doses had been shown, and when, in fine, the lochia were fœtid, and intra-uterine injections had been carefully tried without bringing a fall in the febrile condition.

6. Cold baths should be administered at a temperature varying from 28° to 18° Cent.; according to the fall secured by the first bath given at 28° or 30°, the temperature of the subsequent baths should be reduced. (The rule was to get with a cold or tepid bath a fall of from one to two degrees of the patient's temperature.) The method used in typhoid fever, treated by cold baths after the system of Dr. Brand, should be followed, with modifications.

7. The cold baths were repeated every three hours until the temperature had fallen to 38°, and stayed there, with only ascending oscillations of some tenths in the evening.

8. When baths of 18° or 20° Cent., repeated every three hours, night and day, did not bring about a notable reduction of temperature, a large ice-bag should be placed, in the intervals of the baths, on the abdomen of the patient.

9. Along with cold baths and ice-bags, spirits and tonics should be freely administered; the patients should be fed with liquid or semi-liquid foods, having much nutriment in a small bulk—soups, beef-tea, American broth, milk, etc.

The So-called Ovarian Pain.

Charcot first expressed the opinion that the pain so frequently met with in women in the region of the ovary was due to an affection of the ovary itself, especially if local tenderness accompanied the subjective pain. Since that time many authors have contended that such is by no means always the case, and Dr. L. Landau adds the weight of his testimony to theirs in an article published in No. 17 of the *Deutsche Med. Wochenschrift*, 1884.

Landau removed an ovarian tumor in a hysterical female. The least pressure applied to the region over the diseased organ had produced the most intense pain. But what surprised the operator was the fact that the same symptom continued without the least abatement after the removal of the ovary. Dr. Mendel also has recently reported to have met with the same kind of pain in the iliac region in hysterical men. Both authors believe the pain to be due to a central lesion, probably being a hyperæsthesia of one or more of the nerves belonging to the lumbar plexus.

During the last year a number of such cases have been reported where in women suffering from pain and local tenderness, and from hysterical seizures on pressure, the ovary of that side had been removed, but regarding the cessation of any of the foregoing symptoms, the operation had utterly been in vain. These cases teach us at least caution, for though ovariotomy is not classed to-day amongst the dangerous operations, still it is a procedure grave enough not to be resorted to without some certainty of relieving the real trouble. In some way or other the idea seems to have taken hold in the profession that hysterical females suffering from severe subjective pains and from intense pains and seizures on pressure of an ovary can be cured by the removal of the organ on the affected side. The cases of Landau and others are, therefore, of great value, showing that in many cases the success of this operation is exceedingly doubtful.

A Rare Monstrosity.

Dr. Zacharias, of Garnser, sent last month the following communication to the *Allg. Med. Centr. Zeit.*, 71, 1884:

Just now a female infant, born four hours ago and still living, was shown to me that possessed the following peculiar malformations:

In place of the skull are two dark blue, tense, elastic lateral bladders, which, anteriorly, are prevented from touching each other by a third, lighter-colored bladder of somewhat larger size than a thumb; all three bladders are easily movable, and end below in a common peduncle. The lateral bladders correspond to the hemispheres of the brain, and there is no doubt that the brain here lies open and unprotected, the

whole bony and membranous covering being wanting; at the basilar portion of the skull is seen only a bony ring about two ctm. in height, and the common outer integument of the body passes here at once over into the dura mater of the brain.

The eyes are prominent, as in Graves' disease; the pupils are contracted, and do not seem to respond to light.

At the lower portion of the lumbar spine, immediately above the sacrum, is a circular atrophic place in the skin of the size of a silver dollar. This place has a flesh-color, is somewhat shiny, and resembles a fine cicatrix; it lies under the normal skin, and one may easily feel through it the intact spine. On its upper part, a half circle of three ctm. long dark hair surrounds this place.

Otherwise, the infant is vigorously and symmetrically developed, but it shows signs of difficult deglutition.

Glycerine Nasal Plugs in Hay Fever.

Dr. M. D. O'Connell thus writes in the *Brit. Med. Jour.*, September 20, 1884:

"This method has, at all events, the merit of simplicity, and it is within the reach of all. I used it first on myself, not from any consideration of its therapeutical or physiological action, but because it happened to be at hand. Having employed it, and found considerable relief, it occurred to me, on considering its action, that it could be recommended, on reasonable grounds, for the treatment of hay-fever.

"This method consists in the introduction of a small piece of cotton-wool, saturated with glycerine, into each nostril. Usually, in from ten to fifteen minutes great relief is felt, but the wool should not be removed for one hour. If it be desired, one nostril may be first treated in this manner, and then the other. Reflecting as to the manner in which it acted, I remembered that the use of a glycerine-plug in gynæcology is found to be productive of much benefit. It causes a copious watery discharge, followed by subsidence of any congestion. If its local application to the vaginal mucous membrane be attended by such benefit, it is probable that it will prove equally beneficial when applied to any congested mucous membrane, whether vaginal, rectal, urethral, nasal, buccal, or conjunctival.

A Case of Tubal Pregnancy.

Dr. Henry Hun, of Albany, records in *The American Journal of Medical Sciences* for July, 1884, a case of tubal pregnancy, in which the cyst burst at about the twenty-fifth day, and the patient died. Dr. Hun obtained the specimen, and after having rendered the embryo transparent by oil of cloves, carefully studied it and made an accurate drawing of it.

In this case the ovum was in the right Fallopian tube, and its corpus luteum was in the left ovary. In a considerable number of cases of tubal pregnancy, the corpus luteum is found in the ovary of the other side, and it is very possible that this unusual origin of the ovum may be the cause of the tubal pregnancy, for if the tube bends over and reaches the opposite ovary, it will be apt to be so bent and twisted that the ovum will meet with great difficulty in passing through, or if an impregnated ovum passes across the pelvis and enters the tube on the other side, so much time time will be consumed in its journey that it may develop to such a size before it goes to the uterus that it cannot pass through the tube, and will continue its development in this organ. This is the only cause which can be assumed in Dr. Hun's case, for there was no occlusion of the tube by tumors, bands of adhesion, or displacement of the uterus, as are sometimes found in these cases; neither was there any great fright or emotion experienced at or near the time of sexual intercourse, which in a number of such cases has appeared to cause the extra-uterine pregnancy.

Incontinence of Urine from Malformation.

Mr. Noble Smith reports the following case in the *Brit. Med. Jour.*, September 20, 1884:

"I have lately operated (with the help of Dr. Fancourt Barnes) upon a very interesting case of this kind. A young lady, aged 13, had suffered from complete incontinence of urine all her life, and her condition was lamentable. The urine passed away constantly, and was never voluntarily discharged. Medical and surgical advice had hitherto been of no avail. Upon examination, I found that the wall of the bladder above the urethra was deficient. A finger could be passed through the opening into the bladder, and the mucous membrane of this viscus was exposed to the extent of about half an inch. From this enlarged urethra a sulcus extended upwards, dividing the clitoris into two parts. I called in the aid of Dr. Fancourt Barnes, and I then operated with his assistance upon the deformity. I removed the skin from the sulcus downwards as far as the mucous membrane of the bladder, and closed the parts with Dr. Aveling's sutures. Since the time

of the operation, the urine has been retained in a natural manner for three or four hours at a time; and only upon two occasions, and those during sleep, has the urine escaped incontinently.

The Treatment of Pulmonary Affections.

In a paper on the local treatment of the respiratory organs in the *Liverpool Medico-Chirurgical Journal* for July, Dr. F. T. Roberts points out the importance of getting a patient to pay voluntary attention to the acts of breathing and coughing. In many acute pulmonary affections, it was better that the patient should be left at rest, and not be frequently made to breathe deeply for the purposes of clinical examination. On the other hand, there were cases in which it was important to recognize the necessity for energetic respiratory action, so as to open up and prevent the collapse of the smaller air-tubes and air-vesicles. The placing the patient in a suitable posture would materially aid in this matter, and sternutatories and emetics acted in the same way. The line of treatment was indicated where there was a tendency to hypostatic congestion, also in some cases of phthisis, to prevent the possible risk of further infection.

Unnatural Swelling of Hysterical Hemiplegia.

Dr. S. Weir Mitchell records in the July number of *The American Journal of Medical Sciences* three cases of hysteria, in which there was unilateral increase in bulk at or near the menstrual period, and also at other seasons, after emotional excitement, and he has been unable to find elsewhere any narration of similar cases. Whatever conclusions we may reach as to the immediate cause of the unilateral differencces in size, which Dr. Mitchell has here described, it is at least clear that they are under the influence of the nervous system, and vary with the causes which also increase or lessen the analgesia, or give rise to chronic spasm. Beyond this Dr. Mitchell can as yet hardly go. Most probably, he thinks, it will be found that in many unilateral hysteric palsies a like phenomenon exists, and has merely escaped attention because of being the least prominent in a group of symptoms. At all events, it adds another to the large group of resemblances which so closely relate organic to hysteric hemipalsy.

Amputation of the Penis.

We do occasionally hear of the surgeon removing this organ for disease, but it is certainly very unusual to hear of a man cutting off his *own* penis to spite his wife. Yet such a case is reported in the *Medical Herald* for September, 1884, by Dr. John Galt. A German quarreled with his wife, who had made some derogatory remarks about his penis. To drown his grief, he imbibed most freely of the famous product of Kentucky's cereals, and while in an irresponsible condition, hacked away at his throat, nearly severing the carotids, and neatly and squarely cut off his penis, within one-quarter of an inch of the symphysis pubis. He recovered, and lived to regret what he had done.

The Cause of the Albuminuria of Pregnancy.

This much-discussed question was again discussed before the late International Medical Congress by Prof. Halbertsma, of Utrecht, who said that in the first place, the facts observed did not permit his recognizing, as the cause of albuminuria in pregnant women, a reflex contraction of the renal arteries. Secondly, albuminuria in pregnant women was especially observed when there was a want of proportion between the size of the gravid uterus and the abdominal cavity. And, thirdly, the cause of albuminuria in pregnant women was, in the greater number of cases, tension and compression of the uterus.

The Influence of Opium and Other Remedies on the Cerebral Circulation.

Dr. Curci's experiments, reported in the *Revue de Thérap. Médico-Chir.* No. 16, 1884, seem to throw some light on the subject. The method employed consists in putting the cranial cavity of dogs in communication with a manometer, by means of which the influence of various drugs on the amount of blood contained in the brain can be investigated. Opium and morphia cause well-marked congestion of the brain, while the reverse takes place after the administration of chloral, ether, paraldehyde, and quinine. Dr. Curci thinks that sleeplessness must be treated by chloral in plethoric, and by opium in anæmic people.

To Cure Stammering.

Dr. Ralph Richardson writes to the *Brit. Med. Jour.*, Sept. 27, 1884, that any one may be cured of stammering by simply making an audible note in expiration before each word. Stammerers can sing as easily as other persons. Jacky Broster, of Chester, who made a large fortune by curing stammering, simply made his pupils say *her* before each word beginning with a consonant.

Correspondence.

Delirium Tremens.

Eds. Med. and Surg. Reporter:

F. S., age 39, bricklayer, periodical drinker, has a spree once in from three to six months, which has twice before terminated with more or less delirium. In the intervals he abstains almost entirely.

Began drinking about the 19th of July last. and kept it up constantly until the 27th, eating little or nothing meantime. The night of the 27th he walked the streets all night because he could not stay in his room. During the forenoon of the 28th thinks he took twenty drinks of whiskey, and in the afternoon his friends got him home, where I was called about 2:30 a. m., 29th. Found him lying in bed, trembling, terribly anxious, with groaning respiration, complaining of pain about the præcordium, and starting violently at times. Pulse full, soft, and irregular, face flushed, tongue coated, etc. Has vomited; can retain nothing solid; bowels free, with pain and tenderness of the abdomen. Gave at once about half a grain of morphia sulphate, hypodermically, and in half an hour the pain and a degree of the anxiety were relieved, and he began to feel like sleeping; and now the peculiarity of his case became manifest, for as soon as he began to doze off a little, his respiration would cease for nearly or quite a minute, when he would start up in bed, throw up his hands, look wildly around, and resume the breathing very rapidly for a few minutes, his hands trembling violently meantime. Then gave strychnia, grain $\frac{1}{50}$ (in solution), every 15 minutes for a time, lengthening the interval to half hour. About five o'clock he had ten minims fl. ex. cannabis indica, which relieved him somewhat, and at seven o'clock one drachm of fl. ex. valerian. At 8½ he was feeling much easier, but could not sleep, the same condition continuing, but much relieved. Continued the strychnia, $\frac{1}{40}$ grain every hour. Phos. $\frac{1}{100}$ every hour with half drachm of fl. ex. valerian, and every three hours 10 drops fl. ex. cannabis indica. To drink all the milk possible, or beef tea; cold to head. At three o'clock p. m., feeling much stronger, more quiet, pulse steadier, could sleep two or three minutes at a time. Has taken milk freely, and some solid food once, but rejected it. Discontinue phosphorus. Continue other treatment. At 9:30 p. m., feeling much better, but not inclined to sleep. Continued treatment, and

℞ Chloral hydrate,
Potass. bromide, āā grs. xv.

with directions that should it increase the tendency to suspension of respiration, to discontinue it, otherwise to give half the quantity every half hour until sleep was procured.

30th, 8 a. m. Chloral not borne, and only one dose. After its effect passed off, he slept pretty well two or three hours at a time. Looks very much improved. Pulse 72; fair strength; tongue cleaning; soreness across abdomen gone. Bowels have not moved in more than twenty-four hours. Has taken and retained solid food. Add to treatment sulphate of cinchona, gr. j., every three hours. ℞. Hydg. chlor. mite., grs. ij., and repeat in three hours, and if the bowels be not opened, pil. comp. cath. imp. every three hours until result obtained. Continue valerian every three hours, and cannabis indica three times daily.

On the 31st, after having slept well, he had a good appetite and no trouble with his digestion, and the next day resumed his work.

Noticeable in this case is the peculiar and unusual effect of the opiate on the respiration. (I have frequently used it similarly with only a good effect.) Without theorizing, two questions are pertinent and important:

1. Would a larger dose have been fatal if not watched?

2. Would a better effect have been obtained by small and frequently-repeated doses?

Noticeable, further, was the apparently good and speedy relief from the pretty free use of strychnia and phosphorus; for we can scarcely attribute the speedy recovery to anything else. On the second day the hands were as steady as is often the case a week later.

O. A. Dean, M. D.

Beloit, Wis.

Electricity—A Criticism.

Eds. Med. and Surg. Reporter:—

If the lecture by my friend Dr. Hugo Engel on "Static and Dynamic Electricity," published in the last number of your journal, had been read before one of the societies, I should have felt it my duty to say a few words in criticism of certain statements contained therein in the interest of those who heard, and with the utmost courtesy to the gentleman making the statements. Presuming that articles published in scientific journals are equally open to criticism in the interest of their readers, I am led to make the following remarks:

Passing over the excellent summary of the physics of static electricity, we find on page 366 an attempt to explain the physics of the galvanic current. I am sorry to say that this explanation is worse than Sanskrit to the electrical student, and must tend to further confuse those who have but a casual acquaintance with the subject. I quote:

"In a galvanic pair the two contrary electricities have no difficulty in uniting through the intermediate fluid, but they therefore possess no great force or intensity. By putting up a great number of pairs we may obtain more force, but it will always have little intensity, though possessing an enormous quantity of electricity, and, therefore, exerting great chemical action."

Though acknowledging the difficulty of grasping what is meant by this paragraph, it would seem to indicate that the writer makes a difference between force and intensity, or quantity. In the science of dynamic electricity no such difference is known; all are dependent on current strength, that is, on the actual amount of current passing through the circuit. In a single galvanic pair the two contrary electricities *do* have difficulty in uniting through the intermediate fluid. A proper diminution of that difficulty, viz., by lessening the resistance of the fluid; by increas-

ing the size of the plates; and by properly proportioning the external resistance, will give us great chemical action, heat, or other manifestation of electrical power. Increasing the number of pairs is but another way of accomplishing the same end, and our choice of these two ways of increasing the power of the current is merely a question of cost and convenience, though one of great importance in the practical applications of this current.

Again, on page 368, an attempt is made to present the law of current strength as discovered by Ohm, and its medical application. I quote but a few words of the latter:

"If we wish to act on the skin or inner organs of the body, we must try to obtain a great amount of quantity, but little force; if it be, however, our intention to employ galvanism as a cautery, we must increase the resistance."

Without again criticising the impropriety of contrasting quantity and force, it will be seen that the statement is made that increased resistance is needed to gain cautery power. This statement is in direct opposition to the terms of Ohm's law, which is correctly given, though clothed in somewhat disused language, immediately above it. It is to be regretted that a more careful study of this fundamental rule of electrical science was not made before going into print.

In making these criticisms, I do not wish to deny that equal misapprehensions exist in the minds of probably a majority of the non-teaching medical public; yet they are none the less to be deplored, as to them are doubtless due the many therapeutical misapplications of this remedy, as well as want of success in proper cases. This unfortunate obscurity is the more conspicuous at the present time to any one who will observe the many exact and beautiful applications of this force to non-medical purposes at the electrical exhibition now being held in this city. It is safe to say that an exceedingly small space would have served to display all instruments and processes there shown which could have been devised without a knowledge of these laws. It is not to be hoped, therefore, that we can ever arrive at a similar exactness in our therapeutical use of this agent as long as rudimentary ignorance prevails among the workers. With that cleared up, I am confident that a high place will be assigned to the galvanic current as a remedial agent.

An important inaccuracy also in the remarks of Dr. Engel on electro-magnetism must not be passed over. On page 369 he states that the polarity of "these [electro-magnetic or faradic] currents continually changes, so that we can almost not speak of a positive and a negative pole." A slight experiment with any convenient battery will convince him that the direct current only of the secondary coil, as manufactured for medical use, is appreciable to the senses. The inverse current cannot be felt or tasted by the most delicate tongue, and is therefore practically absent from either a physiological or therapeutical standpoint. As for the primary or extra current, it is a physical impossibility for any inverse currents to reach the patient, as the short route through the cell is open to it.

G. Betton Massey, M. D.
1502 *Arch street, Philadelphia.*

Providence Letter.

Eds. Med. and Surg. Reporter:—

This being the first letter from the second city in size in New England, I think it not inappropriate to give a brief outline of its location, medical institutions, and other matters which will be interesting to readers of the Reporter.

During the last decade the Rhode Island Hospital has done a good work; it was opened to the public October 1, 1868, but so bitter was the opposition and so foolish the superstition that very little was accomplished during the first three or four years. It seems to be a popular belief in New England that hospitals are places where doctors perform experiments; and even at this late day, many otherwise well-informed citizens would be willing to suffer almost any discomfort rather than be taken to the hospital. The buildings of the hospital are of brick, and consist of a central main building connected by corridors with two large wings, each of which is surmounted by a tower. The wings contain the wards and private rooms for pay patients; the central building the officers' rooms, library, etc. It is without doubt one of the best arranged and finest equipped hospitals in New England. The grounds are extensive and well cared for. The staff consists of about twenty regular physicians and surgeons. A children's ward was opened in 1882, and a training school for nurses was established in the same year. In 1883 a department of gynæcology was added.

There is now at the hospital a case of extra-uterine pregnancy, which will be treated by electricity, and I hope to report a favorable result in a future letter.

At the last quarterly meeting of the Rhode Island Medical Society, cholera was the subject for discussion, and by invitation of the president, Dr. Chapin, Superintendent of Health, spoke in reference to the necessary sanitary precautions against cholera. He considered quarantine of great importance, and maritime before inland, but most important were pure air, pure soil, and pure water. To secure these an efficient system of sewerage was necessary. The sewers are faulty, insomuch as their outlet is so near the business part of the city, and the houses are not all connected with them. It may be well to state that these defects will doubtless be done away with when the City Engineer returns from abroad, where he is inspecting the sewerage system of the important cities.

Dr. Snow, the former Superintendent of Health, spoke briefly in reference to the outbreak of cholera in Providence in 1854, at which time there were 154 deaths. He predicted another outbreak in 1885.

I think it would hardly be right to close this letter without referring to Butler Hospital for the Insane. This institution compares favorably with the institutions of its class, not only in New England, but I think I am not putting the matter too strongly when I say with any institution of its character in the United States. It is a private institution, supported by the money received from patients and by the income of several funds. The building is of brick, and within the past year a fine stable for the use of patients' carriages and

horses and those of the institution has been added. The grounds are extensive, comprising about one hundred and sixty acres, which, with the well-trimmed shrubbery and grand old oaks, must furnish an item in the cure of melancholic patients. The late Dr. Isaac Ray, a name familiar in the medical circles of your city, was the first superintendent; he was succeeded in 1881 by Dr. John Lawyer, the present efficient manager.

At the last meeting of the Medical Society, Dr. Caswell gave notice that at the next quarterly meeting he should offer an amendment to the constitution, changing the time of the annual meeting from the third to the second Thursday in June. This will be probably considered favorably, as the annual meeting now occurs at the same time as that of the Massachusetts Society; it will enable many Fellows of the Rhode Island Society, who are also members of the Massachusetts, to attend both, and will also be favorable to delegates between the two societies.

Dr. Caswell also reported a case of pelvic abscess caused by the use of sponge tents. He used four tents—two of sea-tangle, and two larger sponge tents. At the end of the first week peritonitis appeared, and symptoms of forming abscess soon arose; five weeks later a hard lump was felt in the left iliac region. Finally, ten weeks after the tents were introduced, he opened the abscess through the abdominal wall, and evacuated more than half a pint of healthy pus. A drainage tube was inserted, and the cavity cleansed with the $\frac{1}{2000}$ solution of mercuric bichloride. The tube was removed in ten days; convalescence rapid.

Dr. Porter being called upon, gave his views as to the liability of tents to cause abscess. He thought there was very little danger from the use of the first tent; danger might follow the second or third tent, as sepsis would be invited by prolonged dilatation. He mentioned a case in his personal experience, when, after having removed a tent, a soft polypus was twisted off, leaving an exposed surface. Another tent was introduced. The patient died from septicæmia.

Dr. Myers reported an interesting case of an old man with long-standing paralysis of the lower extremities, and involvement of the sphincter muscle of the bladder. He was unable to hold his water for more than an hour at a time. A rubber urinal not answering his purpose, he had been accustomed to draw his own water by means of a No. 10 American soft catheter. This instrument finally became brittle and nearly broken, but the saving wife repaired this damage with the ever-handy needle and thread. Unfortunately, this proved a case where the old adage, "a stitch in time," etc., did not work; for in attempting to withdraw when next used, the catheter broke where it had been mended, and the lower half remained in the urethra and bladder. It was removed by straight uterine forceps.

In answer to Dr. Myers' inquiry as to the best means of removing the portion of the catheter had it slipped entirely within the bladder, Dr. Caswell recommended a small lithotrite. But in answer to the inquiry, how the catheter could be distinguished from the mucous membrane, no satisfactory answer was given.

B. J. Lillibridge, M. D.

The Patella Reflex.

Eds. Med. and Surg. Reporter:—

In the September 20 number of your excellent journal, you refer to Dr. Baierlacher's observation concerning the tendon reflex as new. If you will refer to my paper published in Vol. 1, No. 2, 1880, *Alienist and Neurologist*, you will find the same fact stated.

My later paper this spring on "Lost not absent patella reflex the sign," refers to the subject.

I have long known that both neuratrophia and certain drugs vitiated the value of the sign.

C. H. Hughes, M. D.

St. Louis, Mo.

News and Miscellany.

A Reminiscence of Mr. Darwin.

James D. Hague thus writes in *Harpers' Magazine* for October:

On my arrival at the door, at the appointed hour, the servant evidently recognized the name of an expected visitor, and took me upstairs at once to a small library room, where I found Darwin alone. He came forward very cordially, putting out his hand in a way to make a stranger feel welcome, and entered directly into conversation in a manner lively enough to relieve any apprehension of his suffering as a great invalid. At that time he was about sixty-two, and he already wore the full gray beard visible in the portraits taken in his later years. We had a little to say about his health, and he spoke of the opinion of some of his friends that its present rather feeble state might be attributed to long-continued seasickness on his voyages years ago; and then said: "So you've been a voyager, too?" and asked me in what part of the Pacific Ocean I had been, and what islands I had seen. I thereupon related to him some of my experiences and observations, which led to a pleasant talk on his part about the coral islands. He spoke with great vivacity and interest of his voyage in the "Beagle," and especially of his work on coral reefs and atolls, of the wonderful impression that those islands make upon the mind of an observer, and of the charm and poetry they possess in their singular beauty and their peculiar origin and structure.

We were presently joined by two of Mr. Darwin's sons (George, now Professor of Astronomy and Experimental Philosophy at Cambridge, England, and Francis, for several years his father's secretary and co-laborer in botanical researches), and soon after went down to luncheon, where we met Miss Darwin, his daughter, Mrs. Darwin's absence being excused on account of illness. In the course of conversation I expressed to Mr. Darwin the regret I had ever since felt that when I went out to the South Sea Islands I was so poorly qualified to observe many of the most interesting features of the places visited, as I had studied very little of natural history, and knew nothing of birds, fishes, corals, shells, or anything of that sort. "Well," said he, "you need not think yourself unique in that respect. I never knew a man who had a rare opportunity for observation who did not regret his imperfect qualifications. It was my own ex-

perience. If I could only go now, with my head sixty years years old and my body twenty-five, I could do something." Then he said that his visit to the Pacific, or rather his voyage in the "Beagle," was the beginning of his scientific career; that he had not before given much serious attention to science, or studied with a definite purpose; that when the "Beagle" was fitting out he was a young man, fond of sport, shooting and fishing, and with a strong liking for natural history; and it seemed to him a pleasant thing to go as volunteer on a party with his friend Captain Fitzroy. Even after he came back, he said, it was only after many talks with Lyell, who always heard with interest whatever he had to say, and who urged him to work up and publish his results, that he determined to devote himself to scientific studies.

After a while he spoke of some of his American friends, saying that Mr. Charles Elliot Norton and family had been his neighbors in the country for a time, and that he had enjoyed their society very much. He also mentioned visits which he had received from the younger Agassiz and from Dr. Gray, saying of the latter, "Gray often takes me to task for making hasty generalizations; but the last time he was here talking that way I said to him: 'Now, Gray, I have one more generalization to make, which is not hasty; and that is, the Americans are the most delightful people I know.'"

The conversation having turned upon his last book, *The Descent of Man*, which had made its first appearance only shortly before, he spoke of the reviews which he had so far seen, saying that most of them were, of course, somewhat superficial, and doubtless others might come later of a different tone, but he had been much impressed by the general assent with which his views had been received. "Twenty years ago," said he, "such ideas would have been thought subversive of everything good, and their author might have been hooted at; but now not only the press, but, from what my friends who go into society say, everybody, is talking about it without being shocked."

"That is true," I said, "but, according to Mr. *Punch*, while the men seem to accept it without dissent, the women are inclined to protest."

"Ah, has *Punch* taken me up?" said Mr. Darwin, inquiring further as to the point of the joke, which, when I had told him, seemed to amuse him very much. "I shall get it to-morrow," he said; "I keep all those things. Have you seen me in the *Hornet?*" As I had not seen the number referred to, he asked one of his sons to fetch the paper from upstairs. It contained a grotesque caricature representing a great gorilla having Darwin's head and face, standing by the trunk of a tree with a club in his hand. Darwin showed it off very pleasantly, saying slowly, and with characteristic criticism, "The head is cleverly done, but the gorilla is bad: too much chest; it couldn't be like that."

The humorists have done much to make Mr. Darwin's features familiar to the public, in pictures not so likely to inspire respect for the author of *The Descent of Man* as they are to imply his very close relation to some slightly esteemed branches of the ancestry he claims; but probably no one has enjoyed their fun more than he.

Luncheon was already over, and, mindful of Lady Lyell's caution, I took an early leave.

Official List of Changes of Station and Duties of Medical Officers of the United States Marine Hospital Service, July 1, 1884, to September 30, 1884.

Bailhache, P. H., surgeon. To proceed to Delaware Breakwater Quarantine Station as inspector, September 10, 1884. To investigate reported pollution of Potomac river water supply, September 20, 1884.

Miller, T. W., surgeon. Granted leave of absence for fourteen days, July 10, 1884. Detailed as President Board of Examiners, September 2, 1884.

Wyman, Walter, surgeon. Detailed as member Board Examiners, September 2, 1884.

Long, W. H., surgeon. Granted leave of absence for twenty days, July 30, 1884.

Purviance, George, surgeon. Detailed as recorder Board of Examiners, September 2, 1884.

Stoner, G. W., passed assistant surgeon. To proceed to Lewes, Del., (Delaware Breakwater) as inspector, July 25, 1884. To act as quarantine officer at Delaware Breakwater, July 31, 1884.

Fisher, J. C., passed assistant surgeon. Granted leave of absence for thirty days, August 21, 1884.

Goldsborough, C. B., passed assistant surgeon. Granted leave of absence for thirty days, July 12, 1884. Leave of absence extended thirty days on surgeon's certificate of disability, August 11, 1884. Leave of absence extended thirty days without pay, September 11, 1884.

Heath, W. H., passed assistant surgeon. Granted leave of absence for thirty days, September 8, 1884.

Guitéras, John, passed assistant surgeon. Granted leave of absence for thirty days, September 24, 1884.

Banks, C. E., passed assistant surgeon. Granted leave of absence for thirty days, August 27, 1884.

Bennet, P. H., assistant surgeon. To proceed to Buffalo, N. Y., for temporary duty, September 19, 1884.

Glennan, A. H., assistant surgeon. To proceed to Mobile, Ala., for temporary duty, July 7, 1884.

RESIGNATION.

Fisher, J. C., passed assistant surgeon. Resignation accepted by the Secretary of the Treasury, to take effect September 30, 1884, August 21, 1884.

The Next Meeting of the International Medical Congress.

Germany is piqued because the International Medical Congress will hold its next session in this country. The *Berliner Klinische Wochenschrift* says that Virchow pleaded for Berlin, but brought no special invitation, as he and his colleagues were under the idea that the Congress chooses and is not invited to its next place of meeting. Unfortunately the German votes were divided, and Washington was selected, to the disappointment of the writer at least. "We showed in 1881 that, in the natural course of things, Germany ought to be visited in 1887," says the

writer, "and there is a national obligation in the matter. The prominent position taken by that country in science, and willingly or unwillingly accorded to her by the world, has developed certain duties on the principle of 'noblesse oblige.' It might be said that the French might object to go to Berlin; but in the first place this would be their own loss, and in the second we have received the impression that the scientifically imbued French would gladly look at medicine in Germany, and especially in Berlin. The hero-worship lavished on Pasteur—and we say this more freely as we perfectly recognize his services to science—and the manner in which Koch's labors were lowered directy and indirectly, made, however, a strong impression. The French were always adepts at the 'mise en scène.' For all that, there was a decided inclination to go to Berlin amongst them."

American Academy of Medicine.

The ninth annual meeting will be held in Hopkins Hall (Johns Hopkins University), Baltimore, on October 28 and 29. The following programme has been arranged:

TUESDAY, OCTOBER 28, 3 P. M.

Opening of session, with prayer.
Reading of minutes of last annual meeting.
Report of Council.
Election of Fellows.
Appointment of Committee on Nominations.
Reading of Papers:

"The Relation of the Medical Colleges to Preliminary Education," by Peter D. Keyser, A. M., of Philadelphia, Pa.

"The Examination of Applicants for License to Practice, a Means of Raising the Standard of Medical Education," by Edward Jackson, A. M., M. D., of Philadelphia, Pa.

"The Rôle of Bacteria in Infectious Diseases," by Henry O. Marcy, A. M., M. D., of Boston, Mass.

"The Trade Aspect of Medicine," by Albert H. Gihon, A. M., M. D., Medical Director, U. S. Navy.

"The Induction Coil; Its Varieties and the Differential Indications for Their Use," by A. D. Rockwell, A. M., M. D., of New York, N. Y.

Report of Treasurer.
Unfinished Business.
New Business.

At eight o'clock, p. m., address, by Benjamin Lee, A. M., M. D., of Philadelphia, Pa., President, on "Differentiation the Test of Civilization: The Specialist and His Education."

WEDNESDAY, OCTOBER 29TH, 10 A. M.

New Business.
Report of Committee on Nominations.
Reading of Papers:

"The Teachings Derived from Observations in 137 Abdominal Sections," by R. Stansbury Sutton, A. M., M. D., LL. D., of Pittsburgh, Pa.

"Some Comparative Results of Treatment of Chronic Articular Osteitis of the Hip," by Virgil P. Gibney, A. M., M. D., of New York, N. Y.

"The Place of the Physician in Literature," by Charles C. Bombaugh, A. M., M. D., of Baltimore, Md.

"The Aim in Treatment of Angular Curvature of the Spine," by T. M. Ludlow Chrystie, A. M., M. D., of New York, N. Y.

"Physiology in its More Public Relations," (Public health, physical culture, family institution, true civilization), by Nathan Allen, A. M., M. D., of Lowell, Mass.

"Statistics of Glaucoma," by Herman Knapp, A. M., M. D., of New York, N. Y.

"Specialties and Their Relation to the Medical Profession," by L. Duncan Bulkley, A. M., M. D., of New York, N. Y.

"Report on Laws Regulating the Practice of Medicine in the United States and Canada," by Richard J. Dunglison, A. M., M. D., of Philadelphia, Pa., and H. O. Marcy, A. M., M. D., of Boston, Mass.

New Business.
Induction of President-elect.
Appointment of Additional Members of Council.
Unfinished Business.
Adjournment.

The annual collation will take place at the Athenæum Club, corner of Charles and Franklin streets, Baltimore, on Tuesday evening, October 28th, at half-past nine o'clock, immediately after the president's address. Fellows desiring to participate will please forward two dollars to Dr. C. C. Bombaugh, P. O. Box 498, Baltimore, Md.

Dr. J. S. Billings, Surgeon United States Army, and a Fellow of the Academy, has kindly offered to show the new Johns Hopkins Hospital, on the afternoon of Wednesday, October 29th, to those Fellows of the Academy who may desire to see it.

Dr. Delafield on Broncho-Pneumonia.

Dr. Delafield, of New York, will read a paper on broncho-pneumonia at the next semi-annual meeting of the Pathological Society, to be held at the College of Physicians and Surgeons, 13th and Locust streets, October 23d, at 8 o'clock p. m. The general profession are cordially invited.

Protracted Gestation.

A singular case is reported in a recent number of the *Gaz. des Hopitaux*. At the autopsy of a woman 84 years of age, a hard-walled, irregular-shaped cyst was found in the right Fallopian tube, which, on being opened, was found to contain a completely unchanged, fresh-looking, normally-developed fœtus of apparently six or seven months' growth. The woman was known to be pregnant when she was 28 years of age, but not afterwards, so that it is supposed she carried her young 56 years.

Changes in the Blood Corpuscles by Malaria.

Before the late International Medical Congress, Professor Tommasi-Crudelli (Rome) gave an interesting microscopical demonstration of the changes in the red corpuscles effected by the action of the malaria-ferment. The process was traced from the first appearance of the ferment in isolated round spots on the corpuscle, through its gradual multiplication, the consequent development of pigment in the cells, and their gradual disintegration. The series of preparations was closed by one in which a vessel was seen occluded by the *debris* of the red cells.

Personal.

—Dr. J. W. C. O'Neal, of Gettysburg, Pa., Corresponding Secretary of the Adams County Medical Society, started on a trip to Europe the second week in October. He will visit the schools and hospitals of London, Edinburgh, and the medical centres of Europe, during the winter.

Items.

—In the *Pacific Medical and Surgical Journal*, September, 1884, Dr. Albert Abrams reports a case of floating kidney with cure.

—For temperance people who cannot drink whiskey, a Boston firm is putting up what is called "Fluid Extract of Rye."—*Ex.*

—Dr. Oulmont, honorary physician to the Hotel Dieu, and member of the Academy of Medicine, died September 18, in the seventieth year of his age.

—In the *Pacific M. and S. Journal*, September, 1884, Dr. M. F. Price reports a case of insanity caused by depression of skull from old wound: trephining and recovery.

—Up to September 30th, the total number of deaths from cholera in Europe was not far from 15,000. Of these Italy has over 8,000; France, about 6,000; Spain, 400.

—A new street paving has been introduced in Berlin, and it is said to be superior in many respects to wooden blocks. It consists of layers of bricks impregnated with asphalt.

—Typhoid fever is reported to be on the increase in Paris. The Seine is in a foul state, smelling like an open sewer. Even the drinking water has a distinct odor, which is only removed by boiling.

—In his presidential address at the Social Science Congress, Dr. Norman Chevers urged the need and importance of appointing a Minister of Health. We should have a similar officer in the Cabinet of the President.

—A local paper, in giving the usual graphic account of an accident which befell a hod-carrier, wound up by stating that "Dr. B. was called in, but no disastrous results had followed up to the time of our going to press."

—According to MM. Treille and Straus, the comma bacillus is not special to cholera, for they have found the same bacillus in the dejecta of patients suffering from the diarrhœa of Cochin China, or, rather, the diarrhœa of hot countries.

—Dr. Koch has recently given a course of lectures in Berlin, the purpose of which is to instruct military medical officers in the microscopic investigation of the cholera bacillus, with a view to the prompt detection of cases of Asiatic cholera.

—The discussion of the disease termed "miryachit" has been conducted with so much warmth in Naples, that an editor of one of the Neapolitan medical journals is said to have sent a challenge to a *brother* editor to decide the dispute by mortal combat.

—Dr. Fraser C. Fuller, in the October number of *The American Journal of Medical Sciences*, publishes an instructive article on antiseptic surgery, with illustrative cases, showing in detail the steps of an operation conducted on antiseptic principles.

—The committee charged with the organization of the Ninth International Medical Congress, to be held in Washington in 1887, is constituted as follows: Drs. Austin Flint, of New York; I. Minis Hays, of Philadelphia; Lewis A. Sayre, of New York; Christopher Johnston, of Baltimore; George J. Engelmann, of St. Louis; J. S. Brown, of U. S. Navy; and J. S. Billings, of U. S. Army.

—An iodoform collodion is well spoken of, consisting of iodoform ten parts, collodion ninety parts. To be applied with a camel's-hair brush, the edges of the wound being held together until it dries. For wounds in exposed situations.

—Dr. Amerman, of Danville, Pa., reports a case of fracture of the humerus in a base ball pitcher, produced by muscular effort in pitching a ball to the batter in a recent game played at that place. The fracture was a transverse one, occurring between the middle and lower thirds of the arm.

—The third International Otological Congress was held at Bâle from the 1st to the 4th of September. About forty papers and demonstrations of much interest to aurists were presented and discussed, and the Congress, in the proceedings of which some eighty members took part, may be described as having been most successful. The next Congress is to be held at Brussels in 1888.

—The eleventh meeting of the German Society for Public Hygiene was opened on the 15th of September at Hanover. The first subject of discussion was "The Promotion of Hygienic Instruction." Professor Flügge spoke very earnestly in favor of the establishment of hygienic institutions at the universities. On the 16th, the subject was "The Hygienic Inspection of Schools by the School Doctor." The opinions expressed were very opposed, some being in favor of strict medical inspection for each particular school, others advocating a careful hygienic training for the masters and mistresses of the schools. Vienna has been unanimously chosen as the place for the next meeting of the International Hygienic Congress in 1886.

MARRIAGES.

JOHNSON—KENDALL.—September 13, 1884, in South Woodstock, Vt., by Rev. B. M. Tillotson, Dr. Henry E. Johnson, of North Attleboro, Mass., and Nellie A. Kendall, of Woodstock.

SMITH—WELDON.—October 1, 1884, in New York, at the residence of the bride's father, by Rev. John Hale, D. D., Dr. Andrew Heermance Smith and Jane Terry, daughter of James O. Sheldon.

SWAN—FANSHAWE.—October 1, 1884, at Morristown, New Jersey, in the Church of the Redeemer, by Rev. Mr. Chadwell, Charles Young Swan, M. D., and Clara Conillard, daughter of Henry A. Fanshawe.

DEATHS.

COX.—October 1, 1884, in this city, Harry O. Cox, M. D., aged 26 years.

FETTER.—October 2, 1884, at his residence, 262 West 34th street, New York city, David F. Fetter, M. D.

GOELL.—September 27, 1884, in this city, Dr. A. C. Goell, aged 79 years.

THE

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Communications.

A FEW WORDS ON THE USE OF THE OBSTETRIC FORCEPS.

BY T. CURTIS SMITH, M. D.,

Of Aurora, Indiana.

While I certainly do greatly condemn needless and unwarranted interference in all cases of normal parturition, I am also one of the number who believe with many very able obstetricians of this day that the influence exerted by the old saying that "meddlesome midwifery is bad" has been the cause of great mischief in many and multiplied instances. The record of dual or single deaths resulting from the let-alone plan of management—or rather want of management—of obstetric cases, and the record of unnecessary hours of agonizing sufferings, subsequent sloughing, fistulæ, etc., all caused by this plan, would present an appalling account.

If the phrase could be allowed to have its proper limit and not constitute an established excuse for non-interference, when, indeed, proper interposition would end great suffering, or save life, or both, it would all be very well. But as stated by Dr. W. B. Atkinson (Medical and Surgical Reporter, March 3, 1877), this old saying has "caused the death of many infants and of women in labor, and the incurable injury of many others."

It is certainly not my intention in this paper to give a systematic discourse on the obstetric forceps, but in a running way to give a bit of clinical experience and a few general statements.

Most practitioners of ten years' practice know now very little of the works of Dewees, Churchill, or Baudeloque. These were the works I read while a student. They taught the use of the forceps with such scrupulous care as to measurably exclude them from obstetric practice. Only in extreme cases must they be used. Most all teachers of their day were very chary of high and frequent laudations of this valued instrument. Some eminent authorities omitted or condemned their use altogether. In the courses of lectures attended in 1861–3 the commendations of the obstetric forceps were given in such guarded language as to lead the student to eschew their use to the utmost extent. But some of our clinical lecturers were open and free in their commendation of them, and carefully precise in detailing the conditions under which they should be used and the manner of application. So between the two extremes we thought we could see there was at least a fair degree of wisdom and safety. But in this day the man who was, twenty-three years ago, considered a reckless extremist in the advocacy and use of the forceps, would be considered behind the practice of these times by a long reach.

On first entering civil practice, I secured the long double-curved forceps. I had no occasion for their use until January, 1867. Then I was called to a case that had been under the hand of a midwife all the time of labor, and a young physician of that vicinity for some considerable time. I found the head had been resting on the perineum for twenty-four hours, and for twelve hours there had been little or no pain, and of course no advancement. Stimulants, ergot, change of position, abdominal frictions, etc., had all failed. I said to the husband and physician, "The forceps must be used

here, for they are needed." I applied them, and in twenty minutes had a lusty boy in my hands, and the mother uninjured. I had but just finished the operation, when an old and highly respected physician entered. He was very discreet, but bitterly opposed to the forceps. When alone, he asked, "Do you use those things often?" "Not very." I asked, "Would you not have used them in this case?" "Never! I never had a case needing them, in my judgment." He was a fine old man and a good practitioner, but I marked him as an extremist on this subject, and from observation know he is a fair type of many fine practitioners with silvered heads now living. But I have also noted that among their lady patients very ugly gynæcological cases turn up with unwonted frequency. After the above case some months, the same physician would have given much for forceps to help him out in a case where alone they could answer his purpose.

From that day to this time I have used the forceps about eighteen times, and more frequently when called to assist other physicians than in my own practice. I have four times applied them at the superior strait. Have never had a mishap with them yet in any way whatever, except an ugly but not serious laceration of the perineum in one case, a primipara seen in counsel with an old and able physician. One case I wish to speak of more particularly. It occurred in a primipara, æt. 28. She was a large, stout brunette. Labor progressed slowly but steadily for forty-eight hours. During that time complete dilatation was effected, the liquor amnii was discharged, but there was not the slightest engagement of the head in the upper strait. There were regular uterine pains, and the contractions could be distinctly noted, but no advancement would occur. My patience was worn out. I had used ergot freely, then quinine, then whiskey, hot drinks, frictions, external pressure, and irritation of the os—finally, morphia, to quiet the pains, hoping after a rest that effectual expulsive contractions would come on. But the pains went steadily on as before, without increase or diminution in force or frequency of any special note. A very little pressure would push the head back as far as the finger could reach, thus showing the laxity of the uterine fibre. The pelvis was one of the most roomy with which I ever met, and the soft parts were thoroughly relaxed. After two days of watching (not constantly at the house, but there every few hours), I applied the forceps far up at or above the upper strait, the head actually receding under slight pressure, while applying the instruments. They locked easily, and a very little effort brought a large, strong, vigorous infant. I have never met just such a case before or since, and believe such cases are not very common in all particulars. Dr. C. H. Tidd, now of Geneva, Iowa, then my student, gave the anæsthetic for me, and made external abdominal pressure, to steady the little uterine inhabitant until I could lock the forceps on its head.

I have twice had to rest from the effort at extraction, because of the long time required and the amount of strength demanded in the process. In both instances I was relieved by a professional friend who was present, and used extractive force while I rested. I have never had the forceps to slip off, and do not believe there is any need of such accident, if the forceps are properly locked. So far I have never failed to lock the forceps without special trouble at either strait. But I know that more skillful men than I am have failed in this procedure. I have applied them often enough to know that frequently great tact is needed in their adjustment, so as to lock properly. I have always applied them as to a round ball in the pelvis, *i. e.*, without regard to the position of the child's head; but if I found the first blade disposed to lead in any certain direction, I have always allowed it to pursue its own course, and so far have always found that the second blade would as naturally assume the direct opposite of the first blade, without any special force to cause it to do so, and would therefore lock with readiness. I believe, with Dr. Atkinson (loc. cit.), that where there is any difficulty, or at least where it is quite difficult to determine the exact position of the head, it is best to apply the forceps without any reference to the position, and then by the proper use of force in the line of the natural pelvic curve the result will be fully as favorable as where great care is taken to secure the blades over the parietal sections of the child's head. Indeed, it is not always possible to determine the exact relations of the head to the pelvis, even when the head is low down. How often it occurs when called in consultation in these cases that the caput succedaneum is so extensive as to effectually cover up the fontanelles and sutures in the fœtal head, so that it feels to the touch only like a semi-solid globular mass within the vagina, and nothing more can be definitely made out of it. Shall we therefore forbear to apply the forceps simply because we cannot with certainty determine the locality of the ears of the infant in order that we may lap the forceps over them? I do not thus interpret the demands in such cases.

In my own practice, *i. e.*, exclusive of cases seen in consultation, I have used the forceps about once in every hundred cases. From this it will be seen that I am not, certainly not, an extremist in favoring their use. I am quite sure there have been a few instances where I would have availed myself of them if they had been in easy reach, and it would have been greatly to the relief the cases. I now am in the habit of taking them with me when I go miles from home on obstetric excursions, and believe we ought to do this for the comfort and safety of our patients, and of our own credit. In instances where we unexpectedly meet with eclampsia, placenta prævia, inertia, or prolapse of funis, we may, by prompt and proper use of forceps, save the life of mother, or child, or both, or prevent undue suffering, or needlessly prolonged risk of life.

The value of this instrument to the mother in cases where its use is needed or demanded is inestimable, and to the infant it is sometimes the only means by which its survival may be assured. The proper use of these implements rarely, if ever, jeopardizes infantile life. In very many instances it is the best conservator of safety for the child within our power. I believe that where the condition of the parts is favorable to the ready use of the forceps, ceteris paribus, it is better for the chances of the life of the infant to use them than to have it continue to be exposed to the dangers that jeopardize its life in cases like the first one reported in this paper. Statistics are not reliable and we will not resort to them, and my own little experience is too insignificant to base any decided opinion upon as to the point of comparative safety for the infant.

I am led to say, also, that it is my observation that women have a good and prompt getting up in cases of forceps delivery, where they are used before complete or, at least, very great exhaustion has been allowed to come on. I have never seen a lingering getting-up in such cases, whereas, I seen many of them after tedious, non-instrumental labors, and after delivery by forceps, where they were left for a long-deferred and dernier resort.

I have never seen an instance of flooding after the use of the forceps, and never but one instance of puerperal septicæmia. The most frequent cause of flooding, in my experience, has been from that form of uterine inertia incited by exhaustion from long-continued and severe labor. Indeed, I have noticed this so comparatively often that wherever I now have a case of tedious labor and do not resort to the forceps, I look out with great care for intimations of flooding, or else I precede the termination of labor by a full dose of ergot, or, better, of quinine. But I have found no use for these agents for this purpose after instrumental deliveries. Perhaps the irritation incited by the pressure of the blades against the cervix or vaginal nerves induce more prompt and thorough contraction through reflex influence.

But when we can have our own way I do not believe we ought to allow labors to become very tedious. These life-saving implements, that also may save so much intolerable maternal suffering, ought to be resorted to, "not merely to save the child, or when the mother is exhausted, but should be employed to shorten labor; to prevent the beginning of that exhaustion (*loc. cit.*); to avoid the long pressure upon the soft parts of the mother, and the consequent injury, as paralysis of the bladder, with retention of urine," paralysis of the extremities, of the rectum, and the dangers resulting from pressure on the mucous and muscular tissues of the vagina and perineum and bladder. In one case, seen some years ago, where I applied the forceps for a professional friend, and where the head had long rested on the perineum, there followed for weary weeks partial paralysis of the right lower extremity. In another case, seen more recently, where the head had been for perhaps twenty hours low down on the perineum, there was following it almost complete paralysis of the bladder for many days. I have never seen such sequences follow the prompt use of forceps, but have known them in other hands to follow tedious labors that were not instrumental.

It is a judicious practice, when we have in hand a case that is becoming tedious, and the parts are fairly favorable for it, to apply the instruments and extract the head rather than to allow even a few hours of needless suffering. Their proper use does not injure the child. They do add to the mother's safety and secure her prompt relief. I do not believe the forceps, if well handled, add to the danger of perineal rupture or laceration of the uterine cervix. A too rigid os may be injured, and on this point we have need to exercise especial care, and if need be, prolonged waiting. Chloroform will often relax a rigid os very promptly, but a rigid perineum may be very slowly, evenly, and steadily relaxed under correct and careful handling of the forceps. The only case of complete rupture of the perineum extending into the rectum I have ever had in my own practice occurred recently in a case of second labor, where the expulsive efforts of the uterus (forceps not used) were very strong and the perineum was not

allowed sufficient time to fully relax. The forceps could not possibly produce worse rupture than was there. It was repaired by two deep stitches, which secured prompt and effectual union.

As this paper was not intended as anything more than a sort of familiar clinical talk about the use of the obstetric forceps, we hope it will be accepted as such, and such only, and it shall close when I add that I never use any anæsthetic in obstetric practice but the A. C. E. mixture, which I have found to be, so far, safe, easily taken, depresses very little, and seldom nauseates, and permits a quick, full return to consciousness.

CARE OF TYPHOID FEVER.

BY J. B. JOHNSON, M. D.,
Of Washington City, D. C.

Among the many diseases which attack mankind, there are certain maladies that always pursue a peculiar course—are regular in the manifestations of the various stages of their progress, and but little modified or controlled by combinations of medicines. Intelligence and sagacity have untiringly exercised their ingenuity to produce a cure, but have, thus far, failed, and there yet remains disappointment in the success of the efforts of administering mere drugs in such diseases. Of this class is typhoid fever. The vigor of vitality is depressed by the internal presence of a poison, which acts like the process of fermentation. and starts a changed condition in the blood that alters the performance of the functions of life, and causes derangement in the actions of the mechanism of the whole system. Therefore, the diseased interruptions in the functions of life produced by the action of the poison of typhoid fever, must rely upon the inherent resisting capacity of constitutional strength for its elimination, rather than upon any real corrective agent possessed by medical art. Notwithstanding there is a vacancy in the *treatment*, and medicine has but little to offer in the *cure* of typhoid fever, an individual suffering from the disease derives great assistance from the cautious and intelligent care of a prudent physician. As a safe pilot in a hurtling storm knows the sand-bars and reefs about the channel along which his wind-tossed vessel is driven, and adroitly uses with steady skill the helm to guide it in mid-channel to a desired haven, so an experienced physician knows the organs most likely to be endangered in their functions and structure by the effects of the poison of the disease, and rationally manages his patient in a manner to escape or overcome such functional and structural changes, and thereby gives him the best chance to live, until the force of life has time to eliminate and survive the poison and its effects.

EVIL OF INTERFERENCE.

In the accomplishment of duty towards a case of typhoid fever is comprised the care and nursing of it. The *care* must be left entirely with the medical attendant, and the *nursing* with the nurse, under the special directions of the medical attendant; and in no wise must this arrangement be interfered with by either the over-anxiety of relatives or the misguided kindness of visitors. No interference whatever should be permitted, for an individual with typhoid fever, though surrounded by all the munificence that money can bestow, would have a far better chance for recovery beneath the shade of a tree, in an open field, with nothing near him but a bucket of water, than if constantly annoyed and disturbed by the over-diligence of medicine and the misplaced acts of indiscreet solicitude. What the patient needs to increase his chances of recovery are, rational medicine and careful nursing. He lies prostrated and helpless, with no expression except that of great debility. He is unable to help himself, and only arouses from his stupor when disturbed by a question, or startled by an unusual sound. When asked how he feels, he replies that he feels well; and after recognizing momentarily, in a dream-like manner, the persons and objects around him, he immediately relapses into stupor, and unless restless from active delirium, remains lying quietly in the same position, with all the functions of every organ of the body impaired and deranged. In this condition, he requires the most watchful care of both physician and nurse. Anxious ignorance is always captious and impatient; and if the kind, attentive, and intelligent physician cannot have entire control in the care of the case without being interfered with by meddlesomeness within and without the sick-chamber, it will prove far better for his reputation to quit the case and let some one else take charge of it who possesses a *cure* not only for the disease, but for meddlesomeness also. When slight, the case goes well and runs an even course; but when severe, the physician should be firm, frank, and mandatory in having his directions fully obeyed. Neglect and disobedience of the physician's advice and prescriptions have cost many a typhoid fever patient his life; and often, when too late to correct the mischief, the evil effects of disregarding the physician's admonitions have brought

their many regrets. The physician knows all the perils of the complications that may beset the progress towards convalescence; and when he warns, it is with a desire to escape such perils; and this fact cannot be too forcibly impressed upon the attention of those about the patient. He plans his treatment according to the constitution of the patient and severity of the attack, and varies it in a wise manner to meet complications. This is his special duty, and he ought in no way to be thwarted by the obtrusiveness of the advice, or interposition of the officiousness of those who do not know, and are not expected to know, either medicine or disease.

THE TYPHOID FEVER CHAMBER.

The patient should be placed in a large and well-ventilated room, containing only furniture enough for the comfort of the patient and the convenience of the nurse. The most airy room farthest from the ground floor is the best. Such a room is usually the freest from communication with the family, and will not only be most likely to insure plenty of pure air, but freedom from annoyance of the bustle and noise consequent upon the performance of household duties. No medicine whatever to act on the bowels other than the gentlest laxative should be given. Frequently individuals do themselves great injury by taking cathartic medicine in the beginning of the disease, and excite an irritation of the bowels that often requires days to subdue. The physician frequently finds a very good case of typhoid fever spoiled by the patient having taken inordinate doses of calomel, castor oil, or compound cathartic pills, under the false impression that the disease can be carried off by purgation; but this is a very grave case, and now and then renders a case fatal. The constipation can be readily overcome by giving one grain of calomel in combination with one grain of rhubarb every hour or two until the bowels are moved. Inflammation of the bowels is always a serious complication, and a wise care does nothing to excite and everything to avoid it; and when looseness of the bowels occurs with or without blood, and adds to the patient's debility, I do not hesitate to give a pill after each action, composed of one-eighth of a grain of sulphate of morphia, one grain of powdered opium, and one grain and a half of sugar of lead. The action of this pill does not often disappoint me, particularly when given after each action and continued at longer intervals after the looseness of the bowels has been checked. The patient is usually delirious, and when so, some one should always be with him. He should not be left alone for a moment, for sometimes when alone he will get out of bed and try to make his escape, and in making the effort frequently hurts himself by falls or other injuries. Nothing has appeared to me to calm this disturbance of the brain so readily as five grains of bromide of potassium and two drops of tincture of iodine in a half ounce of sweetened camphor water every hour or two during its continuance. The hair should be cut closely to the scalp in the beginning of the fever, and the patient and his friends will not object to this if told that the hair will, of itself, fall out on the disappearance of the fever. Cutting off the hair calms the patient, and allows a free application of cold cloths, and when the fever is high, no expedient so soothes as pouring, three or four times a day, two or three pitcherfuls of iced water upon the head. This can be readily accomplished by holding the head over a bucket at the side of the bed, and the patient becomes so pleased with the operation that he will make no resistance to its repetition. When the hands are dry and hot, the whole body can be cooled by placing them in a towel wetted with iced water. These are slight duties, and can be repeated four or five times a day, and will add much to the means of calming the delirium and cooling the body. In the beginning of typhoid fever, and and during its progress, there is more or less inflammation of the lungs, and this condition is not only indicated by a short hacking and frequent cough, but by the usual physical signs. This complication should be closely watched, for when serious the delirium is increased, and much danger added to the case. A teaspoonful of a mixture containing one drachm of iodide of potassium, twenty drops of tincture veratrum viride, one drachm of chlorate of potash, thirty drops of fluid extract of ipecac and twenty-five drops of fluid extract of lobelia, in four ounces of sweetened water, every hour or two, has a fine effect in allaying the inflammation and irritation about the lungs, and making the patient comfortable. The local abstraction of blood, the administration of quinine, and the application of blisters when properly indicated and timely used, are most powerful aids in the treatment of typhoid fever, and when intelligently administered, do in many cases much towards helping the patient to recover by their influence over complications; but the proposition to doctor the fever itself, by scruple-doses of quinine, the wet sheet, and iced bath, is too extraordinary to call forth serious consideration.

IMPORTANCE OF DIET.

In consequence of the more or less trouble which is so apt to arise from an inflamed state of the bowels, no part of the care of a case of typhoid fever is of more importance than that of the diet; and neglect in this particular, augments seriously the uncontrollable nature of the disease. The patient should not be allowed any other article of diet than pure fresh milk. No other drink except water should be permitted. The milk can be given iced or warmed, in quantities varying from a half to a glassful at regular intervals of two or three hours, allowing the quantity consumed in twenty-four hours to be from one to three quarts. The great advantage of milk is, that it is food already prepared by nature for the most delicate stomachs, and that, to a greater extent than any other known substance, possesses superior qualities so necessary to supply the waste of the body produced by the fever. Such mixtures as beef-tea or chicken soup should not be given during the presence of the fever. They are not only not digested, but act as an irritant, and frequently excite and continue diarrhœa. Wine, whiskey, and brandy, become sometimes of indispensable utility in extreme conditions of debility; but the probability is, that in no fever are the compounds of alcohol used with so little judgment as in this. In mild cases of medium severity, they should not be given at all; and when given they should be administered as medicine, in definite quantities and at stated intervals. As a rule, stimulants are not allowed unless the pulse at the wrist is weak and feeble, and counts one hundred and twenty a minute: and if after their administration, the patient becomes flushed and excited, the quantity should be diminished and given at longer intervals, and discontinued as soon as the emergency for their use passes off.

QUIET AND CLEANLINESS.

The patient should be kept both quiet and clean. His friends should be frankly told that the duration of his fever will probably be three weeks. This information will diminish their anxiety, and increase their patience. Quiet and cleanliness are the essential products of good nursing, and without them the sick chamber is deprived of its principal comforts. No visitors should be allowed in the sick room. They should be plainly told that their visits and company can do no good, and that by inhaling the air of the room they run the risk of taking the disease. The patient should be freed as much as possible from noise and annoyance, and the most scrupulous cleanliness, in regard to his clothes and bedding, assiduously maintained. If very ill and helpless, two beds instead of one, placed side by side, should be used for the purpose of maintaining comfort and cleanliness. All soiled clothing of both the patient and the bed should be removed and placed in a tub of cold water as soon as they become soiled, and all discharges immediately carried out and disposed of, and the vessels so used well disinfected with carbolic acid after each emptying of them. These precautions not only add much to the ease of the patient, but contribute greatly to the protection of those within the house against the power of infection. This cautious care must be unremittingly continued during the progress of the disease; and when convalescence begins, the patient must not be allowed to return to ordinary diet and usual exercise for at least two weeks after the subsidence of all typhoid symptoms. The retreat of the fever leaves the mucous membrane of the stomach and bowels in a most delicate condition, and its sensitiveness will not tolerate the slightest temerity in taking food. A single error or imprudence in diet sometimes produces either immediate death, or weeks of suffering from a dangerous and tedious relapse. Therefore, the convalescent should live upon the blandest diet. For the first two weeks he should be allowed nothing more difficult of digestion than milk, beef-tea, light broths made of chicken or lamb, rice, toast, and soft-boiled eggs, and these ought to be taken in moderate quantities, and at regular intervals. Should the milk curdle in the stomach, the addition of a couple of tablespoonfuls of lime-water to each half-pint of milk, will correct any liability of the milk to disagree, and insure a safe and nutritious diet.

INFLAMMATORY RHEUMATISM.

BY H. V. SWERINGEN, A. M., M. D.,
Of Fort Wayne, Indiana.

When the first Dr. Warren was asked what was good for acute rheumatism, he answered, "six weeks." This reply of the doctor was a very significant one, demonstrating in two words how futile was the therapeutics of this treacherous disease and how ridiculous the skill of the physician in its treatment.

It is the inglorious failure of the physician to treat successfully such diseases as this that gave birth to the lamentation of Dr. O. W. Holmes, who said that "it would be a blessing to mankind if our materia medica were cast into the sea." This is certainly a very sweeping and extravagant statement. Imperfect as our materia medica and

therapeutics is, I have the utmost confidence in it in the treatment of many diseases. I have seen constitutional treatment accomplish very much indeed, and I regard the proper exhibition of medicine of as much importance and attended with as much, if not more skill than the proper performance of a mechanical surgical operation. I have, however, never seen the "teaspoonful every three hours" change an organic into a functional disease, or raise the dead.

But I am digressing. Up to December 1, 1880, the two words "six weeks," as a rule, to which there were exceptions, constituted my treatment for inflammatory rheumatism, notwithstanding a faithful trial of all the usual remedies prescribed.

Since which time, with my new treatment, *six days* has been the limit of the duration of my cases, in every one of whom improvement was manifest before the expiration of twelve hours of treatment. It will be noticed that the second prescription is composed *entirely* of remedies usually prescribed in the treatment of the disease; it is a singular fact, however, that while I prescribed it, I presume, in every case I ever had, it was not until I gave the first prescription alternately *with* it, that I achieved such grand results; and I am not yet able to say which one of the number of ingredients is entitled to the greater credit; it is probable that the combination is more efficient than any single agent exhibited alone. I am satisfied that opium in large doses exerts more than an analgesic effect in this disease, but am inclined to give to the digestants the most important place in its therapy.

No. 1.

℞. Lactopeptin,
Pepsina (B.),
Ingluvin, āā ʒss.
Opii pulv., grs. viij.–x. or xij.

M. Ft. pulv. et in capsulæ No. xij. div. et Sig.—Two capsules every four (4) hours. (For an adult.)

No. 2.

℞. Kali iodid., ʒj. vel ʒss.
Potass. bicarb., ʒij.
Tr. colch sem.
Tr. colch. rad., āā f. ʒiss.
Tr. aurant. cort.
Syr. simp., āā f. ʒij.
Aqua menth. pip., q. s. ad., f. ʒiv.

M. Ft. sol. et Sig.—A tablespoonful in water two hours after each dose of the capsules. (For an adult.)

—A movement was set on foot at the recent meeting of the Medical Society of Virginia to organize a Tri-State Medical Society, representing the States of Virginia, West Virginia, and North Carolina.

EPISTAXIS—HOW TO CHECK IT,

BY H. PERDUE, M. D.,

Of Barnesville, Ga.

It is a matter of no small consequence to know how to check promptly hemorrhage from the nose. Occasionally we meet with patients almost exsanguinated from epistaxis, and it is apparent that we must stop the flow soon or the patient must die. The late Dr. S. D. Gross, America's great surgeon, states in his work on surgery that he witnessed no less than three persons who died from this cause. It may be the result of a blow upon the nose, plethora of the system, or the want of coagulability of the blood. It occasionally occurs in fevers, when patients are already greatly depressed, and cannot stand much loss of blood. Then it is exceedingly important that the flow be speedily stopped.

I will not recapitulate the methods laid down in works on the subject. That information is accessible to all. I will merely give one method, which, if laid down in any work, I have not seen, but which I regard as most important, as it has never failed me. It is the plugging the whole length of the nares with a piece of fat bacon or fat salt pork. I cut the meat long enough to plug the whole cavity from which the blood flows and smooth so that it can be pushed in with a twist. I tie a short string to it, so that it can be pulled out when desired. I sometimes put a piece of adhesive strip across the end of the nose and meat to prevent it slipping out, and I will state a few cases to show how effective it has proven with me.

Case 1. Mr. ——— had been sick with typho-malarial fever two weeks or more. Was very feeble. I was called hastily to see him, and found him bleeding from the nose in fast drops—almost a stream. He had been bleeding nearly an hour, and was almost exhausted. I immediately began to plug his nose, but for the first time in my life, it failed to completely stop the flow. It continued to drop, but very much slower. No time could now be spared. He was almost beyond hope. I sent a runner at once for my friend, the late Dr. G. M. McDowell, four miles distant. But I could not wait for him. I ordered some fat bacon, from which I cut a plug for each cavity, as both were bleeding. I inserted them, and in less than a minute the hemorrhage had completely stopped.

Case 2 was a bright little boy, six years old, who had been sick with typho-malarial fever two or three weeks. A profuse epistaxis properly

alarmed his parents, when they dispatched in haste for me, and I plugged the nasal cavities as soon as I could with the fat meat, and was rejoiced to see my efforts succeed at once.

Case 3 was Mrs. ———, who had been bleeding for an hour or so when I visited her. I at once adopted the same kind of measures, which stopped the flow promptly, to the great delight of the family, as they had tried every measure known to them without success.

I have tried this method in several cases besides the ones mentioned above, and have yet to record the first failure.

Hospital Reports.

A CLINICAL LECTURE DELIVERED AT THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

BY WILLIAM PEPPER, M. D., LL. D.,

Provost and Professor of Theory and Practice of Medicine in the University of Pennsylvania.

Reported by WILLIAM H. MORRISON, M. D.

Perforation of the Vermiform Appendix.

GENTLEMEN: A few days ago I had in private practice a very painful case, from which I removed this specimen, and as it is a case of great clinical interest and importance, I take the opportunity of exhibiting the specimen to you while it is comparatively fresh. The specimen illustrates one of the most frightful accidents that can occur, and one of the most invariably fatal. It is peculiarly shocking from the fact that it is very rarely suspected, that it reveals itself by few or no symptoms until the outbreak occurs, and when this does take place, there is no treatment that can be resorted to with any hope of success. The accident to which I refer is perforation of the vermiform appendix, due to ulceration, which is nearly always the result of the presence within the appendix of some foreign body or some concretion.

Let me give you a sketch of this case, the history of which agrees very closely with others that I have seen, and it has been my lot to meet with a good many of these sad cases.

This man was 41 years of age, and I suppose weighed two hundred pounds, and was the picture of vigor and perfect health. He was a hard-working man, with large business responsibilities. Hurried in his habits, he had fallen into that practice, so common with business men, of eating his meals rapidly, although at regular hours. A member of his family afterwards told me that the rapidity with which he ate was amazing, six or seven minutes sufficing for a hearty dinner of soup, meat and potatoes, followed by currant pie, and during the dinner two or three goblets of rich Alderney milk, a meal that ought to have occupied at least three-quarters of an hour. There had been no disturbance of the bowels whatever. During the summer it had been noticed that he did not seem to be as well as usual, that he was less vigorous and did not take as much interest in his affairs; and with this there were occasionally little cutting pains across the abdomen, so much so that his friends advised him to consult me, but this he did not do. Here, then, we have a man getting out of condition, and presenting slight symptoms of indefinite digestive irritation, but without any positive disturbance or derangement of the bowels. There would have been nothing in these symptoms to lead us to suspect the seat of the trouble. There had been simple irregular, shooting pains through the abdomen.

One day, feeling less well than usual, he ate such a meal as I have described, and then went for a drive. While in the carriage, he had severe pain in the abdomen and vomiting. He returned home and took to his bed. I was absent from the city at the time, and another physician was summoned. He found the patient without distinct fever. He no longer complained of much pain in the belly, but continued to vomit occasionally, the matters consisting of gastric mucus with particles of the meal which he had taken. There was little tenderness, but already there was some distension of the belly. Regarding it, very naturally, as the result of this indigestible meal, the physician ordered minute doses of calomel with soda, viz: one-eighth of a grain of calomel with four or five grains of soda every two or three hours, absolute rest in bed, and a restricted liquid diet, given in small quantities.

The following day the bowels were moved sufficiently, and the powders of calomel and soda were continued through that day and the next. He was still kept in bed, but expressed himself as feeling better, but he did not look well. There was something in his appearance which warned one that he was going to be ill. The temperature was very slightly raised, the pulse was not much increased in frequency, but the abdominal distension had increased to an unreasonable degree. There was not much tenderness on pressure, but what there was, was referred to the cæcum more than elsewhere. On the third day the symptoms were mitigated, with the exception that the man looked badly and that the belly was more swollen.

The attack having occurred on Sunday, we have thus reached Wednesday. On this day, there was again a movement from the bowels, in which there was a considerable amount of mucus, but no evidence of dysentery or diarrhœa. It seemed as though the mucus might have come from some spot of catarrhal irritation quite high in the bowel. Vomiting again appeared, although the patient had been kept perfectly quiet and fed with the greatest possible care. Before vomiting appeared, there was a good deal of pain complained of in the right iliac fossa. The temperature had been 100.5° and 101°, but it now rose to 102°. After the first day the pulse had become abnormally frequent. The vomiting at this time was not such as comes from undigested matters in the stomach, but was irritative in character; that is, he would gulp up mouthfuls of liquid stained with bile, without previous nausea. After resting a while, the vomiting would return. Several remedies were tried, but the vomiting continued through Thursday, Friday, and Saturday, and was only relieved by the use of morphia hypodermically. Even after the vomiting was checked,

the stomach was hardly retentive, only the smallest quantities of liquid nourishment being retained. The distension of the abdomen had gone on increasing until on Friday, and still more on Saturday, it was really enormous, the epigastrium projecting almost vertically from the plane of the body. The abdomen was tympanitic all over, with only indistinct tenderness, this being more marked, as all the symptoms of pain and tenderness had been in the right iliac fossa than elsewhere, but at the same time it was never definite. There was never any local swelling, prominence or dullness on percussion in the region of the cæcum. The tongue was red, slightly dry, and slightly coated. Delirium began to be evident during the nights of Friday and Saturday, but it was doubtful whether it came spontaneously or from the action of the morphia.

I returned to the city on Sunday, the eighth day of the disease. When I saw him the pulse was exceedingly rapid, from 130 to 140, and his temperature was 102.5°. The matters which had been vomited for the previous forty-eight hours had, I will not say a positive, but an indistinct fæcal odor. They were very filthy-looking, resembling dirty gutter water, with a horrible odor, which I think was mixed with a fæcal odor. The extremities began to be cold, and the nose was slightly cool. Nutritious enemas were given and retained. A blister was applied to the epigastrium, and morphia given to control pain. Nothing produced the least effect upon the symptoms. On Monday there was some evidence of effusion in the distended belly, and a little dullness was discovered in the flanks. It was, however, impossible to turn him on his side in order to prove positively that of which we were already certain, that the effusion was liquid. On Tuesday, the tenth day, he died. Towards the close there was an increase of delirium, requiring restraint by several men.

Here then was a case which began in a very abrupt and unexpected manner, in a man apparently in perfect health. As you will see, the symptoms from the first were very vague, and there was little to localize the disease in any special spot. It was rather from knowing the danger of such an accident than from any specific character of the symptoms, that the diagnosis was made before death. What else could have brought on such a sudden and general peritonitis? There was no traumatic cause. The attack had not occurred during the course of typhoid fever, when ulceration exists and perforation may occur. It is true that there might have been suspected an ulceration of the intestine in this case, for ulcers in the jejunum or high in the ileum do occasionally occur with very obscure symptoms, so that until the occurrence of profuse hemorrhage or perforation, the existence of these ulcers is perhaps not suspected. These ulcers occur in patients with constitutional syphilis, in patients with scrofulous diathesis, and they sometimes occur after severe traumatism to the skin, and at times they occur without any definite cause. In such cases there may be a sudden gush of blood from the intestine or sudden perforation, with only vague symptoms having been previously complained of. In the present instance, the symptoms were not such as to indicate an intestinal ulcer. There was no passage of blood; there was no diarrhœa, and there had been none. The symptoms in the early stage were not severe enough to indicate that the walls of the intestine had broken. For two or three days after the first attack of pain, this man felt very comfortable, and it was only his pinched look and swollen abdomen that led the sagacious physician to think that the man was going to be ill. Of all parts of the intestinal canal, the cæcum is the most unfortunate in its structure, and most exposed in its position, and from its physiological functions the one where troubles most frequently occur. Usually, the symptoms that mark these attacks located in the cæcum or appendix are sufficiently localized to call attention to the right iliac fossa. We divide these diseases into those which attack the cæcum, which are called typhilitis, those which attack the cellular tissue around the cæcum, which are called peri-typhilitis; and those which affect the appendix vermiformis. Sometimes all these parts are involved, while at other times only one of them is attacked. Typhilitis and peri-typhilitis, although bad enough, are far less serious than affections of the appendix. They begin with pain, usually distinctly marked in the right iliac fossa, with vomiting and with evidence of intestinal irritation, followed by intestinal obstruction, with tenderness, possibly a distinct tumor in the right iliac fossa, distension of the belly, fever, rapid pulse, or in other words the symptoms of localized peritonitis, which has its location in the right iliac fossa. I shall have the opportunity in some future clinic of pointing out the course of these cases, but fortunately they are nearly always capable of being treated successfully. In the early stage they demand a rigid antiphlogistic treatment, and this frequently aborts the disease. If this plan is not adopted, the inflammation often runs on to suppuration, and then the abscess is to be opened early and drainage instituted. When, however, the appendix is the seat of the inflammation, the disease runs a different course. Nearly always it will be found that the affection of the appendix has been preceded by the presence in that structure of a foreign body which has gained entrance, excited inflammation, and then cannot get out. The inflammation goes on to suppuration, and when the ulcer reaches the peritoneal surface the symptoms appear, and if perforation occurs, general peritonitis is developed.

We have then a period usually of previous local disease, but the bowel symptoms may not be acute, or, as in the present case, they may be very insidious.

At the autopsy in this case, the entire body was found to be healthy with the exception of the abdomen. Here was found general peritonitis with moderate effusion, the evidences of inflammation being most marked towards the right iliac fossa. There was no circumscribing membrane, and there had been no attempt at the formation of such a membrane to separate the abscess from the peritoneal cavity. Had such a wall formed, the man's life might have been saved. When the appendix becomes the seat of ulceration, there is rarely, owing to the freedom of movement of this portion of the bowel, any attempt at the formation of a protecting wall. In the case of

inflammation of the cæcum, a membrane is usually formed which prevents the escape of the pus into the abdominal cavity. In the midst of these fetid inflammatory products we found the appendix. It was very greatly discolored, and on picking it up, it presented two distinct perforations, and on pressing it, a body about the size of a cherry-stone was found in its cavity. The appendix was opened, and its interior presented the evidences of long-standing catarrh. Its walls presented great thickening, hardening, and contraction. This condition continued for one inch from the cæcum. Beyond that point, the walls of the appendix were comparatively thin, the mucous membrane rough and destroyed by ulceration, and, as I have said, at two points perforation had taken place. Here, then, there had been chronic diseases of the appendix dependent on the presence of a foreign body, going on to ulceration and perforation.

In order to show the character of this concretion, I have had it embedded in parafine and a section made. It was a flattened oval, of the shape of a cherry-stone and so hard that when dropped to the floor it rebounded. From this section it is seen that it is laminated and is a concretion formed by the deposit of alternate layers of intestinal mucus and hardened fæcal matter. The vast majority of bodies found in the appendix, which are described as foreign bodies, such as date stones, prune stones, cherry stones, and so on, would be found on careful examination to be formed from layers of mucus and fæcal matter.

The diagnosis which was made in this case as much from exclusion as from any positive symptoms, was entirely verified by the post-mortem examination.

Let us return for a moment to what I said about the inevitably fatal termination of this affection. I have indicated how, in the case of typhilitis and peri-typhilitis, a favorable termination may, as a rule, be secured by proper and vigorous treatment. When you remember that in diseases of the appendix, there is scarcely any attempt made to limit the disease, and that as soon as ulceration and perforation take place, the inflammatory matters escape into the peritoneal cavity, and general peritonitis results, you can readily understand that the disease is necessarily fatal. What treatment could be resorted to? Of course, it occurs to you that if we knew that there was a concretion in the appendix, that as soon as symptoms showing that ulceration was progressing made their appearance, the belly should be opened and the appendix ligated and removed. This might be done in a certain number of cases with a reasonable amount of success. But how could this condition be suspected before the outbreak occurs? Who would dare to suggest such an occurrence from the slight and indefinite symptoms usually present? Probably in ninety-nine cases out of one hundred they would be entirely explained by an acute catarrhal attack. I say, who would dare, under these circumstances, to suggest such a serious complication? No one. It is only when perforation has occurred, and general peritonitis has developed, that you can recognize the nature of the trouble, but then the time for operating has gone by. The only thing that would afford any chance would be to open the abdomen, wash out the inflammatory matters, and attach the diseased appendix to the abdominal wall, as you would in operating in the case of internal strangulated hernia. I need not say that such an operation performed after these symptoms of general peritonitis had made their appearance, would be almost invariably fatal. You hardly ever have such positive assurance of the occurrence of the accident, as to justify such extreme measures. I am one of those who strongly advocate the opening of the abdomen in cases of intestinal obstruction. I think that we are not justified in allowing any human being to die where we can diagnose intestinal obstruction, even although we cannot absolutely localize its seat without giving him the benefit of this operation. Just in proportion as the symptoms are dependent on mechanical obstruction, and not on inflammatory disturbance, are we called on to operate. Just in proportion as the symptoms are indicative of diffuse inflammation and not of local obstruction, do the chances of a successful result from the operation diminish. In the cases to which I refer, the argument against the operations reaches its maximum force. There is perhaps no condition in which abdominal section holds out so little promise, as in this affection of the vermiform appendix. You will, I have no doubt, agree with me that this is one of the most startling, one of the most insidious and one of the most invariably fatal accidents that can befall any one.

It might be expected that this accident would occur more frequently than it does. It is probable that foreign bodies are going in and out of the appendix at all times, but its mucous membrane is lubricated with a smooth, viscid mucus, which prevents their lodgment. So long as the lining of the appendix remains healthy, it is difficult for lodgment to take place. It appears to me that some local disease is needed, and that this is especially induced by improper habits in eating. If the cæcum contains a mass of coarse, hard, imperfectly masticated food, a local catarrh is finally established, which also involves the appendix. There is thickening of its coats, enlargement of its calibre, and some alteration in the character of its contents. These concretions may have their origin in the appendix as the result of the disease of the mucous membrane, beginning around a small nucleus, layer after layer is deposited, until the concretion assumes the proportion of a large calculus. I believe that local disease is necessary to enable these concretions to form or be lodged in the appendix. Of course, where a foreign body, as a seed of some kind, is demonstrated in the appendix, we must admit that it has entered and set up irritation. I think that in the present case the body has resulted *in situ*, and is due to the disease of the appendix.

One of the lessons to be learned from this case is, that food is to be eaten at regular intervals, and above all things should be thoroughly masticated. The more you study this matter the more you will find that not only this, but many other diseases are developed from a neglect of these rules. I shall have frequently to call your attention to the enormous influence of this habit of bolting illy-chewed food, as a factor in the production of intestinal diseases of the most varied type.

Medical Societies.

CHICAGO MEDICAL SOCIETY.

Reported for the Medical and Surgical Reporter by Liston H. Montgomery, M. D., Secretary.

Regular meeting, September 1, 1884, at which the following papers were read:

"Remarks on Aneurisms," with exhibition of a specimen involving the arch of the aorta and aortic valves, by Dr. J. A. Robison.

"Recent Treatment of Asiatic Cholera as in Vogue in Southern India," by Dr. H. M. Scudder.

"Remarks on Aneurisms" is the title of a paper read by J. A. Robison, of which a few of the principal points are herewith appended. We will omit referring to the etiology, pathology, or diagnosis of aneurisms. The general principles governing the treatment, have been to prohibit the patient from taking much exercise, to secure, as nearly as possible absolute rest, and to restrict the diet. When the heart was tumultuous, cardiac sedatives were exhibited, and such symptoms as dyspnœa, pain, etc., etc., have been met with appropriate palliatives. The first attempt at specific treatment for internal aneurisms was employed many years since by Albertini and Valsalva, and has been known as Valsalva's method. It consisted in weakening the patient by repeated blood-lettings, and by gradually diminishing his meat and drink till only half a pound of pudding was taken morning and evening, with only a measured quantity of water, so that at last the patient was so exhausted he could not lift his hand from the bed in which he was ordered to lie from the commencement of the treatment. When this stage was reached, the amount of nutriment was increased until the patient's strength was restored, but this plan of treatment did not yield the beneficial results which were anticipated. In our day it would be regarded as barbarous were we to try and enforce this treatment to the extreme which Valsalva reached. A modification of this method, consisting of enforcing absolute rest and diminishing the food and drink so as to diminish the quantity, but not the physiological quality of the blood, has benefited a number of cases, if not entirely cured them. While some physicians have refused to employ the depleting treatment, they have resorted to measures fully as severe. Dr. Murchison and Mr. Moore, of England, have recommended, and in one case tried, the introduction of fine wire into the aneurismal sac, on the theory that the large amount of surface exposed to the circulating fluid would produce coagulation of the fibrine.

In the case referred to, they introduced twenty-six yards of fine iron wire into the aneurismal sac, and it is needless to say that the treatment was unsuccessful, although they contend that the result obtained demonstrated that the principle was sound, and that further experiments were justifiable. A much less dangerous, and probably more efficient mode of treatment is by electrolysis. Pravaz was the first to use electrolysis for reducing external aneurisms, and Cinicelli and others have applied it to internal aneurisms, but with very indifferent results; in eight cases of thoracic aneurisms, only one was benefited. Only one case of abdominal aneurism was cured, and the patient died from rupture of the sac on account of premature exertion. The results obtained from the use of the galvano-puncture have not justified us in expecting to hope for much from that method. Professor Langenbeck, has published accounts of two cases, which he claimed to have cured by hypodermic injections of one-half to three grains of Bonjean's watery extract of ergot every three days. Balfour says he has tried this method frequently, but without any success, although he was positive that his ergot was active.

Pressure as a mode of treatment is wholly inapplicable to thoracic aneurisms, and rarely to abdominal aneurisms. Dr. Murray records a case of the latter, in which pressure on the aorta for five hours, the patient being under chloroform, was successful.

Treatment of internal aneurisms by the administration of iodide of potassium is conceded by Flint and Bromwell, and it is insisted on by Balfour, that the iodide of potassium is the only drug which offers any hope of cure, and in every case it will relieve distressing symptoms. This author says: "Of all the various modes of treating internal aneurism there is not one, hitherto mentioned, which is not attended with considerable risk or danger, except Mr. Tufnell's plan of perfect rest, while the advantage to be derived from some of them are, to say the least, very problematical."

The writer claimed that the treatment by the iodide of potassium is perfectly safe and free from all risk, and it is equally certain to afford relief, although relief is not always to be got instantaneously. It relieves the pain and other symptoms of aneurisms, more rapidly and more effectually than any other treatment, apart even from the powerful agency of the recumbent posture. The relief to the pain and other symptoms is so great, and so speedily obtained, usually from the action of the drug alone, that it is often difficult to get the patient to submit to any restrictions. The author has employed this method of treatment during the last eight years, in a very considerable number of cases, with unvarying success, so far as the relief to symptoms is concerned, and with such favorable results as to retarding the further progress of the case, and even in some cases promoting an apparent cure, as certainly to stamp this treatment as one of the most efficient hitherto propounded for the relief of this intractable complaint. Balfour relates the history of twelve cases treated by this method with the following results. The symptoms, such as pain, dyspnœa, etc., were relieved in every case. The physical signs of aneurism were diminished in seven cases; pulsation of the tumor ceased in two cases, diminished in four, and was apparent from the commencement in six. The aneurismal tumor disappeared in three cases, and diminished in five. The bruit disappeared in two cases, and diminished in two cases, but never existed in two cases. Five of the patients were so relieved that they could work, four were discharged at their request, feeling well, one patient absconded, and the result of treatment is not known. Five cases were termed cured, and seven were relieved. One of the twelve cases referred to was an aneurism of the innominata artery, which was cured, and Bal-

four claimed to have cured several cases of aneurism of the artery. One of the four cases discharged at their own request was under treatment three different times, being discharged twice at his own request, but died suddenly while under the third course of treatment. The autopsy revealing an aneurism of the aorta which had ruptured into the lower lobe of the right lung. One of the twelve cases was diagnosed as a weeping aneurism, implicating the origin of the left carotid and communicating by a small opening with the left bronchus, the patient on admission expectorating arterial blood, but this soon ceased and the patient was discharged cured. While the writer did not believe he was justified in being as enthusiastic in praises of the iodide of potassium treatment as Balfour, he believed he was justified in relating the following case, and giving iodide of potassium the credit of prolonging the patient's life and making his days comparatively comfortable.

John H. C., aged 40, a blacksmith, was first seen March, 1883. Had had several attacks of inflammatory rheumatism several years ago. In February, 1883, he was attacked with severe pains in the chest, in the præcordial region, and was treated by his physician for rheumatism for some weeks. Dr. J. P. Ross saw him, and diagnosed aneurism of the aorta. At this time the patient had a good deal of dyspnœa, some hoarseness of the voice, and quite a little difficulty in swallowing solid food. When fatigued the pains in his chest were excruciating. No tumor was perceptible, although there was pulsation in the upper sternal region, and dullness upon percussion over the area of pulsation. Two months afterward, there was a swelling in the upper sternal region at the junction of the left first and second ribs, about the size of a silver dollar. A very slight bruit was heard. The voice was very husky, and the difficulty of deglutition had increased, until now the patient could take no solid food whatever. He had emaciated, and was losing strength very rapidly. He was ordered to lie in bed continuously, and was given fifteen grains of iodide of potassium three times daily, gradually increasing the dose until signs of iodism appeared. It was truly remarkable how soon after this plan of treatment was inaugurated, the patient expressed himself free from pain and the distressing symptoms from which he had suffered. He persevered this way until May, when he said he was so well, and weary of the bed, he would like to sit up. Leave was granted. A few weeks after the writer was surprised to see him walk into his office. He complained of nothing, but cautioned him against such rash experiments, and told him to return home, and take better care of himself. His condition at this date was as follows: The continued pulsation of the tumor against the chest wall had produced absorption of a large portion of the manubrium, and an inch of the inner portion of the left first and second ribs. Consequently we could feel the pulsation of the tumor through the chest wall at a point where only soft tissues intervened. No bruit was discernible. On laryngoscopic examination there was found complete paralysis of the left vocal cord. His voice was anserinous. During all these months he had been taking the iodide of potassium without any disturbing effects until now, when he complained of symptoms of iodism. He was permitted to discontinue its use. From the date of this office visit the patient grew rapidly worse. He rapidly emaciated, dyspnœa and dysphagia increased, and finally he died of asthenia, July 19, 1884.

Autopsy.—On opening the thorax a large aneurismal tumor was seen behind the sternum about five inches in diameter. Friable adhesions of the sac to the sternum were broken up when the sternum was removed. Absorption of a large portion of the sternum and the left, first and second ribs had taken place. Heart and pericardium were normal. Adhesions between the aneurismal sac and the left lung. The left lung was pressed upward and backward into the left pleural cavity and collapsed. On opening the heart we found the aortic valves roughened. Extending the incision into the arch of the aorta, it was dilated, and at the anterior portion of the arch between the origin of the innominata and the left carotid arteries an opening, oval in form, one inch by one inch and a half, into the sac of the aneurism. Through this opening the wall of the aorta was continuous, forming the wall of the aneurism. The tumor was firm, being composed of coagulated fibrine, which was then exhibited. The recent specimen was an unusually large sac, and was informally commented upon.

DISCUSSION.

Dr. E. F. Ingals said he was much interested in the case cited in the paper for he had during last April been consulted by the patient, and found all the symptoms present as the writer had described. The speaker informed the man that he was under the best medication that could be devised, and told him to return to his physician. He then briefly gave the history of a case of aneurism of the abdominal aorta where the iodide was given two-thirds of the time for two years, with loss of bruit, cessation of pain, and decrease in the size of the tumor fifty per cent. He had recently seen this patient, and there is no return of the symptoms. He also treated a case similar in every respect three or four years ago with the iodide of potassium, and the pain was readily relieved. A case of thoracic aneurism that he treated three years ago by giving the iodide in twenty-grain doses, died suddenly soon after he saw the patient. He was at present treating a case of abdominal aneurism wherein the enlargement has been reduced fifty per cent. The speaker inquired of any of the members how long this remedy could be given continuously without injuring the mucous coat of the stomach or impairing the function of the kidneys. One year ago he began treating a case of stricture of the trachea by giving 480 grains of the iodide of potassium daily, freely diluted, of course, for some time before symptoms of iodism appeared. Then 60 grains were given three times daily for six months, when the bands of constriction were absorbed. To prevent any tendency of its returning, the patient was advised to continue the iodide in five-grain doses three times a day.

Dr. John Bartlett cited a case of general chronic bronchitis of fifty years' standing, complicated with asthma, occurring in a man 70 years of age. He was supposed to have had consumption this

length of time. Eight years ago he commenced treating him by administering eight grains of the iodide three times a day, and he has not omitted a single day to take the remedy. The old gentleman has grown fatter and stronger since, and his appetite has not been impaired, nor have the kidneys ceased to perform their normal function.

Dr. Robison closed by saying that Balfour does not give as large doses of the iodide on first commencing the treatment in these cases as he formerly did. Now he begins by giving 15 or 20 grains of the iodide of potassium three times a day, and if the pulse becomes quickened or the heart becomes irritable, the medicine is discontinued for awhile.

(*To be continued.*)

EDITORIAL DEPARTMENT.

PERISCOPE.

How to Prepare Antiseptic Dressings of Mercuric Bichloride.

Dr. Charles Meigs Wilson thus writes in the *Medical Times*, September 6, 1884:

Now that the advantages of the mercuric bichloride as an antiseptic dressing have been clearly established, receiving as it does the sanction of so many eminent surgical authorities, and becoming extensively employed in hospital and private practice, a few words as to its proper preparation for such purposes may be of interest. Corrosive sublimate is soluble in water in the proportion of thirty grains to the ounce. Various vehicles have been employed, as glycerine, ether, alcohol, or the latter in equal parts with water. Of all these the preference should be given to water as a medium, because of its capability of imbibition and solution, and the readiness with which it may be obtained. Sufficient sodium chloride should be added to solutions of the sublimate (an equal part) to prevent the latter's decomposition and the formation of calomel. In hospitals it is possible to have the solutions freshly prepared and frequently renewed, but in private practice this is not always feasible, especially if the case be of long duration and at a distance from a drug-shop. A convenient solution for private use, and one which will keep indefinitely, is the following:

℞.	Hydrarg. bichlor.,	℥ ij.
	Sodii chlorid.,	℥ j.
	Aquæ destillat.,	f. ℥ iv.

M.

One fluidrachm of this, added to a pint of water makes a solution of about one to a thousand. Sir Joseph Lister* makes use of the following formula in preparing solutions of corrosive sublimate: One drachm by weight of a solution, one part of corrosive sublimate in one and one-half parts of glycerine, contains two-fifths its weight, or twenty-four grains, of the sublimate. This multiplied by one thousand (the proport n of water required) gives twenty-four thousand grains, or nearly three pints. It is, however, much more convenient to use fluid measure than weight, and one fluidrachm of the glycerine solution referred to requires four pints of water to produce the one to one thousand solution. Surgical authorities are pretty well agreed that one to one thousand is the proper solution to use for douching, washing, and dressing wounds. For vaginal or uterine irrigation, one to two thousand is the proper strength, and no stronger solution should be used in abdominal surgery. The best medium in which to use the corrosive sublimate for surgical dressings is finely-pulverized wood.† This may be obtained at a number of the instrument-makers' and drug-shops. The wood-wool is sterilized by being subjected to a dry heat (above 220° F.). It is then soaked for twelve hours in a one-half per cent. solution of corrosive sublimate; afterwards it is spread out and dried. It is then placed in a bag of gauze (such as is used for the Lister dressing) or mosquito-bar netting, prepared by being saturated with the following solution:

℞.	Corrosive sublimate,	gr. x.
	Alcohol,	f. ℥ ix. et f. ℥ ij.
	Glycerin,	f. ℥ j. et ♏ xx.

This dressing is applied dry. Care should be taken to apply the dressing so that the margins of the bag extend an inch or so beyond the margins of the wound. This dressing is capable of absorbing twelve times its weight in water. It is applied with the ordinary roller, and requires no mackintosh or covering.

In cases in which there is a moderate amount of suppuration, this dressing may be left until the external dressing becomes soiled. The wood-wool prepared according to the above formula is the dressing which is almost exclusively used at St. Thomas's Hospital and many of the other London hospitals. The following formula I take from the report of St. Mary's General Hospital, Brooklyn, N. Y. Dissolve six grains of the corrosive sublimate in a half-ounce each of ether and alcohol. Dissolve twenty-four grains of the chloride of sodium (added to prevent the decomposition of the sublimate and formation of calomel) in an ounce of glycerin. Mix the two solutions, and triturate well with one pound of wood-wool; spread out to dry, and, after the ether and alcohol have evaporated, mix well with one part to ten by weight of powdered naphthaline. Thus prepared, we have a dressing that can be applied in a dry state, will absorb twelve times its own weight of water, is easily prepared, is simple, readily applied, and, above all, fulfills all the requirements of a true antiseptic dressing. The combination of these two agents gives us the most powerful germicide we know of—viz., corrosive

**Brit. Med. Journal*, May 24, 1884.

†This wood-wool may be obtained from M. R. Hopkins, 72 Duane street, New York.

sublimate—thus insuring a perfectly aseptic dressing, which, while it prevents any decomposition of the secretions of the wound, offers but a slight obstacle to germ-laden air, and the naphthaline constantly given off in a gaseous state by the heat of the body maintains a true antiseptic atmosphere around the wound. Naphthaline is non-poisonous, has established antiseptic properties, and appears to exert a specific influence over the contagion of erysipelas. The wood-wool prepared in this way is used as a dressing in precisely the same way as that prepared by the first formula. The indications for renewal are the same as those in any other form of antiseptic dressing. The simplicity of these dressings is their great charm, and renders them especially applicable for primary dressings. Equipped with a few bags of this dressing and a few roller bandages, the ambulance surgeon would be ready to place a wound, almost immediately after its occurrence, under antiseptic conditions. This is important in all cases, but especially so in cases of penetrating wounds, compound fractures, and other severe injuries.

The following precautions should be used in operations. Before the operation, the parts should be freely douched with $\frac{1}{1000}$ solution. An aspepticized ligature (pure silk is preferable) should be used. All hemorrhage should be checked temporarily with the Billroth artery-forceps, until a ligature, if one is needed, can be applied. Before the wound is closed it should show no evidences of hemorrhage; and before the final stitches are placed *in situ*, the innermost recesses of the wound should be well *flooded* with the $\frac{1}{1000}$ solution. The same solution should be used to asepticize the sponges, and in the interim between operations they should be left to soak in a one per cent. solution. When it is desired to wash out the uterus, as in cases of puerperal septicæmia $\frac{1}{2000}$ is the proper strength to employ. In uterine irrigation the method by simple hydrostatic pressure should always be used, as otherwise there is danger of introducing air with the syringe.

As a disinfectant, corrosive sublimate is the best agent we have, because of its germicidic properties (which are unrivalled), because of its cheapness and the simplicity of its preparation, and, what is very important, it has no odor. A solution of bichloride of mercury for disinfecting purposes is readily made by mixing it with an equal part of common salt, and dissolving in water in the proportion of one gramme to one thousand cubic centimetres, or one ounce to eight gallons of water.* As far as the danger of mercurialism goes, in my own experience, embracing over four hundred cases, most of them severe cases, in hospitals in which no walking cases were admitted, I have seen only two cases of ptyalism, one in a negro woman aged 50, in whom the "dinner-plate" amputation of the right mamma had been performed. Her condition was miserable from the outset; and, after three weeks' continuous dressing with the $\frac{1}{1000}$ solution, pyæmia developed, attended with uncontrollable diarrhœa; at the same time there was marked increase of the salivary secretion, but no mercurial fetor, and no blueness of the gums. The other case was that of a hospital nurse, who, in order to get a holiday, simulated mercurialism; but careful investigation showed that he was feigning. These two cases I mention because some of the house-staff at the Pennsylvania Hospital, where they occurred, considered them as genuine cases of poisoning by the solution, though I believe that in reality they were not. At present the mercurial bichloride in the proportion of $\frac{1}{1000}$ is extensively used as an antiseptic in the Jefferson, Pennsylvania, and Blockley Hospitals in Philadelphia. Personally, I have used it in a large number of cases with the best results—among others, several cases of compound fractures, which did exceedingly well. In a recent number of the *Medical Record* I reported several cases of penetrating wounds of the abdomen, in which, though brought into direct contact with the perineum, no effects of mercurialism were observed, and the wounds healed promptly. It is to be hoped that some day it may be tried in a case of laparotomy. As a dressing, the sublimate has received the sanction of nearly all the Continental and English surgeons, among them that of the great apostle of asepsis, Sir Jos. Lister. In America it is even more extensively used.

* *Med. News*, August 2.

Treatment of Pelvic Hæmatocele.

This affection is so comparatively rarely met with that we are apt to become rusty in the treatment, hence it seems well to reproduce the following remarks of Dr. Alfred Wiltshire's from the *Lancet*, September 27, 1884:

As to the treatment of pelvic hæmatoceles, the cardinal injunction in most cases is absolute rest and opium. The value of opium is here transcendent. It tranquilizes, relieves pain, and enables the exhausted and collapsed patient better to bear the blood loss, while it compels repose, both mental and bodily. But to procure these desirable ends it must be given in full doses, and be repeated as may be necessary. The best method is to give it in one-grain doses of the solid opium, either in pill or powder. Next to solid opium, Battey's sedative solution of opium is good; but morphia is much less useful in these hemorrhages, especially in the cataclysmic forms. Ice and brandy, champagne, or other suitable stimulants may be requisite; and, above all, Valentine's meat-juice is most valuable. Peptonized meats and other foods (Benger's, Darby's, and others) may be useful adjuncts. In certain cases the hypodermic injection of ergotine of Tanret (Paris) may be helpful, and tincture of hamamelis may help in certain forms. The bladder should be relieved by catheterism with antiseptic precautions, as may be required. The use of astringents, such as gallic and other acids, is not great in these accidents, nor can I recommend the use of heavy bags of ice to the abdomen. But besides medical treatment, certain grave surgical questions arise in some cases, and demand urgent solution: for example, in cases where there are reasonable grounds for suspecting the source of internal hemorrhage to be a ruptured tubal or other pregnancy, and in similar accidents, such as bursting of a vein in the pampiniform plexus or elsewhere, where the diagnosis is sufficiently

clear; in short, in those cataclysmic intra-peritoneal bleedings where rapid dissolution is threatened, prompt operation may not only be justified, but become imperative to rescue the patient from impending death. It must not be forgotten, however, that even in ruptured ectopic gestations many patients recover without operation, as has happened several times within my own experience. The difficulty of accurate diagnosis is no doubt sometimes great, but not always; and when the well-balanced judgment arrives at reasonable grounds for belief that hemorrhage threatening to be rapidly fatal is going on unchecked from a controllable vascular lesion, then a bold, but not rash, interference is justifiable, and in these days of heroic abdominal surgery laparotomy should be done without delay.

During the later stages of pelvic hæmatoceles watchful supervision of the patient is necessary. The bladder should be carefully attended to with scrupulous cleanliness and great gentleness. Bedsores should be prevented if possible. The bowels as a rule should be seldom opened. The mouth often becomes sore from the glazy and raw condition of the tongue and lips, therefore all food should be bland. Sedative mouth-washes give much relief (borax, myrrh, wine of opium, mucilages, and orange-flower or rose-water). The better patients are fed and cared for the sooner does the effusion disappear according to my experience. Care should be taken to guard against relapses or exacerbations, which are apt to occur about the time of the next catamenial period. I have been able occasionally to predict a fresh effusion at these epochs; and when such happens, it is followed by fresh manifestations of hæmatic jaundice. There is periodicity about these forms of hemorrhage, and the explanation of effusions occurring at the inter-menstrual or fortnightly periods is that it is part of a minor nisus that happens then. The condition of the vascular system will warn the physician, and the sphygmograph or finger may indicate increased arterial tension, while the eye can see the venous turgescence. Undue vascular excitement may be reduced by aconite, amyl-nitrite, nitro-glycerine, the bromides, etc. The pelvic viscera may be quieted by actæa racemosa, mono-bromide of camphor, Indian hemp, conium, gelsemine, and so on, given internally, and by vaginal pessaries of iodoform, conia, morphia, atropia, etc., or by rectal suppositories. An atmosphere of turpentine about the sick chamber is good, both for styptic and purifying influences. With reference to the puncture of hæmatoceles, I should, as a rule, deprecate opening, and would counsel caution in resorting to any operative measures. Should relief become necessary in the later stages from suspicion of suppuration or decomposition of blood, or from clear evidence of intolerable or dangerous tension, then aspirate by the vagina and not by the rectum; but operation is generally undesirable, and should be carefully resorted to. During convalescence sea air and water will be found beneficial, and where absorption is tardy poultices of scalded seaweed and brine baths are essential.

A Remarkable Case of Cough.

Dr. A. W. MacCoy reports this case in the *Med. News*, August 30, 1884:

Mrs. S., æt. 40, resident of Philadelphia, married twice, the mother of one healthy child, was first seen in December, 1882. At this time she was suffering from an almost continuous, exhausting, irritative cough, accompanied by violent fits of gagging, which had defied all treatment, and which had continued for several years. The patient was very thin of flesh, and her face much careworn. She stated that her attacks of cough often lasted for hours, and were frequently accompanied by the fits of gagging, which came on after the cough had continued for a short time. Sometimes after ascending the stairs gagging would follow, and soon render her helpless. Her debility was so marked after one of these paroxysms that she frequently had to go to bed, and was compelled to remain there for some hours. Between the attacks of coughing and gagging she was rendered most miserable, and was completely debarred from social engagements.

Examination showed no pulmonary disease. Inspection of fauces revealed marked cicatrices, involving most of the posterior pharyngeal wall, extending well down the throat. Laryngoscopic examination at once made manifest the cause of her attacks. On a line with the superior margin of the arytenoidal portion of the larynx, on the posterior wall of the pharynx, was a horizontal cicatricial band extending well across the pharynx, about one-eighth of an inch in diameter, the ends of which spread out in a fan-shaped manner, the fibres being lost in the tissues on each side. This band was so placed that the free edge of the epiglottis was touched by it while rising and falling, and readily explained the cause of the cough. The gagging was brought about by interference with the free action of the vertical and circular muscular fibres of the pharynx, as well as by impingement of the free edge of the epiglottis.

The *specific* action (undoubtedly the cause of the destructive change) had long since ceased. While there was no direct history of syphilis, there was a history of a severe attack of ulcerative disease many years before, which she states her physician called diphtheria. No lesions of syphilis excepting those found in the throat were visible.

The treatment consisted in dividing the cicatricial band with the galvano-cautery knife *vertically*, and dilatation. The first operation was not attended by perfect success, owing to the incision being too near the median line. A few weeks after the first operation a second incision was made on the left side, much longer and deeper than the first one. This effort was eminently successful. For six months there was absolutely no return of cough and gagging. Quite recently there has been some return of her attacks from neglect to keep up the dilatation. Another operation of multiple incisions was made a few months ago, which again completely relieved her. With occasional dilatation it is probable that the result will be perfect, but without it contraction will certainly occur in time (as is so well known), and the result will not be so satisfactory as it now is.

The adaptability of the galvano-cautery knife for the relief of this condition has so impressed me that I am unable to see how the operation

could have been performed so safely and so well by any other method.

Urethral Ectasia.

Dr. C. C. Fite reports this case in the *Jour. Am. Med. Ass.*, August 30, 1884:

"I had been engaged to treat Mollie H., for what she designated 'womb disease,' and in making the necessary examination to ascertain the position and condition of the parts, I made the following discovery. In passing the finger, a tumor was felt just under the urethral orifice, and she said at once, 'There it is, that is the trouble: it don't hurt much to pass it or to have intercourse, but it pains me in walking and when I make water, and sometimes it takes a long time to pass it, and occasionally it dribbles away of itself.'

"Upon more careful inquiry, she admitted that coitus was painful unless they were careful, but as she was very fond of that amusement, she tried to make no complaint.

"She is a muscular, ordinarily healthy white woman, 24 years of age; married at 15, has had two children, one born ten months after marriage, and the second in thirteen months from the first; has miscarried twice, about the third month, since that time. She had difficult labor with both children, but got through without instrumental interference. After the second birth she says she had 'inflammation of the womb, and of the bladder, and the milk dried up.'

"There is no history of any other severe illness or disease of any kind.

"She had been instructed to retain her urine for some hours before the examination, as I find it sometimes of value to examine with a full bladder, and then after it is emptied. A silver catheter was passed, and went readily into the bladder, and on being partially withdrawn the point was turned down, and the nature of the trouble was clearly demonstrated. The catheter was again passed to the bladder, and the contents withdrawn. When the instrument was being released from the meatus she complained of a sharp burning pain which lasted some minutes; she said that it always pained her so after urination.

"I was satisfied at once of the nature of the case, and explained that the uterus needed no special treatment (having used a modification of the Sims speculum, and completed the usual explorations and found only a slightly enlarged and heavy organ), and advised an operation to reduce the size of the distended canal.

"She was opposed to this, and would not consent to operative measures, but was 'willing to have medicine put on it,' so I made three applications a week apart, of a 20-gr. solution of nit. silver, to the relaxed membranes covering the sacky canal.

"After the applications the vagina and vulva were packed with absorbent cotton, which was retained six hours. I also ordered injections of claret and tannin, ℈j. to f. ℥viij., twice daily. She reported herself as well two weeks after the last application; but as she is now living elsewhere I have not been able to verify the statement, I explained to her that the cure was likely to be only temporary, and that an operation would doubtless be yet needed, as the dilated canal had only been braced up and not organically reduced to its normal size. The trouble dated from the second labor, and I suppose the protracted pressure of the fœtal head against the urethra must have caused the relaxation of its fibre.

Rheumatic Periostitis.

From the *Lancet*, September 27, 1884, we learn that a discussion took place at a recent meeting of the French Association for the Advancement of Science, held at Blois, on a communication by M. Verneuil, entitled "Ephemeral Rheumatic Periostitis," an affection which has not attracted a large share of attention from writers on medicine. It is described by M. Verneuil as appearing in the form of a hard swelling, becoming softer after the lapse of a certain time. Fluctuation, which is sometimes present, leads to suggestion of pus; but this phenomenon disappears and the swelling subsides. There is no hyperplasia like that seen in ordinary surgical periostitis, no fever, and no alteration in the color of the skin. In some places the affection spontaneously disappears, in others the swelling first diminishes and then increases in size; there seems to be a congestive element in the swelling, for "when the patient took cold" one of the swellings on the face became double its former size. In none of the cases was there evidence of antecedent syphilis, though the arthritic diathesis was well represented. Many observers who spoke on M. Verneuil's paper had witnessed similar affections. On purely theoretical grounds there does not appear to be any argument against the occurrence of rheumatic nodes or periostitis. We have nothing to do in this occasion with the "subcutaneous rheumatic nodules" so well worked at by Drs. Barlow, Warner, and others. We may also take it for granted that the periostitis was not confounded with the nodose erythemata of rheumatism, where the skin is the site involved. Physicians of large experience cannot fail to have seen examples of periostitis occurring in rheumatic cases. We have no wish to beg the question; and it is right that the whole evidence on which the rheumatic origin of such cases of periostitis exist should be placed clearly before us. In our experience there has been distinct affection of joints of typical rheumatic nature with sweating, and in some instances heart affection and fugitive erythemata with fever of moderate degree. In one case which we recall, the tonsil was also inflamed, whilst there was mitral disease of some standing, distinct affection of both knees and the right wrist, with periostitis of the lower third of the inner side of the right tibia, occurring in a man aged twenty-four, in whom no evidence of syphilis could be elicited, and who was not suffering from gonorrhœa. We should be chary of admitting the presence of rheumatic periostitis when no other "rheumatic" manifestations are to be found. We may also state that in our experience nothing we should call fluctuation was detected. The subject is one well worthy of extensive investigation, and would undoubtedly add to our knowledge of that most protean and most ill-understood affection—rheumatism.

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D. G. BRINTON, M. D.,
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THE TREATMENT OF CHOLERA IN TOULON.

In the hospitals as well as in private practice in Toulon, cholera patients are at present treated as follows (*Bull. gén. de Thérap.*, September 1884). All cholera patients are subjected to a definite medical treatment, according to the severity of the disease, and the latter is subdivided for this purpose into:

1. The cholera-diarrhœa or mild cholera.
2. The medium-grave form, and
3. Grave cholera.

1. The *mild* form is especially treated with opium. Clysmata of amylum, to which opium is added, are also used. Internally the following formula seems to be most in vogue:

℞.	Æther. sulph.,	♏ xvj.
	Tinct. opii deod.,	♏ xv. usque ad xx.
	Ext. rhatany,	gr. xvj.
	Sy. aurant. cortic.,	f. ℥j.
	Aquæ melissæ,	ad f. ℥v.

Vomiting is best stopped by a dessert-spoonful of Chartreuse every fifteen minutes, followed by a piece of ice. Occasionally vomiting and diarrhœa are successfully subdued by magist. bismuthi, either alone or combined with opium; and in case of cramps in the stomach castor oil is generally administered. When vomiting or diarrhœa has ceased, but some sensitiveness and soreness of the stomach remains, tinct. columbo, with wine, forms the most favorite remedy. Many cases under this treatment passed over into the graver forms, but they all rapidly recovered, when the following medicine was administered:

℞.	Acid sulphur. dilut.,	f. ℥ss.
	Tinct. ferri chlorid.,	f℥.iij.
	Tinct. cardam comp.,	f℥.v.
	Syrup zingiberis,	f. ℥iij.
	Aquæ morphiæ,	f. ℥iss.

M. S.—A tablespoonful every two hours; after the cessation of diarrhœa and vomiting the dose was gradually diminished and given at longer intervals.

The *medium-grave* form is treated in the beginning as the one just mentioned (before employment of acids), but the utility of lavements with warm wine and some drops of laudanum, has been acknowledged; they also act later as exciting means. Carbonic acid drinks cooled in ice, influence the vomiting favorably. In numerous cases Dujardin-Beaumetz's recommendation—

water saturated with oxygen—has been tried—generally in vain. The spasms yielded mostly to dry frictions with flannel, or to the employment of spirit. camphoræ, opodeldoc, terebinthina and chloroform. Spasm of the diaphragm and præcordial anxiety at once disappeared upon a hypodermic injection of morphia in the epigastric region. Later, the success was still greater, when to a sixth of a grain of muriate of morphia one hundredth of a grain of atropia was added. In case the spasms in the extremities, but especially those of the calves, did not yield to these remedies, subcutaneous injections of ether into the contracted muscles caused their disappearance. And if these too failed, the treatment of the *Grave* form was instituted. Grave cholera presents itself in two varieties, the asphyxic or algid and the non-asphyxic.

In the asphyxic form, the patient's body is ice-cold; his face cyanotic. The main point is here to stimulate the heart's action and keep up the bodily temperature. For this purpose, injections of ether (up to one syringeful every hour) were made, but only in very few cases was life prolonged for 24 hours. Opium and morphine evinced here a deleterious effect, the asphyxic symptoms augmenting still more. On the other hand, hypodermic injections of sulphate of atropia were of decided benefit—generally the $\frac{1}{120}$ grain of atropia was injected from four to five times within 24 hours; the action of the heart became stronger, the pulse could be felt, and the temperature increased, but it must be mentioned that other stimulants, as hot punch, Chartreuse, ether, aqua ammoniæ, etc., were not neglected, but administered at the same time. Occasionally persons, already dying, were for some hours once more brought back to life by faradization near to the subclavia. Further experiments were made, especially by Dr. Cunco, with the inhalation of pure oxygen by aid of a mask or through the nose with a tube. These inhalations were usually practiced for two to three minutes every hour or two. Six patients, who had been declared doomed, are said in this way to have been saved, and it is the opinion of Dr. Cunco that these inhalations are destined to play an important role in the treatment at least of the asphyxic form, while they are useless in the non-asphyxic variety, in which the body still retains some warmth, and in which neither cyanosis nor coldness are prominent symptoms.

In the non-asphyxic form the patient has a face the color of death, the nails are blue, but there may be felt a certain amount of bodily heat, and the pulse is small but perceptible to the very last moment. It is especially in this variety that the favorable prognosis of the physician is so often contradicted by what follows, for these patients, after they have fortunately passed through cholera, and are apparently recovering, suddenly lapse into a typhoid condition, to which they finally succumb.

During the cholera-typhoid, sulphate of quinine and valerian in conjunction with the cold douche and irritants applied to the skin, were frequently successful.

Dr. Cunco reports that of 68 medium-grave and grave cases but 16 died, and of these 10 belonged to the non-asphyxic variety.

While the treatment contains really nothing new and a great deal that is obsolete and evidently useless or only a placebo, the observation alone that cases of the non-asphyxic variety, after having escaped all danger from the attack, fall into a typhoid state, in which they are apt to die, is of sufficient importance to warrant the publication of the foregoing statements.

Dr. Larrivé (*Journ. de Méd. de Paris*, vol. vii., No. 7, Société de Médecine Practique) is of the opinion that the administration of large quantities of water, which has been saturated with oxygen is the most radical treatment. The above report shows its uselessness; besides, it seems to us, as if in case of a want of water in a kitchen, due to bursting of a pipe in the ground, the evil could be remedied by pumping larger quantities of the same fluid into the reservoir from which the pipe draws the water supply. Just as ridiculous it appears to us to remedy the abstraction of oxygen and the watery portion of the blood by the introduction of both into the system, for the

effect can be but a greater supply of products to be wasted.

ONE OF THE CAUSES OF NIGHTMARE.

Especially older persons are frequently suffering from restlessness at night due to nightmare. Rheumatic and gouty individuals seem to complain oftener of this disturbance of their sleep than others. Generally increase of arterial pressure or venous stasis in the circulation of the brain is mentioned as a pathogenic cause, and the patient accordingly treated. Rarely a careful examination is made, and a case, reported by Dr. Th. Clemens, of Frankfurt-on-Main (*Aug. Med. Central Zeit.*, Sept. 3, 1884), may, therefore, be specially interesting, and at the same time highly instructive.

H. C., æt. 58, consulted C. on account of gradually increasing nightmare, which troubled him during sleep. The patient, suffering from gouty symptom, had for years been the victim of heavy dreams. For the last few months these dreams have, however, assumed the character of nightmare, and been so disagreeable as to produce in the patient a dread of going to bed. His wife, who sleeps in the same room, describes the condition of her husband during the night as a deep, anxious moaning, which, if the patient is loudly spoken to and shaken, ends in a loud, inarticulate cry—a genuine nightmare, therefore. The next morning after such a night, the patient feels feeble and complains of a general lassitude, and the condition of his mind during such a forenoon is called by himself, a melancholic one. These attacks, happening without any apparent reason, and even when the supper had consisted of the blandest diet, usually set in from three to four times a week, and many different remedies for it have been tried in vain. The patient inquired of the doctor, whether electricity might not relieve him of these annoying seizures. The physical examination of the very robust patient indicated an impulse of the heart rather feeble, considering his vigorous build, without awakening the suspicion of a fatty heart, as nowhere an increase of adipose tissue could be noted. Several mornings after such a night of dread, the urine has been found to contain albumen. The patient, a very thirsty individual, used a great deal of soda-water, beer, and cider, and lived well, without leading a specially unreasonable existence. As there seemed to be very little tendency to perspiration, the quantity of the urine was augmented, but with the occasional exception noted, no albumen or sugar was found, though the reaction was very acid. No organic lesion was to be discovered, nor could the morbid symptoms be attributed to any depressing mental influence. Supposing that the action of the heart already being feeble—probably in consequence of its diminished excitation by the gouty blood—a stasis in the blood, no matter how produced accidentally, might thus impede it, and cause these attacks, C. ordered climbing mountains and dry diet. After three o'clock in the afternoon the patient was not permitted to drink a drop of any fluid; for supper he was advised to take salad with plenty of vinegar, cold meat, and toasted white bread. Within one week the nightmare ceased to recur; albumen was no longer detected in the morning urine, and the patient recovered his general health, and lost his dread of going to bed at night.

While the above case is doubtless an interesting one, we cannot see how the treatment adopted, no matter how successful, agrees with the diagnosis of the case. It seems to us as if this way of reasoning is very similar to the one which recommends as a radical cure of dropsy the withdrawal of all fluid diet.

OUR SEWERS.

A bill is now before councils in this city, to create a commission for the purpose of overhauling our sewerage system, and our Board of Health has passed a resolution asking councils to create this commission. "Let us make haste slowly." In truth, to-day, we would be better off if we had no sewers in this city, so abominably faulty is everything connected with them. We most earnestly protest against any "patching up" of our present system, for it is radically wrong. We have

said so much about drainage and sewerage, that it seems almost tiresome to write again on the subject; but it is our duty at this moment, when the question is under consideration by our municipal authorities, to offer some suggestions on the subject.

It is very generally admitted by sanitarians that the proper and most approved method of disposing of sewage, of human refuse, is by *irrigation*, using the word not so much literally, as in its broader sense of returning to the soil that which we have taken from it. This method of sewage disposal has been demonstrated to be both practicable and profitable, on a large scale in Europe, and on a smaller scale in our own country. That human refuse can be converted into excellent manure, and that it pays so to utilize it, has been abundantly demonstrated, and it has been conclusively proven that it is the best means of solving the problem of the "removal of waste."

To so utilize the sewage of a large city like Philadelphia, would, of course, entail a large original outlay of money, but it would *pay*. Our taxpayers have submitted to the unnecessary expenditure of millions upon a building that will produce no revenue to the city; hence we are very confident that they would not object to a similar outlay for an improvement that is not only obviously essential to their welfare and happiness, but that would surely produce a large revenue. We have already noted the fact that something like $2,000,000 worth of ammonia goes annually to waste in this city in the urine passed by its inhabitants; and this is but a fraction of the valuable organic refuse that is every year not only wasted, but worse, is made to poison our bodies and deprave our health, owing to its faulty and incomplete removal.

Such a system of sewers as we possess can never be made to satisfactorily accomplish their intended purpose. They may be numerous, properly graded, ventilated, and cemented, so that all the refuse may be conducted through them; but the result, as we have time and again pointed out, will be that in time the rivers that bind us, will become uncovered sewers, constantly giving off foul emanations to be wafted by the winds into the palaces of the rich and the hovels of the poor. No, we must realize that there is but one way of rendering our refuse harmless, and that is, to repeat, to convert it into manure. Both from a sanitary and an economical point of view, this method must commend itself. If we have too much debt, and our officials fear that the taxpayers will not stand any extra demands, let us wait until the White Elephant at Broad and Market is completed, and then, without any heavier tax than at present, we can divert these millions into the channel of sewerage reform.

A SUBSTANTIAL AND MERITED TESTIMONIAL.

We take much pleasure in laying the following correspondence before our readers. It is a proof that if a low and unreasoning prejudice does at times crystallize itself into an attack on science, even if this prejudice is abetted for selfish reasons by those who should be the first to oppose it, yet the sympathy of the profession is on the right side and is ready to show itself by both act and word.

We may add for the information of those readers not acquainted with the circumstances that Dr. Forbes was prosecuted while Demonstrator of Anatomy of the Jefferson Medical College for alleged violation of the cemetery acts of this State. After an expensive trial, towards which the college rendered him no assistance, he was triumphantly acquitted. The profession at large then took up the matter as one meriting substantial proof of wide sympathy with the result indicated below:

222 South 16th St., Phila.,
August 1, 1884.

Dear Dr. Forbes: I enclose, with the approval of Drs. Agnew and Levis, a check for $1,500, which represents the fund contributed by the profession towards the expenses to which you were recently so unfortunately put. It represents also, I am sure, a great deal of hearty sympathy and sincere respect which, I know, are of more value to you than the money itself. With best wishes and warm regards believe me Yours faithfully,

J. William White.

Philadelphia, August, 2, 1884.

Dear Dr. White: I received to-day your letter of yesterday enclosing, with the approval of Drs. Agnew and

Levis, a check for $1,500. You state that this check represents the fund which was contributed by the profession towards the expense to which I have been recently so unfortunately put, and that it likewise represents a great deal of hearty sympathy and sincere respect for me on the part of the profession at large.

It is exceedingly gratifying to me to be thus made aware of the feeling in the profession in so pronounced a manner. It emphasizes the verdict of the court and of the public at large, as expressed in the daily papers and in the medical journals.

I beg to make my grateful acknowledgments at the receipt of this marked expression of professional feeling and approbation at my conduct while in the line of my duty.

Very respectfully yours,

WM. S. FORBES, M. D.,

Demonstrator of Anatomy, Jefferson Medical College.

NOTES AND COMMENTS.

The Therapeutics of Continuous Inhalation.

The Messrs. Wyeth & Bro., of this city, now make and sell an apparatus for the continuous inhalation of volatile medicaments. The suggestion was first made some two years ago by Dr. I. Burney Yeo, of London, and the instrument offered by the Wyeths is a modification by Dr. J. Solis Cohen of that devised by Dr. Yeo. Roughly speaking, it is an apparatus that fits over the nose and mouth, and contains a sponge on which the drug to be used is poured. Dr. S. Solis Cohen and his brother (J. Solis) have been making some observations with this method for the past two years, and from their results published in the *Medical News*, October 11, 1884, we note the following points:

In Phthisis.—The inhalation of terebene (ten drops, renewed every second or third hour) as continuously as possible during the day, with the addition of chloroform (five drops at bed-time) during the night has seemed to give much comfort. Where there was marked laryngeal disease, creasote acted better, while when there was extreme ulceration, eucalyptus acted better than either.

Of course, these drugs were not *curative* in any sense, but only palliative.

In bronchitis good results were obtained from inhalations (an hour or two at a time) of terebene, turpentine, or tincture of benzoin. In profuse bronchorrhœa, ethyl iodide has acted well. It has also acted well in *pleurisy*, *chronic laryngitis* and *tracheitis*, *nasal catarrh* (using creasote).

In Syphilitic Disease of the Throat, of the Nose, and of the Ear.—In cases of syphilitic laryngitis, and in a few cases of syphilitic rhinitis, one of the latter being marked by profuse fetid discharges both anteriorly and posteriorly with involvement of the middle ear. Curative results have been obtained by the administration of ethyl iodide by continuous inhalation from the Yeo respirator. In cases of extensive or rapidly spreading ulceration, however, exclusive reliance has not been placed upon this method of treatment.

In Pertussis.—Some amelioration has seemed to be produced by the inhalation of tincture of thymol, eucalyptol, tincture of benzoin, creasote, and chloroform in pertussis; but while the relief has been marked in a few instances, the results have not on the whole been very satisfactory.

In Hay Fever and Asthma.—Trial of the method is being made in hay fever and in asthma, but as yet, no conclusion can be drawn.

Scarlet Fever in a Canary.

Since the question has been somewhat discussed as to whether it is possible for the zymotic diseases to be transmitted from man to the lower animals, the following case (in his own words) which Dr. Frank Ogston reports in the *Brit. Med. Jour.*, September 27, 1884, will be interesting:

"A few months ago, while attending a family in which scarlet fever had attacked two children, my attention was called to a cage containing four young canaries. I remarked that they seemed ill, as they were sitting moping on their perches, with their feathers ruffled up. The mother of the children said to me, 'Doctor, I think they have gotten the fever. The grandmother (who had undertaken the nursing of the children) gave them some bread which the children had been eating.' The children were then desquamating freely.

"Two days afterwards, when seeing the children, I found the canaries quite well and lively, all but one, which drooped more than before, and now could hardly stand. On examining the bird, its skin, under the feathers, was of a bright scarlet color, unlike that of the others, which was of a yellow color, like old parchment. It died the following day, after making efforts to swallow, as if its throat had been painful and swollen.

"On inquiring why this one should have suffered so much, and the others so slightly, I was told that it had eaten greedily of the bread left by the children, which the others had hardly touched, and that it had pecked away some of the

loose epidermis from the lips of one of the children.

"It certainly seemed to me that the bird had scarlet fever; and it at least should give us the caution that our domestic pets may not only spread this disease by conveying the infected epidermal scales on their fur or feathers, but also by taking infection from their owners, and directly infecting individuals of the human species in their turn."

Calabash-Tree Fruit.

From the *Pharmaceutical Journal* we learn that Dr. Peckolt, of Rio Janeiro, who has contributed so much to the history of South American plants, has published a communication upon the fruit of the "calabash tree" (Crescentia cujete, L.) The plant is generally supposed to have been introduced into America from Africa by negroes; but Dr. Peckolt says that the Portuguese found it in America on their arrival. At any rate, it has long been utilized by the natives for economical and medicinal purposes. The flesh of the barely ripe fruit and the expressed juice of the fruit are popularly esteemed as medicines, and Dr. Peckolt confirms the estimate of the latter as a laxative. An alcoholic extract, in doses of .10 gramme, had the effect of a mild aperient, and the quantity could be increased to .5 gramme, which exercised a strong drastic action without griping or ill effects. As an application against erysipelas, the fresh pulp is boiled with water until it forms a black paste, to which vinegar is added and the whole boiled together, after which it is spread upon linen. A chemical examination of the fresh fruit pulp yielded a new organic acid, crystallizing in plates, to which the name "crescentic acid" has been given. It was obtained by exhausting with water an alcoholic extract of the pulp, heating the aqueous solution with lead acetate, suspending the lead precipitate in water, and decomposing and removing the lead, then evaporating the solution to a syrupy consistence, and leaving it to crystallize in a cool place. Besides crescentic acid, there were found tartaric acid, citric, and tannic acids, two resins, a bitter, and an aromatic extractive substance, and a coloring matter that appeared to resemble indigo.

Epileptiform Tic Cured by Nitro-Glycerine.

Dr. James P. Bramwell reports this case in the *Brit. Med. Jour.*, September 27, 1884:

The patient was 80 years of age, and enjoyed good health till nine months ago, when he was attacked by the disease in question. I shall give the history of the case in the patient's own words:

"Nine months ago, I was seized with pain in the back of the head, which came round by the joint of the jaw-bone on the right side, then spread over the face, chiefly the right cheek and temple. The muscles of my jaw were then fixed; to open my mouth was impossible. Any attempt to take food brought on a paroxysm of this kind. These turns lasted from five to six minutes, and went on without intermission for five months. The attacks came on sometimes as often as twelve times in the twenty-four hours; during the night they were oftener and more violent, my head being often pulled back with violence. I could not wash my face without bringing on a paroxysm, and a touch of my finger, a puff of cold air, or even a mental emotion, produced the same effect. Things went from bad to worse. I then called in Dr. Bramwell, who prescribed for me bromide of potassium and croton chloral-hydrate, but only with partial relief. Solution of nitroglycerine (0.1 per cent.) was given in drop-doses three times a day. The effect of this was almost immediate, and in four days all my morbid symptoms had gone. I have since then been four months in perfect health; there has been no return of the fits."

I publish this case in the hope that, in nitroglycerine, we may possibly possess a remedy for a malady which embitters life, and is indeed often quite intractable. I am fully aware what good results have accrued from nerve-stretching, or even the removal of Meckel's ganglion; but, before resorting to this somewhat formidable measure, it might be well to see if the use of the nitroglycerine might not obviate such a necessity.

A Cockle-burr in the Windpipe.

In the *American Practitioner*, October, 1884, Dr. J. N Outen reports the following rather instructive case:

"In 1854, a boy, aged seventeen, while cutting corn-stalks in a field, made the, to him, pleasing discovery that he could whistle through his windpipe while keeping his mouth open. He was practicing his new accomplishment as he pursued his work, when a cockle-burr was knocked into his larynx by a lick from his hoe. The usual symptoms instantly followed. A physician saw him the next morning, but for some reason made no effert to remove the burr. Some hours after the patient was brought to me. Thinking the foreign body might have lodged just under the epiglottis, I introduced my finger down to that point, and became at once satisfied that I had touched the burr with the tip of my nail. The

manouvre cut off what little air the boy had been getting, and he sank seemingly lifeless to the floor. When he sufficiently recovered his breath, I repeated my exploration, with the result this time of giving the burr a lucky turn and fortunately causing it to be expelled. Almost immediately after the patient could speak in a whisper. He soon regained his full voice, and was well.

Iron Alum in Uterine Hemorrhage.

The late Dr. Richard Richardson read a paper on uterine hemorrhage before the late meeting of the British Medical Association, in which he strongly recommends iron alum applied in crystals the size of a hazel-nut, or even larger in very severe cases. It is to be introduced with the finger up to the os uteri (and not into it) and there allowed to remain. The uterus will at once contract, a firm coagulum is formed, and the hemorrhage at once ceases. Iron alum is also antiseptic.

In *post-partum* hemorrhage it is advisable always to clear the uterus of clots or any portion of placenta before applying the crystal ; also, in accidental hemorrhage, when there is detachment of placenta, should the case appear to be one where there is no chance of carrying it to full term, the membranes ought to be punctured, and the iron alum applied in the usual way. There is no fear of any great hemorrhage coming on afterwards ; in a slight case, the iron alum will stop it ; but, if the hemorrhage should recur, it would be advisable to puncture the membranes, and induce labor.

Cholera in the Lower Animals.

The *London Medical Times*, September 20, 1884, tells us that at last success has attended the efforts to convey cholera to animals. Drs. Nicati and Rietsch, inspired by Dr. Koch's example and advice, collected masses of the cholera microbe from the intestines of patients who had just died of the disease, and inoculated some dogs and guinea-pigs with them. All the animals operated on were seized with cholera, and died, the guinea pigs within 48 hours, the dogs within four days. Other experiments were made with regard to the influence of the gastric juice and the bile on the growth of the microbes, which it was found were destroyed by both these secretions. It is suggested that a certain means of diagnosis in a suspected case of cholera is provided by the injection of the stools of such a case into the duodenum of a guinea-pig, which will forthwith if the case is one of true cholera, succumb to the disease. We are not told, however, whether the injection of a simple diarrhœa stool, under the same circumstances, may not be attended by a like result. The experiments as well as the conclusions of Drs. Nicati and Rietsch will, no doubt, be subjected to the sharpest scrutiny.

How to Administer a Hypodermic.

Although seemingly a simple matter, yet we have seen many physicians go about the administration of a hypodermic in a bungling way. Hence we gladly reproduce the following directions by Dr. Q. C. Smith, in the *Texas Courier-Record of Medicine* for September. In order that his directions may be carried out, it is necessary that the point of the needle should be both sharp and clean, conditions that are not always found.

"Let the operator with his left hand grasp the patient's arm from the side opposite that into which the injection is to be made, and draw the skin very taut, and with the right hand hold the syringe firmly, pointed almost at a right angle to the arm, and with a short, quick, decisive movement, thrust the needle through the skin and well into the *muscular* tissue ; then gently relax the grasp of the left hand, but continue to steadily support the arm ; then slowly drive the piston home, then remove the syringe with a quick, decisive, straight movement. This mode of administering hypodermics reduces the pain and liability to abscess attendant upon the operation, to a minimum, and is far preferable to the mode usually recommended and practiced."

Chloroform and Croton Oil for Tape Worm.

The experience of Dr. Bernard Persh, a hospital steward in the United States army, was not unique, when he tried and failed with nearly every remedy that has ever been recommended to remove tape worm. Finally, some one suggested to him the use of chlor oform and croton oil, which removed his own tape worm in less than an hour. He has since given, or seen it given, to twenty cases, with most satisfactory results. He suspends one drop of croton oil and a drachm of chloroform in one ounce of glycerine ; this to constitute one dose. The medicine is best given in the morning before breakfast, and no preparatory treatment is required, except half an ounce of Rochelle salt on the evening preceding the removal. The preliminary laxative is not necessary to effect a cure, and it was omitted in several cases ; but its administration facilitates the examination of

the evacuations, prevents breaking up the worm by hard feces, and allows the parasite to pass more quickly through the intestines after becoming detached. The medicine is not unpleasant to take, and acts quickly. If any intestinal irritation is caused, it may be controlled with bismuth and opium after the expulsion of the worm.

Intra-Capsular Fracture of the Femur.

Dr. W. M. Fuqua is of the opinion that the "do nothing" plan of the older surgeons, in these cases, is wrong, and should be abandoned. Experience has shown that bony union can be had, and he thinks that every effort should be made to bring it about. He is satisfied that many of these fractures are through the inter-trochanteric lines, and therefore amenable to the reproductive influence of the periosteum. In the *American Practitioner* for October, 1884, he relates a case where, after ten or fifteen days' confinement to bed, he adjusted a well-fitting "*Sayre's short splint*," and placed the patient on his feet, having first lengthened the sound leg by the addition of an inch cork sole. With this appliance, and a crutch and cane, the patient walks about just as in a case of chronic disease of the coxo-femoral articulation. If the tendency to eversion, or possibly to inversion, be great, then "*Sayre's long splint*" would be required, night extension to be made by weight, and the splint to be used during the day.

Salicylate of Atropine.

From the *Lancet*, September 27, 1884, we learn that salicylate of atropine appears to be in some quarters displacing the sulphate. Herr Frederici has prepared the neutral salt by dissolving the atropine (twenty-three parts) with the aid of gentle heat in a suitable quantity of pure alcohol, and then adding the salicylic acid gradually to complete neutralization (eighteen parts) the solution being carefully tested with litmus paper during the operation. The liquid is then evaporated in a water-bath to a gelatinous consistence, the mass assuming an amber color, and the drying is finished in a sand-bath or drying-closet. The compound deliquesces quickly when exposed to the atmosphere, but is said to keep well if properly preserved, though the solution is very unstable.

Antiseptic Inhalations.

The question of antiseptic inhalations in pulmonary affections has had its advocates and those who condemn it, but whether they have any particular effect or not, there can be little question that Dr. Ward Cousins is right when he says in the *London Med. Times*, September 20, 1884, that apart altogether from any specific effect of the antiseptic vapors, it must be admitted that the act of continuous inhalation exerts a very salutary influence by stimulating full and repeated expansion of the lungs, and the forced activity of these organs is in itself an important factor of the treatment. The value of free inspiration, and the part it plays in the successful application of antiseptic inhalation has scarcely received the general recognition to which it is justly entitled.

Fluoride of Quinine for Enlarged Spleen.

Fluoride of quinine has recently been recommended by Dr. Weddell, of Calcutta, in the treatment of enlarged spleen. He has investigated the action of fluoric acid and the fluorides, and has come to the conclusion that in cases of chronically enlarged spleens of malarial origin the effects obtained are often very striking. In very small doses the fluorides have produced marked benefit in cases of rickets and other diseases associated with malnutrition of the osseous system. Of the salts of fluoric acid, Dr. Weddell considers those of quinine or quinetum (*i. e.*, of the mixed cinchona alkaloids) to be the best.

Phellandria.

In England this ancient remedy has received fresh attention, and is said to be a most valuable agent in treating various affections of the chest characterized by excessive cough, whether dry or attended with expectoration. Its action appears to be of a sedative as well as of an alterative and strengthening kind. Narcotism is not produced by its administration. It appears to have a special action against pulmonary phthisis. The most acceptable preparation is the syrup of phellandria used in a concentrated form. Other preparations, such as the arseniate of iron may be advantageously prescribed with the syrup.

The Phosphates in Alcoholism and Opiism.

Our correspondent, Dr. T. D. Crothers, of Hartford, Conn., has been comparing the effects of Horsford's Acid Phosphate with the acid phosphoric U. S. P. in cases of the above disorder. Though his study is incomplete, he thinks the acid phosphate the superior remedy both in building up functional energy and brain-force, and in restoring the nutritive forces of the body to a condition of normal activity.

Correspondence.

Electricity.

Eds. Med. and Surg. Reporter:—

Dr. G. B. Massey, who was last year lecturer at the Med. Chirurgical College, must know how I came, as Professor of Nervous Diseases, to lecture during the preliminary course on electro-therapeutics. But three hours were at my disposal, during which to exhaust the subject of medical electricity. This limitation of time necessitated my being concise, otherwise I would have given an exhaustive explanation to most of my statements, and saved myself the trouble to have now to add special instructions for the sole benefit of my friend, Dr. M., who by his remarks on my lecture evidently requests or needs this enlightenment. I shall take up the different subjects in the same order as he mentions them.

One who has read the whole of my lecture with but slight attention, if conversant with electro-therapeutics, will at once see that in the passage, "In a galvanic pair the two contrary electricities have no difficulty in uniting through the intermediate fluid, but they, therefore, possess no great force or intensity," a *lapsus linguæ* occurred—instead of *intensity*, *tension* being meant. I shall show below that another statement in my lecture clearly proves this fact.

If Dr. M. contends, "that in a galvanic pair the two contrary electricities *do* have difficulty in uniting through the intermediate fluid," he must have forgotten that later on I also recognize the essential resistance, and that the statement quoted "that they have no difficulty," etc., refers simply to the difference noted in this respect between static and dynamic electricity. As I can not enter here into a full explanation, I will do the same with Dr. M. as I did with the students, viz: I refer here to "A Treatise on Medical Electricity," by J. Althaus, probably acknowledged by Dr. M. as an authority on the subject. In the third American edition (Phil., Lindsay & Blakiston, 1873), page 22, 16th line from below, he will find the words:

"In a galvanic pair the two contrary electricities have no difficulty in reuniting through the intermediate fluid."

Dr. M. next insists upon explicit information regarding my statement: "that increased resistance is needed to gain cautery power." From my article he must know my use of the term "resistance," and while I am willing to give him privately any instruction in my power with reference to the galvano-cautery, here, for want of space, I must once more ask him to consult the author previously quoted; page 51, 12th line from below, Althaus says:

"On the other hand, totally different arrangements must be made for using the galvanic cautery. *There it is necessary to increase the resistance*, and we, therefore, use" * * * Dr. M. will also find there the explanation he needs.

The sense in which I employ the English word "force" in connection with another remark of mine mentioned by Dr. M., must be apparent from my statement of Ohm's law:

"That the intensity of the current is directly proportional to the electro-motive force divided by the resistance" (or, but inversely proportional to the resistance). Dr. M. calls this "disused language"—they are verbatim the words used by Prof. Ohm, of Nuremberg.

Besides, the whole tenor of the article shows that in the first remark quoted the word intensity was inadvertently misused for tension; for I mention later "that the intensity of the current corresponds to the quantity of electricity traversing the circuit, and that the quantity depends upon the surface of the metals and fluids and the degree of affinity existing between the parts composing the battery." And immediately after I explain the difference in density, saying that the density equals the intensity (of which I speak above as corresponding to quantity) divided by the transverse section of the conducting wire. Whoever makes such a statement, and explains these facts, will not be apt to mistake density and intensity, or to make a distinction between intensity and quantity, except by an error in writing.

In the same connection I draw the attention of the reader to essential and non-essential resistance. This proves that I was well aware of the resistance offered to the union of the two contrary electricities through the intermediate fluid within the cell (essential resistance), and that my statement "that they had no difficulty in uniting" simply alluded to the difference existing in the tension of static and dynamic electricity.

Dr. M. finally gives his explanation of the polarity of induced currents, finding fault with my statement concerning a change in the polarity of the currents. The deflections of the magnetized needle show that the current induced in the second wire on closing the circuit of the battery has a contrary direction to that of the current induced on opening it. A slight experiment will convince him that induced currents, when made to act upon water, show the following peculiarity: each wire serving alternately as positive and negative pole, both hydrogen and oxygen appear successively at either of the poles. The extra current always moves in the same direction, the induced current in the second wire moves alternately in contrary directions. I know well, that the latter current has *scarcely* any effect on closing, but a powerful action on opening the circuit; so that for practical purposes we need but take into consideration the current induced on opening the circuit, and this has the same direction as the battery-current. Besides, this can be easily tested by anybody taking hold of the two electrodes of an induction apparatus, as the difference in the strength of the two will at once become apparent.

Still, again, for practical purposes in medicine, we need not make such a distinction between the two poles of a faradic battery, as we do in a galvanic current, where it often is not the same, whether we employ an ascending or a descending current, whether (for instance in electrolysis) we apply the anode or the cathode at a given place. If we insist upon making a distinction between the negative and the positive pole of an induction apparatus, it would be only this: that the negative pole is placed where we wish a more powerful effect. But there are many extra currents developed in such an apparatus besides the prim-

ary current, and some of them do not pass through the cell; their consideration here, however, even if instructive to Dr. M., would lead me too far.

Having thus given the required information, it remains for me to reply to the Sanscrit reference, and to the general remarks of Dr. M. on the obscurity existing amongst the non-teaching medical confrères. I can only express my regret that Dr. M. did not grasp the contents of my lecture as a whole, otherwise the occurrence of a *lapsus linguæ* would not have seemed like Sanscrit to him.

HUGO ENGEL, M. D.

Philadelphia, Oct. 18, 1884.

To Disguise the Taste of Quinine.

EDS. MED. AND SURG. REPORTER :—

I have recently made some experiments regarding making quinine in solution palatable—a problem interesting to every physician in malarious districts. Palatable medicines are taken with a regularity which alone is worth the extra trouble required in compounding them.

Five grains of sulphate of quinine were extemporaneously mixed with or dissolved in the following:

1. "Quineptus," ʒ ss.
2. "Fluid ext. licorice for quinine mixtures" (Parke, Davis & Co.), ʒ ss.
3. Cascara cordial (P., D. & Co.), ʒ ss.
4. Cascara cordial (P., D. & Co.), ʒj.
5. Syr. yerba santa. arom. (P. D. & Co.), ʒj.
6. Ac. tannic, gr. jss.; syr. rhei arom., ʒj.
7. Ac. tannic, gr. jss.; syr. rhei arom., ʒj.

No. 1 had no taste of quinine and no aftertaste. No. 2 was bitter. No. 3 had no bitterness at first, but left an after-taste in the mouth. No. 4 had slight quinine taste and bad after-taste. No. 5 had a scarcely perceptible bitterness and no aftertaste. No. 6 had a deeper shade of bitterness than No. 5, but would be equally palatable to many persons from its flavor. No. 7 was similar to No. 1.

I think that No. 1 or No. 7 would be the preferable menstruum were it not for the large amount required, which is repugnant to many. A small quantity of No. 1 followed by a drink of water is very efficient to remove the after-taste. No. 5 and No. 6 were so very nearly equal to Nos. 1 and 7 that their smaller dose make me greatly prefer them. The combination in Nos. 6 and 7 was suggested to me by E. H. Robinson, M. D., of Lawrenceville, Ill.

The desideratum is a menstruum, a drachm of which will cover five or six grains of quinine, which may be allowed to stand in combination with it for a week or so, and which may not be incompatible with other fluids that we may wish to combine with the quinine. I do not believe a satisfactory menstruum for disguising quinine has yet been invented.

G. WALTER BARR, M. D.

Bridgeport, Ill.

Twin Labor—Mummified Fœtus.

EDS. MED. AND SURG. REPORTER:

September 1, I attended a mulatto woman in her third labor (three and five years respectively being the previous labors). After the parts were dilated, the unyielding membrane was ruptured, and a seven-pound girl was soon born.

Fifteen minutes afterwards the placenta passed, to which was attached a mummified male fœtus, which appeared to have been about three months advanced at its death.

The living child is now doing well, although during the first week it was troubled with jaundice.

W. F. ROCHELLE, M. D.

Jackson, Tenn.

NEWS AND MISCELLANY.

Disinfecting the Sputa of Phthisis.

Dr. J. Sormani, Professor of Hygiene at the University of Pavia, gave some interesting details at the Hygienic Congress of the Hague concerning experiments made this year on one hundred and fifty guinea-pigs with the sputa from phthisis. The obect in each case was to ascertain what chemical or other methods would neutralize the bacillus, which it was previously ascertained existed in large numbers in the sputa. The results of these experiments were summarized in the following manner:

1. The bacilli of tuberculosis were generally very difficult to destroy; dryness, exposure to oxygen, putrefaction, and most disinfectants, failed to produce any effect.

2. A temperature of 100° C. only killed the bacilli after at least five minutes of ebullition.

3. The artificial digestion of bacilli showed that they were the last of all living organisms to be destroyed by the gastric juices or chlorhidric acid. A very active digestion is necessary to kill this microbe. A healthy man may destroy the bacilli in his stomach, but an infant or an adult with his digestive faculties impaired would easily allow the germ to pass the stomach intact, and retain its virulence in the intestinal tube. This determined enteric ulcerations, etc.

4. The bacillus of tuberculosis can be preserved intact for a whole year when mixed with water. It is probable, though not proved, that it has retained its virulence during that time. Thus drinking water may become the means of propagating tuberculosis. It is probable that contaminated linen retains its virulence for five or six months.

5. Alcohol does not destroy the germ, and hard drinkers often suffer from tuberculosis.

6. Cod-liver oil, ozone, oxygenated preparations, and other similar remedies, have no effect in killing the bacillus, nor are benzoate of soda, salicylate of soda, sulphate of zinc, and carbolic acid, iodide of silver, bromides, camphor, etc., of much greater use. They injure, perhaps, but do not absolutely destroy the bacillus, at least in the doses that can be taken without danger.

7. A more decisive action may be attributed to creasote, eucalyptol, pure carbolic acid, the naphthols, and bichloride of mercury.

8. For disinfecting spittoons, carbolic acid solution at 5 per cent. is thought sufficient, and Dr. Sormani asserts that the breath never contains any bacillus. He also suggests that essences of turpentine or eucalyptol should be diffused in the

house as an agent for the destruction of this special germ.

Roman Remains in England.

Dr. William O'Neill writes to the *Lancet*, September 27, 1884, that while some workmen were recently opening up a new mining shaft near Lincoln, they came upon the remains of a Roman villa, two or three feet below the surface of the ground. From the nature of the diggings, much unavoidable damage had been done to the remains; but this much could be made out from the present excavations: that between two walls, running a considerable distance north and south, and fifteen yards apart, several apartments existed, as indicated by walls, tesselated pavements and large tile pavements. From these apartments three or four steps led down to a bath-room. The bath-room seemed to have been the front and most advanced basement room of the villa, and looked southward. From east to west the room measured about fifteen feet, and from south to north ten feet. From the east end of the north wall of the room, the bath extended seven feet southwards along the east wall. The bath was between three and four feet in breadth, and its sides rose from the floor about two feet. The floor of the bath-room was formed of a beautifully white tesselated pavement, the tesseræ being about an inch square. The tesseræ of the bath-room were made of white china clay, and were set in concrete. Tesseræ resembling those of the floor were extended up the side of the walls for a few inches, to form a dado. A dado has not been hitherto found in any other Roman building in England. In this case it was probably placed round the room to protect the lower part of the walls from the bath water. Tesseræ were also extended up the outside of the bath; the inside of the bath was formed of the same material as the tesseræ, but was quite smooth. The well-plastered walls of the room were painted a creamy white, and the bordering of the walls and other decorations were painted with the greatest neatness and precision in fine reds, yellows, greens, blues, and blacks. On one piece of plaster there was the picture of a swallow, nicely drawn and painted. Two or three feet north of the bath-room, but in a different apartment, is a very deep well seven feet in diameter, which is still in a comparatively good state of preservation. The water of this well no doubt was used in the bath-room, and from the bath-room a well-constructed drain-pipe carried off the waste water. The house must have been the property of a Roman gentleman of taste and opulence. The site was well chosen; but, in consequence of the villa being built on the brow of a hill, the lower rooms were on different planes. The ancient Romans evidently had remarkably good ideas of sanitation. This villa was built on a mass of three layers of different kinds of concrete, to the depth in some places of upwards of three feet; and the drainage of the whole premises seemed, as the workmen remarked, to have been perfect. The workmen, in clearing away the soil immediately outside the villa, came upon a skull and some human bones, among which there was a tibia presenting a united fracture.

An Oyster Mistaken for a Malignant Growth.

Dr. Theobald relates the following incident at one of the Baltimore medical societies, according to the *Archives of Ophthalmology*. A patient having suffered from some obscure symptoms sought medical advice for the relief of her sufferings. A suspicious-looking mass was discovered blocking up the posterior nares. This was removed without difficulty, having, apparently, sloughed off from its former attachments. The supposed neoplasm being regarded as probably of a malignant character, it was deemed of the first importance that its histological structure should be made out. A portion of the tissue was teased out and submitted to a microscopical examination. This completed, the growth was exhibited to the society in question, its histological characteristics were duly set forth, and the clinical facts of the case related. An animated discussion followed, and more than one hypothesis was advanced to account for the unusual features which the case presented. While this was in progress, an inquisitive individual, with microscopical proclivities, inspected the tumor with more care than had previously been thought requisite. The debate was suddenly cut short by the announcement that the suspicious neoplasm was, after all, but a half-digested oyster, a harmless specimen of our should-be familiar bivalve, which, probably, during a previous spell of vomiting, had become lodged at the point where it was discovered.

A Mediæval Instrument for Preventing Coitus.

To the late meeting of the American Gynæcological Society Dr. Thomas showed a relic of the Middle Ages, in the shape of a contrivance for preventing women from indulging in intercourse. It had lately been given him by a friend, by whom it had been found in the bottom of one of a number of trunks that constituted, with the odds and ends which made up their contents, the remnants of an estate in Europe that he had been called upon to take charge of. The apparatus resembled the well-known ivory affair that was furtively exhibited to tourists at the Hôtel de Cluny. It consisted of a jointed iron belt, to encircle the hips, to which a rigid strip of iron was connected before and behind, somewhat after the manner of a T-bandage. This strip of iron was widened where it passed over the vulva, and at that place there was a slit-like fenestra with a serrated edge, the teeth being bent somewhat outward. At the situation of the anus there was another perforated expansion, circular in this instance, and that opening also was serrated. The whole was covered with ancient-looking velvet. The strip of iron which passed between the thighs was hinged to the pelvic girdle in front, but behind (perhaps to add to its discomfort) it was secured with a lock. The original lock was a remarkable antique, and bore the emblems of high nobility—perhaps royalty. On that account his friend had desired to keep possession of it, and therefore he (Dr. Thomas) had replaced it with a small modern padlock.

The Inscription on Charles Reade's Tomb.

"The following," writes a correspondent, "is an exact copy of the inscription on Charles

Reade's tombstone, for the accuracy of which I can vouch. It was written by himself:"

HERE LIE
BY THE SIDE OF HIS BELOVED FRIEND, THE MORTAL REMAINS OF
CHARLES READE,
DRAMATIST, NOVELIST, AND JOURNALIST.
HIS LAST WRODS TO MANKIND ARE ON THIS STONE.

I hope for a resurrection, not from any power in nature, but from the will of the Lord God Omnipotent, who made nature and me. He created man out of nothing, which nature could not. He can restore man from the dust, which nature cannot.

And I hope for holiness and happiness in a future life, not for anything I have said or done in this body, but from the merits and mediation of Jesus Christ.

He has promised his intercession to all who seek it, and he will not break his word; that intercession, once granted, cannot be rejected, for he is God, and his merits infinite; a man's sins are but human and finite.

"Him that cometh to me I will in no wise cast out." "If any man sin, we have an advocate with the Father, Jesus Christ the Righteous; and he is the propitiation for our sins."

Cutting the Horns of Cattle.

One of the English Courts of Appeal has recently decided that the practice of cutting off the horns of cattle close to the head is cruel and unjustifiable. It was claimed in defence of the practice that it prevented the cattle from injuring one another when feeding in the yards, and secured for them a higher price. This reasoning was not conclusive with the judges, and they have decided that it must be discontinued. In this country the practice does not appear to be a common one, but the courts in any case before them would no doubt come to a similar conclusion.

A Dentist's Revenge—What it Cost Him.

A curious case is presented in one of the San Francisco courts. It seems that a dentist agreed to fill the teeth of a patient for $17.50, but after the work was done made his charge $22.50. Payment of this sum being refused, he forcibly removed the fillings. Suit was then brought by the patient for damages, and a verdict has been rendered against the dentist for $217.50, together with the costs of the suit.

Items.

—The Pope has given $200,000 for the erection of a new hospital at Rome, near the Vatican.

—Menthol has been used with success for ringworm, both in the form of a solution and pomade.

—It is proposed as a measure of economy to burn the dead paupers of Brooklyn, instead of, as is at present the practice, burying them in two-dollar soap-boxes.

—The sum of 40,000 francs has been left to the Faculté de Médecine, Paris, to found a biennial prize in hygiene. The sum of 10,000 francs has been left for a prize in histology.

—Dr. Don Rafael Zaldivar, President of the Republic of San Salvador, is said to be a very accomplished physician. He has just been chosen for a third term, and is now traveling in Europe.

—The Chicago Medical Society announces that there is now a collection of twelve hundred standard medical works in the Public Library.

—It is stated that so little faith does Dr. Klein now possess in Dr. Koch's germ-theory, that, ten days ago, he tested the question personally by swallowing a quantity of bacilli, without any evil result.

—The death of a child, aged two and a half years, recently occurred in England, from the sting of a wasp on the arm. Severe inflammation of the limb set in, and in four days the fatal result took place.

—Curci has shown, by trepanning experiments on dogs, that chloral, chloroform, ether, paraldehyde, and quinine produce anæmia, whilst morphia and nitrite of amyl cause hyperæmia of the brain. Atropine in small doses has but little effect; in larger doses it is rather an "anémiant."

—The death is announced of Mr. John N. Radcliffe, M. R. C. S., one of the best of modern epidemiologists. He was the author of a number of painstaking reports upon epidemics, being especially skillful as a historian in that line. He was for some years one of the two public health inspectors of London.

—Dr. John L. Dickey, of Wheeling, reports, in *The American Journal of Medical Sciences* for October, the history of a case of glioma retinæ. He appends a summary of the literature of this subject, which shows that most gliomatous tumors originate during fœtal life, and that permanent recovery is extremely rare.

—Dr. Howard A. Kelly, of Philadelphia, reports, in the October number of *The American Journal of Medical Sciences*, a case of the occurrence of ascaris mystax in the human body. It is believed to be the ninth case on record, and the first observed in this country. Dr. Kelly believes that it is simply an accidental parasite in the human body, and that it is probably but one of the rarer of the risks from using food contaminated by filth.

—Dr. S. J. Allen, in a paper read at the Vermont Medical Society, stated that during four years active service in the American civil war he was very seldom able to localize the position of a bullet by means of a probe; which, indeed, he considers only of service for determining the direction the ball has taken from its point of entrance, and whether it has entered a cavity. Used beyond this, it will do harm. But successful exploration may almost always be made by means of the smallest-sized exploring needles, which may be repeatedly passed in, in different directions, without any danger and with little or no pain.

—Prof. Chapman says the credit of demonstrating the functions of the anterior and posterior roots of the spinal nerves belongs to Magendie, and not to Sir Charles Bell. When Magendie, in 1821, published the correct idea, Bell collected and destroyed, as he thought, the whole edition of his own pamphlet, printed in 1811, which advanced the idea that the posterior roots are trophic only, and quickly published another containing the true idea. Prof. Chapman has seen a copy of Bell's treatise of 1811 which escaped destruction, and is now owned by the celebrated Richard Owen.

THE

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Communications.

A NEW METHOD OF TREATMENT IN DEEP ULCERS OF THE CORNEA.

BY M. LANDESBERG, M. D.,

Of Philadelphia.

The treatment ordinarily employed in deep ulcers of the cornea (suppurative keratitis—keratitis with hypopyon) chiefly consists in the use of atropia, hot poultices, and eventually in the application of compressive bandages on both eyes. In instances of keratitis with large hypopyon paracentesis is frequently made, in order to let off the exudation from the anterior chamber. In this form of deep ulceration of the cornea, which is commonly known as "serpent ulcer," the section of the cornea is performed, if the above-mentioned therapeutic measures have failed to check the progress of this morbid process. This surgical proceeding, which has been introduced by Saemisch into the oculistic therapeutics, consists in splitting the bottom of the ulcer by means of Von Graefe's knife. Lately, the treatment with iodoform has been tried extensively in deep ulcers of the cornea, and the German oculists speak very favorably of this new method, especially in instances of "serpent ulcers," which praises, however, I am not able to corroborate by my own experience.

But, whichever method of treatment is resorted to, the course of the latter always proves to be a tedious and protracted one, which confines the sufferer for the most time to his room or bed, requiring of both the patient and the physician the greatest patience and perseverance. And in spite of this trouble and annoyance, the results of the treatment with either method have been far from answering even the most modest expectations. Total losses in a certain percentage of instances are an unavoidable fatality; dense opacities of the cornea are of common occurrence, and iridectomy remains the last resort in many cases to restore to the affected eye a certain amount of vision.

These sad experiences in the treatment of deep ulcers of the cornea I have shared with all the other followers of our special profession. But the aspect changed entirely from the time I began to use methodically instillations of eserine in this affection. Outdoor treatment in the practice of the poor became the rule, from which I have not had to deviate in one single instance. The treatment itself became simplified, and its duration shortened to half the time it had taken under the old method. And—which concerns us the most—the results of the new departure have been favorable more than any other method of treatment can boast of. Staphyloma and total adherent leucoma have not been observed in any case which was admitted for treatment, and dense opacities of the cornea, with or without anterior synechiæ, have occurred only in such cases which came under my treatment either with protrusion of the membrane of Descemet (keratocele), or with perforation of the cornea—all other cases treated with such a smooth, circumscribed opacity and with such a favorable condition of vision, that the necessity for iridectomy has become very rare. This marvelous change for the better in the issue of the treatment in one of the most severe affections of the cornea, I exclusively owe to the use of eserine. The progress of the morbid process is generally

checked after the remedy has taken full effect, which usually occurs within twenty-four hours. The symptoms of inflammation and irritation gradually subside, and the affection henceforth remains under control, although the course of healing may not always run altogether smoothly. There are oscillations and relapses, especially in "serpent ulcer," but the tendency in the whole is one towards recovery. The use of eserine is continued until the reparation of the destroyed tissue has been completed, when it is replaced by the application of stimulant ointments, as oleate of mercury, or oleate of iodoform, in order to clear up, as far as possible, the remaining opacities. And I have to say, that by the use of the latter remedies I have frequently been able to establish a certain pellucidity and transparency even in the most dense opacities of the cornea. Besides eserine, I consider the application of hot fomentations an essential part of the treatment, which greatly facilitates the repair of the destroyed tissue. But I must confess that I have seen good recoveries taking place in many instances in which my directions in regard to hot fomentations have not been attended to very scrupulously. The diseased eye is protected against injurious influences by a simple bandage, which can easily be removed and applied again by the patient himself. I have ordered all my dispensary patients to keep quietly at home during the time of their trouble; but I know but too well that only few of them were in the position and of the disposition to live according to my advice, and that many were obliged to continue their usual daily work (as rag-picking, washing, peddling, etc.), in order to make a living.

In the first years of my experiments with eserine I have frequently performed paracentesis of the cornea in instances with marked development of hypopyon. But for the last two years I have entirely abandoned the operation, having learned by experience that spontaneous absorption of the exudation in the anterior chamber does not in the least interfere with the course of the healing process.

The new method of treatment I have tried in the last six years with 122 dispensary patients. Of these, 75 were suffering from deep ulcers and 47 from serpent ulcers of the cornea.

Of the 75 cases with deep ulcers of the cornea, there were 53 men, 15 women, and 7 children. Both eyes were affected in three men and in one child.

The first examination showed the following condition:

Small hypopyon in 7 patients.

Medium large hypopyon in 16 patients.

Very large hypopyon in 11 patients.

In these instances there was:

Keratocele in 11 patients.

Perforation of the cornea with prolapse of iris in 9 patients.

The following complications were present:

Stricture of the lachrymal sac in 8 patients.

Dacro cysto blenorrhœa in 13 patients.

Ectropion in 3 patients.

Paralytic lagophthalmus in 2 patients.

Exophthalmus consequent upon Basedow's disease in 1 patient.

The final issue was:

1. *Nubecula of the cornea* in 35 patients, with the following vision:

$\frac{1}{20}$ in 9 patients.
$\frac{1}{30}$ in 11 patients.
$\frac{1}{40}$ in 9 patients.
$\frac{1}{50}$ in 5 patients.
$\frac{1}{70}$ in 1 patient.

2. *Central cicatrix of the cornea* in 27 patients, with the following vision:

$\frac{1}{30}$ in 7 patients.
$\frac{1}{40}$ in 11 patients.
$\frac{1}{70}$ in 6 patients.
$\frac{1}{100}$ in 3 patients.

3. *Circumscribed macula of the cornea with anterior synechiæ* in 7 patients, with the following vision, 6 of whom after iridectomy:

$\frac{1}{15}$ in 2 patients.
$\frac{1}{20}$ in 1 patient.
$\frac{1}{40}$ in 3 patients.
$\frac{1}{100}$ in 1 patient, who refused iridectomy.

4. *Adherent leucoma of the cornea* in 6 patients, with the following vision, after iridectomy:

$\frac{1}{50}$ in 3 patients.
$\frac{1}{70}$ in 2 patients.
$\frac{1}{100}$ in 1 patient.

In 23 patients who came under my notice in the progressed stages of the affection, other methods of treatment had been used without the least avail.

Of the 47 cases of serpent ulcers of the cornea there were 34 men, 11 women, and two children. The affection was one-sided in all instances. Seventeen patients presented themselves in the first stages of the affection. Hypopyon was ascertained in 25 patients, viz.:

Small hypopyon in 7 patients.

Medium large hypopyon in 9 patients.

Very large hypopyon in 9 patients.

Of these instances, 7 patients showed keratocele and 5 perforation of the cornea with prolapse of the iris.

The following complications were present:

Stricture of the lachrymal duct in 11 patients.

Dacryo cysto blennorrhea in 5 patients.

Ectropion of the lower lid in 1 patient.

The final issue was:

1. *Nubecula of the cornea* in 29 patients, with the following vision:

$\frac{2}{15}$ in 13 patients.

$\frac{2}{20}$ in 10 patients.

$\frac{2}{30}$ in 6 patients.

2. *Macula of the cornea* in 9 patients, with the following vision:

$\frac{5}{30}$ in 4 patients.

$\frac{5}{40}$ in 3 patients.

$\frac{5}{50}$ in 2 patients.

3. *Circumscribed macula of the cornea with anterior synechia* in 6 patients, 3 after iridectomy and 3 iridectomy refused, with the following vision:

$\frac{5}{20}$ in 2 patients.

$\frac{5}{40}$ in 1 patient.

$\frac{5}{70}$ in 2 patients.

$\frac{5}{100}$ in 1 patient.

4. *Adherent leucoma of the cornea* in 3 patients, with the following vision, after iridectomy:

$\frac{5}{40}$ in 2 patients.

$\frac{5}{70}$ in 1 patient.

In 17 patients who came under my notice in the progressed stages of the affection, the old routine treatment had been used without any effect whatever.

Of the seven patients in whom the operation, after Saemisch's method had been performed, three showed, at the first examination, keratocele, and four perforation of the cornea with prolapse of iris.

2006 *Arch Street, Philadelphia.*

THE CURE OF CROOKED NOSES BY A NEW METHOD.*

BY JOHN B. ROBERTS, M. D.,
Of Philadelphia.

I present this patient to the society, to show the manner in which I treat the very disfiguring lateral deformity of the nose, so often seen after falls or blows which have fractured the septum and cartilages. The method is, I believe, original. It is certainly attended with very little inconvenience to the patient, who, after recovering from the anæsthetic, can at once attend to his occupation, without wearing any apparatus to call attention to the surgical procedure by which his crooked nose is being made straight and shapely. The usual advice given to patients with deformed noses, from nasal fracture sustained in childhood or later, is to undertake no surgical treatment, but to become reconciled to the disfigurement of feature as best they may. This is, I am sure, improper advice. The æsthetic objection to a crooked nose is cogent: and, moreover, obstruction of one nostril, from the displaced cartilages, is a frequent accompaniment of such lateral deviation of the tip of the nose.

This man sustained, ten years ago, a fall upon his face, from which he recovered, with the end of the nose bent to the right, and with considerable obstruction of the left nostril. I operated on him day before yesterday. You see now a straight nose, and nothing to call attention to the operation, except a small piece of black court-plaster a little to the right of the nasal bridge. Just within the right nostril, close inspection reveals the head of a pin, situated on the side of the septum, near the columella. The method of operation, therefore, is certainly not objectionable on account of making the patient unpleasantly conspicuous during treatment. This evening I merely wish to show the man, and refer to my method of dealing with such cases, because at a later time I hope to bring the subject of curing nasal deformities before the society in a more formal and elaborate manner. Then I may have no patient undergoing straightening of the nose, to illustrate the remarks.

Replacement of the deformed structures in this case was very simple. With a scalpel introduced through the left nostril, I perforated the cartilaginous septum at its upper and back part, and made a long incision through it in a direction downwards and forwards. This permitted me to push the whole cartilaginous portion of the nose to the left, and overcome to a great extent the lateral deformity. To retain the parts in this position, I introduced a steel pin about one and one-fourth inches long, into the right nostril, and passed it completely through the anterior and upper segment of the divided septum, near the columella. Having the movable portion of the septum thus transfixed, I was enabled by carrying the head of the pin to the left, to move the anterior part of the nose to the left and retain it there by imbedding the point of the pin deeply in the immovable cartilaginous septum and mucous membrane at the back of the left naris. In other words, I incised the deformed cartilage, and pinned it in position very much as you would pin a flower in the button-hole of a coat. There still remained a little deflection of the end of the nose to the right, which seemed to be due to the malposition of the lateral cartilage close to the right nasal

*Read before the Philadelphia County Medical Society, September 17, 1884.

bone. With a tenotome in the right nostril, I pared the cartilage loose, without perforating the skin, and pinned the parts over to the left by a second pin inserted from the cutaneous surface of the dorsum on the right of the median line. The point of this pin was fixed by having its point imbedded in the tissues of the left naris. It is the head of this second pin that is covered by the small square of court-plaster. The correction of the angular deformity of the septum removed most of the occlusion of the left nostril, which had greatly annoyed the patient.

I have thus given an idea of the method which has, I believe, great capability for relieving unsightly nasal deformities. The novelty consists merely in pinning the parts in position until cicatrization takes place. Endeavors have occasionally been made, as by Mr. Adams, Dr. Weir, and others, to hold deflected noses in position, after operation, by the use of clamps, rods attached to the forehead, adhesive plaster, plugs, and similar devices. All of these are objectionable, because so conspicuous and troublesome, and would probably be adopted only in instances of great deformity. The pin method, however, leaves no noticeable scar, is not troublesome to the patient, and is applicable, therefore, even to those slight deformities whose chief annoyance is an æsthetic and cosmetic one. I leave the pins in position for about two weeks.

A few years ago, Dr. Mason, of Brooklyn, recommended the use of steel needles to hold the nasal bones in position, when, after recent comminuted fracture, it was difficult to keep the fragments sufficiently elevated. He transfixes the nose below the depressed fragments, and carries a piece of plaster or a rubber band across the external surface of the bridge from one end of the needle to the other. The needle acts as a girder to tie the base of the nasal arch and prevent its falling in. This is a different use of the pins or needles from that which I am describing, and for a different purpose.

I have pins of lengths varying from one inch to two and one-fourth inches, and with flat heads, so that there will be little projection under the court-plaster to attract attention when the patient is in public. The heads are square, that the pins while imbedded may be, if necessary, readily rotated by the fingers.

When the deformity is in the osseous portion of the nasal bridge, section with small chisels is usually necessary. Discussion of this topic, however, would carry me beyond the limits of the present subject.

Free incisions are essential in obtaining good results in cases of nasal deformity such as was exhibited by this patient. The surgeon must not spare the knife and thereby spoil the nose. Secondary operations may sometimes be required to get the best results. If a simple incision did not allow proper adjustment, I should excise portions of the cartilage with the oval punch or the scalpel, or make multiple stellate incisions with the stellate punch, and so produce general flexibility of the cartilage.

Recurrence of deformity would, I think, be less likely to occur after free incision, pinning, and cicatrization, than after simple dilatation with or without incision with the stellate punch.

DRUGS THAT INTOXICATE.

BY WILLIAM D. RONALDSON, M. D.,
Of Philadelphia.

The term intoxication as commonly used invariably suggests inebriety caused by the use of alcoholic stimuli; therefore, on account of the limited meaning, it may be more accurate to assume the title: "Drugs that intoxicate, and to whose use one may become habituated."

To attempt to give a complete and accurate enumeration of all the substances included in the list, would be useless for practical purposes and tiresome to the reader, therefore I will divide them into two classes, *Alcohols* and *Narcotics*, and speak of those which are used in the profession, and of the uses and effects of which the general public have a more or less extended knowledge.

Under the first class may be mentioned ether, alcohol, chloroform, Hoffmann's anodyne, spirits, wines, spts. æth. nitros., tinctures, cordials, bitters.

Under Narcotics we have: opium and its preparations, morphia, chloral, hyoscyamine, cannabis indica, coca, bromides, caffeine, and paullinia.

These lists include the drugs which are well known to physicians, and whose effects are widely known to the laity: but we may state in general terms that any drug which has a *primary stimulating* and *secondary narcotic* effect, will produce intoxication and perhaps habituation to its use; and also that any medicine or compound into whose composition ether, alcohol, or a narcotic enters (as spts. lavend. comp., tr. ginger, and paregoric) in sufficient quantities to produce exhilaration, will have a similar effect and tendency. It would be superfluous, and of little interest, for me to speak of the abuse of opium

and its preparations, alcohol, chloral, cannabis indica, and the bromides, as its extent is well known and appreciated at home as well as abroad. The other enumerated articles are not so widely used, therefore the cases of habituation are not so numerous; yet I have known of an instance where from Oss. to Oj. of ether was frequently inhaled in from 24 to 48 hours; another where ext. coca fld. Oj. was consumed in the same time, and still others where frequent (very) headache (?) obliged the sufferers to have constant recourse to ether, chloroform, caffeine, or paullinia. But instances of these classes of cases come under the notice of every practitioner, and it seems unnecessary to call attention to them.

The constant use and frequent abuse of stimulants and narcotics suggests the inquiry: "Are they indulged in on account of gustatory relish, or because of the effects derived from them?" From evidence obtained, I am inclined to say most positively that the latter alone is sought for. The first dose of the one or the other that any one takes produces little else than disgust; and if a majority of the wines and cordials are excluded from the lists, the remaining articles possess nothing to recommend themselves favorably to the taste or palate. Aside from this, observe the habitual drinker and the inebriate. They not only disguise the taste of spirits (by tansy, peppermint, bitters, etc.), but they gulp the dose down in the shortest possible space of time, as if they had an unpleasant duty to perform, the sooner over the better. They do not evince any relish or pleasure, therefore it seems to me that the taste is tolerated because of the effect which ensues. As it is with the habitual drinker, so it is with the opium habitues—they resort to the use of the hypodermic syringe, not only to obtain the most rapid effect, but also to disguise as much as possible the taste of the drug.

The effects of the drugs mentioned are similar: the use of all at first produce stimulation—the abuse, narcosis. As we can have unconsciousness or coma produced by cerebral anæmia or hyperæmia (two opposite conditions) so also can we have narcotism from an opiate or stimulant: the action of the drugs may be dissimilar, but the resulting effects are identical. They act upon the nervous system, and in the case of alcohol especially, cause tissue change in the brain and internal viscera. As this change occurs, the habitual drinker may become metamorphosed into the diseased inebriate or dipsomaniac. I am very loath to accept the hereditary theory of inebriety: for if wholly reliable, the infant would take as eagerly to the bottle as to the breast, or as in the case of the inebriate would prefer the stimulant to its food. In a thoroughbred inebriate we sometimes (not infrequently) find not only impotence but also a disinclination to cohabit, and I think it a question for solution whether in this class of patients the spermatozoa have not their vitality destroyed by the alcohol or some of its derivatives. I do not believe a *taste* for stimuli is ever established; but a habit may be acquired in spite of the natural disgust for the sake of the effect, and this habit eventuate in disease or inebriety. From this it seems clear to me why stimuli and narcotics are resorted to in case of pain, trouble, insomnia, and exhaustion; and if spirits were not so easily obtained, or if they and opium were excluded from the community, the other members of the alcohol and narcotic groups would be sought after as eagerly and resorted to as frequently for the same purpose. The fact that these drugs are indulged in on account of their effect, and not for the sake of catering to the taste, presents a feature most favorable for treatment; for by means of substitution and rapid but gradual reduction, the patient may not only be broken of the habit, but also be relieved of any future desire or craving. The records of this line of treatment show the greatest percentage of success, and it is no longer expected that any benefit will be afforded the patient by execration and abuse.

The drugs mentioned being analogous in their effects, and closely allied to each other in composition, extreme care should be exercised in prescribing them or prolonging their use; and by practicing this caution an acquired habit may be prevented, and curative measures rendered unnecessary.

4017 *Locust street.*

NOTES ON A CASE OF POISONING FROM MRS. WINSLOW'S SOOTHING SYRUP.*

BY A. B. HIRSH, M. D.

With the object of adding my quota to the list of serious accidents resulting from the indiscriminate sale of secret medical preparations, I have gathered the notes of the following case:

Mrs. A. H. L. took her twenty-months-old boy to visit some friends, and, while there, they (all unknown to her) fed him some unpeeled apple and other indigestible material. Being colicky all that night and next morning, she was per-

*Read before the Philadelphia ounty Medical Society, September 17, 1884.

suaded by a "friend" to purchase a two-ounce vial of the nostrum sold as "Mrs. Winslow's Soothing Syrup," and of this gave him half teaspoonful doses, as the directions called for, although she insists half of each quantity was spilt through his struggling.

He took, therefore, the first dose at four o'clock on Sunday afternoon (August 24), and, there being no effect, another at eight; then dozing, but not sleeping, from this time till three next morning, the pain starting him again to whining, he was dosed at five; still crying on, three-quarters of an hour later the final similar amount was administered. The mother soon became alarmed at the marked stupor which had now set in. He would touch none of the breakfast placed before him, Mrs. L. said; although sitting upright in his high-chair, his head hung listlessly and he recognized nobody.

I saw him at 7:45 a. m. and found marked symptoms present of poisoning by some narcotic drug. The pupil was contracted down to the typical pin-head; stupor was unmistakable; respiration was very slow, gasping and shallow, while at irregular intervals he would take two or three rapidly-succeeding deep sighs; the pulse was rapid and small; the extremities were cold throughout the case. Taking all these symptoms into consideration, and the fact that the breath bore the peculiar odor of an opiate, I felt warranted in treating the case as one of poisoning by some preparation or derivative of that drug.

The stomach and bowels were emptied at once; frequent cold sponging was ordered, with wet cloths placed on the nape of the neck whenever great trouble existed in keeping him awake. Tr. belladonna was given hourly in aqueous solution. The parents were directed to keep him awake, by all means.

By noon he would begin to lift the eyelids a little, but relapsed into sort of a doze by 2 p. m. Despite all their efforts, he fell once more into a stupor about 6. Calling about this time, I insisted on the mechanical exercise being continued, feeling encouraged by the somewhat improved breathing, and that I succeeded a little while later in arousing him. As the pupil had now begun slowly to dilate, the medicine was ordered to be given every half hour, or twice as often as before. By 11 he began to lighten up, and, on calling half an hour later, I found him languidly trying to push his ball around the table upon which he sat; the pupils were widely dilated, and respiration free. He was allowed to sleep, with slight interruptions, from midnight until 6 a; m., after which the child showed his great thirst by frequent demands for ice-water. Incoördination of the voluntary muscles now became noticeable, and continued until next morning. A typical belladonna rash was now likewise beautifully shown, also to disappear in time. He slept for two hours about noon, being exceedingly irritable afterwards, but, excepting the use of a tonic, required no other treatment.

As stated in the beginning of the notes, this case is merely placed on record to help expose an existing evil, believing that continuous agitation will finally induce the intelligent public to demand the regulation of the sale of patent medicines, a need concerning which there never was any doubt in the profession.

A fatal result would inevitably have here occurred had no treatment been instituted, and I feel convinced that many such cases happen in our midst, which should be reported; incidentally conversing with Drs. Schoales and Blackwood, I heard of such occurring in their respective practices, and should be glad to hear more fully of those from the gentlemen.

The case is the more pertinent at this time, when any fakir or shopkeeper may legally retail unlabeled poisons in the guise of patent medicines; while one of our inconsistent laws is now being so interpreted as to inform the patient that, in very many cases, his doctor has prescribed him medicine containing poison.

Hospital Reports.

A CLINICAL LECTURE DELIVERED AT THE UNIVERSITY HOSPITAL (PA.), SEPTEMBER 18, 1884,

BY S. D. RISLEY, M. D.,

Instructor in Ophthalmology and Ophthalmic Surgeon in the University Hospital.

Reported by G. E. de SCHWEINITZ, M. D.,

Surgical Registrar of the Hospital, and Assistant Physician in the Eye Department.

Cases and Remarks Illustrating the Importance of Differential Ophthalmic Diagnosis, and its Relation to General Medicine—Strumous Ophthalmia—Granular Ophthalmia—Serous Iritis—Chronic Secondary Glaucoma.

GENTLEMEN: It becomes my pleasant duty, in the absence of Prof. Norris, of welcoming you once more to your studies in ophthalmology. It is needless, perhaps, for me to dwell upon the importance of careful clinical study of the eye, for failure to make such study will hereafter ever be a source of regret to you, while if you take advantage of the opportunities here presented to you, they cannot help but be in the future a

source of gratification and advantage to you. It may seem to you that an organ so small, and one solely devoted to the function of vision, is a limited area in which to spend a life's work; but all the tissues of the body are represented in the eye and its appendages, and a really wide field of study and observation is opened up before you. My experience in this clinic, and in my private office, has taught me that all practitioners of medicine are not equally well-informed upon diseases of the eye, and indeed are probably less at home in the special study of this organ, than that of any other, except the ear. The eye presents special difficulties of study, owing to the necessary knowledge of optical principles which underlie a correct appreciation of the abnormalities to which this organ is liable—the very ability even to see the various tissues of its composition being impossible for the untrained observer, while, of course, the skill to use the ophthalmoscope is a *sine quâ non* in the study of diseases of the eye. Furthermore, this delicate organ is constantly exposed to various irritants, to traumatisms, to functional congestions, especially of the choroid, a vascular membrane lining its interior upon which the whole organ depends for its nourishment, and to constant strains and the long train of evils dependent upon such strains when it is embarrassed—as is only too frequently the case—by departures from its normal anatomical structure. Anatomical peculiarities demand peculiar methods of treatment. In an inflammation of the pleura or an abscess of the hand or elsewhere, you would not go far wrong by employing counter-irritation followed by hot fomentations in the one instance, and poultices in the second; but you would be in error were you to apply these principles of treatment to analogous conditions in the eye; indeed, you may put it down as an aphorism never to use poultices, at least in the ordinary acceptation of the term, in your treatment of diseases of the eye.

Again, in many inflammatory conditions the acetate of lead is a useful sedative and astringent application. Your chemical studies, however, have taught you that lead forms with albumen an insoluble albuminate; so that if you apply this astringent to an inflamed cornea, or to one whose epithelium is eroded by an ulcer, a deposit of the albuminate of lead will be left upon the cornea, and the last condition of that eye will be worse than the first. Peculiarities of function create a demand for peculiarities of treatment, and you should ever keep this rule in mind, not only in the treatment, but also in the differential diagnosis of eye diseases. It is by no means easy to differentiate between the various inflammatory diseases of the eye, and to this end I have brought this series of cases before you.

Case 1. This man applied for treatment yesterday for the first time, having been troubled with his present affection for about one week. As he passes around, gentlemen, you observe that the eyes are red, the vascular system of both bulbar and palpebral conjunctiva is injected. There is but slight glueing of the lids by discharge in the morning, according to his statements, and he complains of some pain and dread of light or photophobia. He has bathed his eyes in salt-water and a mucilage of sassafras pith—both harmless, but useless applications in the present instance—and also used Becker's eye salve, a patented ointment, the contents of which are unknown, and which is in many conditions a harmful preparation. Indeed, make it a rule never to use any form of medication in the eye, the composition of which is unknown to you. I am quite surprised that this man does not tell us that he has poulticed his eye or covered it with a piece of raw beef or an oyster, these being a few of the very many foolish remedies that people are in the habit of employing in the domestic treatment of eye troubles.

We come now to the question of diagnosis. This condition is differentiated from an ordinary catarrh by the presence of pain and photophobia, which two symptoms are usually absent in the former trouble. Moreover, in any conjunctival disease, pressure upon the eye-ball through the lid will momentarily expel the blood from the injected and dilated vessels; but not so in this case, for here the anterior perforating and episcleral vessels are distended with blood.

Further this man's acuity of vision is markedly diminished, being only $\frac{20}{\text{LXIV}}$ in his right eye, and less than $\frac{20}{\text{CC}}$ in the left. A case of catarrh complicating myopia might present such a record of vision, but the myopic patient would be able to read fine print when it was brought near to the eye, while this man is unable to read type of any ordinary size. Finally, the instillation of a mydriatic caused unequal and sluggish dilatation of the pupil, and examination with the ophthalmoscope showed a fine haze in the cornea, the aqueous humor slightly muddy, and on Descemet's membrane, or the posterior elastic lamina of the cornea, a number of faint grayish spots due to deposits of lymph. No distinct view of the eye-ground could be had, owing to the presence of innumerable dark spots seen in shadow in the anterior layers of the vitreous humor; but enough could be made out to show that the veins were too full and margins of the optic nerve entirely blurred. This, gentleman, is a case of what is sometimes called Descemetitis, but more correctly serous iritis, or as I would prefer to class it, serous irido-cyclitis, as that name more exactly describes the pathological conditions present. The affection is not merely an inflammation of the posterior layer of the cornea, but a disease of the whole uveal tract. You see now why I have dwelt so long upon the points of difference between this affection and an ordinary inflammation of the conjunctiva. In the one case the application of any simple astringent would effect a cure; here it would be worse than useless; while inability to recognize this condition or ignorance of the proper therapeutic measures to be used in its treatment would be the means of marring this man's sight for life.

Treatment.—Frequent instillations of a solution of atropine (gr. iv.–f. ℥j.) in order to keep the pupil widely dilated, and if possible prevent the formation of posterior synechiæ or attachment between the iris and capsule of the lens. Internally, I have ordered him 10 grains of iodide of

potassium three times a day. Should this not be successful in checking the progress of the affection, he will be ordered inunctions of mercurial ointment, a drachm to be thoroughly rubbed into the skin once a day.

Cases 2 and 3. These children illustrate two widely different conditions, yet note how closely their general appearance is alike. Both hang their heads, somewhat spasmodically close their eyes and dread the light. Both, no doubt, live in bad hygienic surroundings, as their insufficient physical development only too plainly attests. This little girl, with her anæmic skin, lustreless blonde hair, and typical strumous face, old and careworn in expression before its time, presents a representative case of *scrofulous ophthalmia;* and were not her photophobia so marked, I would demonstrate to you the excessive lachrymation, the injected although transparent conjunctiva, and the depressed central ulcer upon the cornea. This disease is the local manifestation of a constitutional dyscrasia, and while local treatment with atropine, boracic acid collyrium, and later calomel or yellow oxide of mercury, is indicated; this alone will be insufficient, and the progress of the affection will not be stayed until the general system is brought under the alterative and I may say nutritive influence of the syrup of the iodide of iron, cod-liver oil, and improved hygienic surroundings. In the other case examination reveals the conjunctiva infiltrated and granular. The papillæ swollen, and the lids thus thickened and roughened rasping over the surface of the cornea, induce in this normally non-vascular structure the presence of vessels which you see coursing over its surface. Representative cases of granular conjunctivitis, for that is one of the names of this affection, are not common in children, occurring more frequently in men who, like coal-heavers and railroaders, are exposed to dust and irritating particles. Until recently granular lids were looked upon as a local affection, and it is somewhat in this light that I present the case to you, in contradistinction to the other child as possessing a disease which is merely a local manifestation of a general morbid condition. These cases are very protracted, often lasting for years, and I must say that I do not entirely agree with those who regard this condition as of merely local significance, but would rather believe that in many instances a constitutional vice is at the bottom of the trouble. Dr. Swan M. Burnett, of Washington, who has had unusual advantages for observing eye diseases in the negro, finds in this race granular conjunctivitis rare, and trachoma proper almost unknown. His father, also a physician, observed in gangs of laboring men, composed of whites and blacks, that among the negroes there was an immunity from granular lids, while the disease was common enough among the white workmen. On the other hand, strumous ophthalmia is of usual occurrence among the colored races. Now if men of dissimilar race, although exposed to the same external irritating influences, exhibit widely different susceptibilities to this disorder, it is fair to assume that it is of more than mere local significance.

Treatment.—This usually consists of the instillation of a solution of atropine and the application of various caustic substances to the eyelids, among the best of which is ordinary blue-stone. The excess must always be washed away, on account of the painfulness of this application. At some future time I may discuss with you the treatment more in detail, with especial reference to such cases in which infusions of jequirity are a desirable form of medication.

Case 4. This woman presents herself with the following history: Four years ago she was attacked with inflammation and redness of the left eye, together with severe pain in the brow and temple. The attachment of the iris to the anterior capsule of the lens shows this to have been an iritis, and with this condition the patient was left, either having been not at all or badly treated. Her trouble did not cease now, because for the last three years the eye has been subject to recurrent attacks of inflammation, severe pain, increased tension of the ball, and gradual loss of vision, until she presented the state of affairs which you see now, *i. e.*, chronic secondary glaucoma following iritis. While she is being etherized, I will say a few words to you in regard to the pathology of this condition. The nutritive currents of the eye come from the choroidal tract behind, pass forward, and find egress at the angle of the anterior chamber through the canal of Schlemm. Now, fluids secreted in the posterior chamber will no longer, in the presence of an annular synechia attaching the pupillary margin to the capsule of the lens, escape into the anterior chamber and thus gain access to their normal outlet at its angle and thecanal of Schlemm. Fluids thus accumulating in the posterior chamber press the iris forward in contact with the cornea, thus completely closing the angle and increasing the difficulty of excretion. Furthermore, they are retained within the unyielding sclera, increase the intra-ocular pressure, and thus bring about a secondary glaucoma. The delicate axis cylinders of the optic nerve are pressed upon, their functioning power disturbed, and blindness, such as exists in the present case, is brought about. Had the original iritis been diagnosticated and properly treated this woman's present condition could have been avoided. At the same time you should be careful not to confound the pain and redness of an iritis with an inflammatory glaucoma, lest you avoid the only cure for the former—mydriasis —which is contra-indicated in the latter condition. Those forms of glaucoma unaccompanied by any inflammatory manifestations are most often mistaken by general practitioners for neuralgias of systemic origin, and seeking for the general cause they neglect the eye until blindness supervenes. Indeed, it has been my experience in more than one instance to have this very unfortunate result brought about. In any case of severe ciliary neuralgia, especially if the attacks be accompanied by dim vision, do not fail to make a critical examination and ophthalmoscopic study of the eye; or not feeling able to do this yourself, refer the patient to some one who possesses the necessary skill.

The patient is now etherized, and I will proceed to perform an iridectomy upon the left eye, not in the hope of restoring vision, for that is hopelessly lost, but to relieve the severe circumorbital pain with which she suffers and reduce the intra-ocular tension.

Medical Societies.

CHICAGO MEDICAL SOCIETY.

(*Concluded from page* 461.)

The following lengthy abstract of a paper on "The Recent Treatment of Asiatic Cholera in Vogue in Southern India," read by Dr. H. M. Scudder, has been prepared by the secretary with, to use his words, the annotation herewith presented: "It was the author's lot, during nine years' practice in India, to pass through four epidemics of cholera. As he was the only European physician in a town of nearly 50,000 inhabitants, and was at the head of a district hospital supported by the English government, he was called upon to treat a large number of cases. One of the severest of these epidemics occurred during the famine of 1877–'78, and he was at the time in medical charge of a large enclosed famine-relief camp containing over 5,000 persons, and where there often occurred a death roll during the height of the epidemic of over 50 per diem, and where as many as 300 at a time were in the hospital sheds sick with the cholera. In this camp the writer had ample opportunity of trying, on an extensive scale, different remedies, and the various modes of treatment, and of comparing the results. We will not enumerate the long list of remedies that have been made use of in the treatment, nor the discussion of the value of each, but confine this description to the mode of treatment employed of late years by the surgeons in Southern India. Before proceeding to this, however, it may be well to state briefly in a word, the writer's views, in reference to the contagiousness of the disease. In India it is generally considered that cholera is an infectious disease, and also somewhat contagious, though not highly contagious, or readily communicable by personal association with the sick, as is the case with small pox and measles. The noxious power of the cholera germ or virus (whether it is Dr. Koch's microbe or something else) seems to be more powerfully exerted some time after it has escaped from the body of the patient than when it is freshly passed. Careful observation by the author and experience the world over seems to establish this fact: whether the disease is contagious or highly contagious seems still to be a vexed question, and remains yet to be decided, and the writer stated his experience from careful study of the history of Indian epidemics he was led to believe that the attendants, and those who come into frequent and close contact with cholera patients are sometimes more apt to contract the disease than those who do not.

For purposes of treatment the writer divided the course of this disease into the following stages:

1. A period of prodromes, or prodromic stage.
2. A first stage, or stage of diarrhœa or choleraine.
3. A second stage, or stage of invasion.
4. A third stage, or stage of collapse (algid stage).
5. A fourth stage, or stage of reaction.

This last stage may be succeeded by a typhoid condition or cholera typhoid state, or the patient may pass directly into a state of convalescence. In the prodromic stage manifested by lassitude, mental depression, chilliness, nausea, and abdominal discomfort, give ten or fifteen drop doses of spirits of camphor in dessertspoonfuls of hot brandy every hour or two, but be careful not to allow any considerable quantity of stimulants to be taken. When epidemic cholera is prevalent, many are affected by the symptoms just described. If the remedies indicated were promptly taken, the writer is confident that many attacks of cholera would be warded off. It is true that fear often produces these very symptoms, but the spirits of camphor in spoonfuls of warm brandy tends to soothe the fears and dissipate the symptoms, and yet it does not usually disorder the digestion. As soon as diarrhœa supervenes, begin the administration of some preparation of opium, together with aromatics. Camphor and a little chloroform is urgently called for. Two parts chlorodyne to one of spirits of camphor is a very good combination; 30 drops for a dose, to be repeated as required. Another very serviceable preparation consists of equal parts of spirits of chloroform, spirits of camphor, laudanum, aromatic tincture of rhubarb and tincture of ginger. Teaspoonful doses every hour or two according to the urgency of the case, or until four or five doses have been taken. Alternated with either of these combinations, an aromatic sulphuric acid mixture, may be given to advantage. A popular formula is as follows:

℞. Acid sulphuric aromat., ℥i.
Tinct. opii deodorat., ℥vj. vel. ℥j.
Sig.—Twenty or thirty drops in water every hour or two.

The writer suggested the importance of administering these remedies hot, unless they create nausea. The hot water (two or three tablespoonfuls) in which these doses are given may be sweetened, if desired. The patient should be required to lie down, and kept perfectly quiet, covered with heated blankets, and dry heat applied to the surface of the body, especially to the extremities, by means of hot bottles, heated flat-irons, etc. In India the administration of calomel to any extent has lately been discouraged, one or two small doses may be given if thought best, but not more. As soon as frequent vomiting commences, or the stage of invasion becomes established, the combinations containing opium, which have been mentioned, had better be discontinued, and either of the following mixtures given instead, in teaspoonful doses at intervals after a spell of vomiting. While at the same time some morphine, or morphine combined with chloral, should be administered by hypodermic injection, as the severity of the case may demand. Either of the following formulæ may be chosen for exhibition internally, every half hour, to check the vomiting just alluded to:

℞. Chloroform,
Tinct. capsici,
Tinct. canab. ind., ää ♏xxx.
Acid hydrocyanic (dil.), ♏xx.
Ether, ♏viij.
Spts. menthæ pip., ♏xv.
Syrup sassafras comp., ad. ℥j.
M. Sig.—A small teaspoonful every half hour or hour.

Or,

℞. Spts. ammonia aromatic,
Spts. chloroform, āā ℥j.
Tinctur. capsicum,
Compound tinct. of cardamon,
Tinct. ginger, āā ℥ss.
M. S.—Give in the same dose as above.

A mixture of aromatic powder, gum arabic, and acetate of lead may also be given alternately with either of these if desired. In any case, mustard plasters should be applied over the stomach and abdomen, but not left on too long, and if required, enemas of eight or ten grains of acetate of lead may be given after each evacuation. The writer further stated that it was important to bear in mind that some preparation of opium or morphine, or morphine combined with chloral are the chief remedies for cholera, and the surest agents we can use to arrest the progress of the disease. When called, therefore, to a case already in the stage of invasion, morphine or morphine and chloral should be administered hypodermically without delay in order to get these sovereign remedies into the system as soon as possible. For if we can arrest the disease before the patient becomes collapsed, his chances of recovery will be very greatly increased. Caution must be exercised, however, when this form of treatment is pursued, for narcotism is easily induced by repeated hypodermic injections. Whereas, very large doses of opiates can be given in this disease by mouth and rectum with comparative impunity. The strength of the solution usually employed for injection is: Morphine, gr. iiiss. vel. gr. iv., with chloral hydrate, ℥ijss. vel. ℥ iij. to the ounce of water. Inject twenty or thirty minims. The hypodermic use of morphine and chloral is, of course, contra-indicated when the stage of collapse has become developed. During this stage, it is most essential that the patient should be kept perfectly quiet and in the horizontal position. No violent rubbing should be allowed, but the author has found it beneficial to gently rub the limbs and extemities with hot oil. * * * To allay the thirst, let the patient suck ice frequently. Carbolic acid water or simple acidulated effervescing drinks may also be given by the tablespoonful. It is unsafe to allow the patient to drink any fluid whatsoever in large quantities. In this stage especially, when the acts of vomiting and purging have become less frequent and the algid state well developed, very small quantities of stimulants are useful, but they should be given with great caution, lest vomiting should be provoked. Stimulant enemas may also be given, but where the stomach has an inverted action, it is often better to inject small quantities hypodermically. Experience teaches us, however, that anything like the free use of stimulants in cholera is uncalled for and exceedingly harmful. The writer has sometimes used small doses of both atropine and strychnia administered by hypodermic injection apparently effectual in bringing about reaction. Amyl nitrite by inhalation may be given a trial, but it seems to exercise very little permanent or beneficial effect. Intravenous administration of milk and salines may be resorted to, but the reaction they induce is not generally of a permanent character, so that many of those who have given this method a fair trial have abandoned it.

Of late years, in Southern India, careful experiments have been carried out in reference to the value of impregnating the atmosphere of the sick room with sulphurous acid by burning sulphur. The result has been that this procedure has been introduced as part of the treatment of cholera. The writer has on several occasions tried this plan by subjecting the inmates of two different cholera sheds to exactly the same conditions and treatment in every respect, with the exception that in one the atmosphere of the shed was kept impregnated with sulphurous acid, and that in the other this precaution was omitted, and found that the proportion of recoveries was considerably greater in the sheds where sulphur was used; he therefore considers this an important adjuvant as part of the treatment. The atmosphere should not be so highly impregnated as to cause the patient or attendants to cough violently. Sulphurous acid thus applied is not only a useful remedy, but it is also believed to decrease the liability of the disease being propagated or contracted by the attendants.

During the stage of reaction, great care should be exercised. Vomiting often continues, and the normal absorbing power of the stomach and intestines is but slowly restored. Liquid nourishment by the spoonful should be most cautiously given. Well-salted broths and milk given as hot as possible, and not too frequently, are the only forms of food admissable until the enfeebled stomach shows signs of recovering its tone.

Peptonized beef tea and milk are frequently well borne, if carefully prepared, so as not to nauseate the patient. If vomiting persists, the following emulsion may be given if deemed best:

℞. Acid carbolic, gr. vij.
Bismuth subnitrat., ℥ ij.
Mucil. acaciæ,
Aqua mentha viridis, āā ℥j.
M. S.—A teaspoonful every hour or two.

But in this stage it is good treatment to let nature do the work of restoration, and give as little medicine as possible. We must bear in mind, however, that the kidneys must be assisted to resume their functions, and for this purpose mild diuretics, such as potass. nitrate, should be carefully administered. If fever supervenes, it is apt to be of a typhoid character. A combination of iodine and carbolic acid then exerts a beneficial effect. A popular formula is as follows:

℞. Acid carbolici, gr. iijss.
Tinctur. iodin., gtt. xv.
Aqua menth. pip. ad., f. ℥iv.
M. S.—A teaspoonful every two or three hours.

To relieve restlessness and insomnia, potass. bromide is often useful.

The paper evoked a great deal of discussion which may be found as under:

Dr. G. C. Paoli said the author of the paper had omitted to mention a prominent English physician, Marshall Hall, who a few years ago in London read a paper which excited the interest of the medical fraternity in England, because he had advanced new ideas in comparison to the older orthodox views, that in cholera there is irritabil-

ity of the vagus nerve, and in the East the disease was treated by hydrate of chloral and nitrite of amyl, but in Europe it was not so treated. The speaker had seen four cholera epidemics from 1834 to 1866, and since that time he has attended cases when cholera visited Chicago. Regarding the treatment, he would say but a very few words, for every physician was posted about it. Of all the remedies, the best he had known was sugar of lead combined with opium to check the diarrhœa, in the proportion of 2 grains of the former to $\frac{1}{4}$ of a grain of the latter, ordered as one's judgment should dictate. In the stage of collapse, it was useless to give medicines, for the stomach would not absorb them. The blood is inspissated and would not flow, and during this stage for the patient to be environed in dry, heated blankets, was the best method to pursue. Regarding the bacillus or bacteria theory; if they existed in the intestinal discharges of a cholera patient, he believed they were innocent as a cause of the disease, for according to Darwin perhaps we were once a bacillus, and surely we were innocent of purposely causing cholera. (Laughter.) Regarding an atom as a cause of it, this is something wholly imaginary, and could not be seen, as an atom is nothing that we ever see.

Dr. R. H. Engert asked the author of the paper what his percentage of recoveries was in the cases which he had treated.

Dr. John Bartlett gave his experience in treating 250 cases of cholera brought to a hospital in which he was attending physician. The percentage of mortality was extraordinarily large. He thought he would be able to save one-half of them, but only one in six recovered. When they were brought to the hospital they were in the blue stage, or stage of semi-collapse, or partially cyanosed.

Dr. J. H. Etheridge stated that he believed the nervous system would, in the future, be proven to have more to do with the ultimate pathology of cholera than bacilli, which he regarded as an illusionary aspect of the disease. Neurotic remedies should be given at first to relax the vasomotor spasm of the abdominal vessels to prevent their pouring watery portions of the blood into the intestinal canal, and we then will get at the gist of the trouble; by doing this we will be more able to prevent the venous side from becoming congested, and aid the circulatory system to correctly perform its physiological action. Opium, chloral, and cannabis indicus, will do this better than any other remedies. A few years ago Dr. Chapman, of London, applied ice-bags to the spine of a cholera patient to control the diarrhœa by checking the spasm of the abdominal vasomotor nerves, which in turn was followed by a proper distribution of blood. It will doubtless often be necessary to administer these remedies hypodermatically. Along in the forties (1848–49), chloroform and ether were introduced for this purpose in treating cases of cholera. Regarding the bacillus found by Dr. Koch in water tanks, and in the intestinal discharges, the speaker did not believe they were the cause of the disease, and he was inclined to agree with his friend, Dr. Paoli, in this respect. That they were present, there is no doubt, but they were a sort of "funny thing" to amuse one by looking at them with a microscope. An illustration, in proof of this, is the following:

In the sixties, Polly, of Milan, stated that in quinsy there was present a leucocyte or infusoria, and that we should administer hyposulphite of soda to kill them before we could cure the tonsilitis—this theory has long since been discarded—so far as those germs are concerned causing quinsy. And he is not convinced that the bacillus causes cholera.

Dr. R. E. Starkweather asked the author what his ideas are on the expediency of people retiring to near or remote distances from the presence of the disease? Also, his observations as to cases of poisoning, where for instance a person had a grudge against a patient and would try to make way with him by administering arsenic or strychnia. He well remembered the year 1854, when the sentiment prevailed more than it has since that people should remove from the city if cholera visited us, and the trains were heavily loaded with the people fleeing from it. He certainly advocated erecting cholera sheds if cholera were in our midst or sheds for any other pestilential diseases. That the public authorities should take this matter in charge for they and the health departments have a legal right to do this, more so than benevolent societies or organizations, his assertions were illustrated how this method was more successful than any other in saving the lives of yellow fever patients at Pensacola by the public authorities, who should, in case cholera was here, have a corps of well-trained nurses available, for in case of rice-water discharges, good nursing was the main thing to be relied upon.

Dr. D. O'Shea said he had been taught years ago that collapse in cholera was similar to shock from surgical injuries. The treatment in both cases should be somewhat similar. Apropos to this, he gave an illustration of a tame rabbit upon which he was about to perform a painless physiological experiment, when the little animal became very much alarmed at the surroundings. He remarked to those present that he believed the rabbit would die from fright or shock, although up to this time it had, to all appearances, enjoyed perfect health. The rabbit died in a few moments, before any further attempt at the experiment was repeated. And not remembering having seen anything in the literature on post mortem appearances of the abdominal vessels of persons dying from shock, the rabbit was dissected. The only thing pathological was that the vena cava contained the blood of the body.

Dr. G. Newkirk asked if there was not some way that the community could be educated through the newspapers to forestall these epidemics. He had recently read in a Jewish newspaper that the Jews in France had not been afflicted with the cholera. He could not understand why they should escape its ravages, unless it was because of their better manner of dieting and habits from instructions they obtained by reading Jewish journals, that rendered them immune to the disease.

Dr. Scudder, in closing the debate, said first, as to the per cent. of recoveries, this varied from ten to eighty per cent. In severe epidemics eighty to ninety per cent. of the cases resulted fatally. If patients were seen early, the fatality would be

much less. In a cholera shed of the relief camp, where there were thirty patients treated with the sulphurous acid, forty per cent. or more recovered. In another shed having everything else to correspond, were twenty cases; the fumigation of the premises by sulphur was omitted in the treatment, and fully eighty per cent. died. The natives of India would not drink well water. Their religion had much to do with the frequent visitations of the cholera, for it taught them to drink only that which descended from heaven. The tanks erected near their religious temples they regard as sacred; at least this is true near Calcutta and Madras. In contrast to the natives of India, were the Chinese and Japanese, because they drank well water, and the garbage and human offal they used to fructify the fields, while in India; all excrescences and offal were not covered up, and when rain descends, which is sometimes eight or ten inches during a night, the surface water becomes polluted, and this they partake of freely to drink. The Chinese and Japanese were comparatively free from cholera. The speaker did not see that any benefits would be derived by people running away from a district in which cholera was epidemic, *i. e.*, to go away from immediate surroundings. General panic and fright had much to do to predispose to the disease and with its fatality. Poisoning in India is frequent by giving arsenic to cholera patients, and is largely undetected by the police.

To warn the community, as one gentleman has alluded to, is an extensive topic to discuss. If the early known methods of checking the disease were resorted to cholera would not become epidemic. In India great prejudice exists against European medicines, but not so with European surgery (singularly enough), presumably because there are no native Indian surgeons. Europeans are well up in the use of preventive measures. No native of England would travel in the East without a bottle of camphor and a flask of brandy. He would also provide himself with chloridyne, the surgeons using this article very freely, as it is no longer a secret remedy.

LISTON H. MONTGOMERY, M. D., *Secretary.*

EDITORIAL DEPARTMENT.

PERISCOPE.

The External Appearances of Pistol-shot Wounds.

Dr. D. B. N. Fish publishes a very interesting and useful article on this subject in the *Boston M. and S. Journal*, October 2, 1884, which he thus summarizes:

The *distance* at which a pistol-shot has been fired may be estimated by the following general rules:

1. From a great distance the entrance wound will usually be large and irregular; there will be absence of any great lividity of its edges, and absence of the marks of powder. The wound of exit, if one is present, will usually be larger than the wound of entrance. At any distance the edges of wounds of entrance will usually be inverted, those of exit everted.

2. From a short distance the entrance and exit wounds will generally be nearly equal in size; the edges of the former will be blackened, and powder grains will be imbedded in the skin, but there will be absence of the scorchings and brandings of powder.

3. Close to the body the entrance wound will generally be larger than the exit. There will often be, in addition to the tattooing of the skin by unburned grains of powder, a mark or *brand* made by the flame of the gases and of the burning powder, by the soot of the partly burned powder, and by the residue or ash of the wholly burned powder. As a rule, this *brand*, which may consist of a burning alone of the hair, the skin, or the clothing, or of a burning and blackening of the skin or clothing, will appear at one side of the bullet hole.

The *direction* of a shot will be shown in part by the trajectory of the ball—a subject of which this paper does not treat—and by the location of the wound of entrance. The character of the opening, whether rounded or oval, may give some indication of the angle at which the weapon has been held.

The *position of the weapon* (and whenever this term is used I wish to be understood to mean not its angle to or distance from the body, but the manner or position in which it is held; that is, whether it is held with its hammer and sight above the barrel, as in the usual position for firing, or with the hammer and sight below the barrel, as when the weapon is turned upside down, or in any position of the hammer and sight relative to the barrel of the weapon) is to be determined by the following rule: When the *brand* appears upon the hair, the skin, or the clothing at one side of the bullet hole, hold the weapon with its muzzle to the bullet hole so that the line of its hammer and sight will meet a line drawn from the centre of the bullet hole through the centre of the *brand*, and it will show the exact position of the weapon when fired.

This rule is deduced from the newly-discovered fact that, owing to the recoil of the muzzle of the weapon in the direction of its sight, this *brand* when it appears at one side of the bullet hole, will appear upon that side which corresponds to the side of the hammer and sight in their position relative to the bore or barrel of the weapon. That is, if the weapon is held upside down the *brand* will appear below the bullet hole.

Accidental wounds are generally near wounds. When inflicted from a distance they cannot be distinguished from homicidal wounds. In shots fired near by, when a person is known to have been shot while standing, an unnatural position of the weapon, as shown by the location of the *brand*, will tend to corroborate a claim of acciden-

tal shooting. So, if one is known to have shot himself, an unnatural position of the weapon will show that the wound was probably accidental. The location of the wound and the course taken by the ball may also characterize the wound as accidental.

Homicidal wounds inflicted within the suicide limit have heretofore been distinguished from suicidal wounds alone by the location of the wound and by the uncertain evidence presented by the trajectory of the ball. When the location of the wound has been such that a person might easily have inflicted it upon himself, there have been no means of determining from its character whether it was homicidal or suicidal. To aid in distinguishing between such wounds I offer the following rule: When the location of the *brand*, relative to the bullet hole shows that the weapon has been held in a position of its hammer and sight impossible or improbable for a suicide, it is probable that a murder has been committed. Certain relative locations of this *brand* may also indicate that the victim has been shot while in a reclining position.

Multiple wounds are usually homicidal, but may be either accidental or suicidal.

Shots fired beyond the usual suicide limit are probably homicidal.

Suicidal wounds.—It is said that the suicide rarely holds the muzzle of his pistol at more than eight inches from the body. Suicides generally fire at the side or front of the head, next at the head, next at the heart; they sometimes fire at the back of the head.

The distance from the body at which the weapon must be held to show the *brand* plainly is probably very nearly as follows: for small pistols and revolvers, not over four to six inches; for large weapons of this class not over twelve to fourteen inches.

Diagnosis of Cancer of the Stomach.

M. Dujardin-Beaumetz read a paper on this subject before a recent meeting of the Hospital Medical Society of Paris (*Med. Record*, October 4, 1884). There was indeed no certain pathognomonic symptom of carcinoma of the stomach. In the first place, we are usually unable to determine the exact nature of any internal tumor. Histology has given us a very complete list of the various forms of cancer, but clinically we can make no such fine distinctions.

It has been asserted that the duration of carcinoma is shorter than is that of other chronic affections of the stomach, three years being given as the maximum. But while this might be true of some varieties of cancer, it was not so of all. The author recalled one case of undoubted carcinoma, as proved by autopsy, in which the earliest symptoms preceded death by twelve years. It might be objected that the case was one of cancer following ulcer of the stomach, and that the earlier symptoms were those of the latter affection. Such an assumption was, however, gratuitous, and, besides, the author had seen other cases in which the duration, though shorter than in the instance just cited, yet exceeded greatly that usually set down for carcinoma.

The diagnosis between cancer and dilatation of the stomach was a matter of considerable difficulty. As regards sex, men are more subject to cancer, and so they are to dilatation. Both affections are met with usually at about the age of forty years. Quesnel's assertion, that every cachectic person suffering from a chronic affection of the stomach has carcinoma, cannot be maintained. And even painful œdema of the legs, regarded by Trousseau as characteristic of cancer, may occur with simple dilatation. Pain is not a symptom of any great value, for although it usually exists it may also be absent. The vomiting of coffee-ground matters, formerly regarded as pathognomonic of cancer, may occur in dilatation, and is, therefore, a sign of no exceeding value. Even the existence of a tumor may be misleading, for a thickening of the stomach walls may occur in dilatation and may be mistaken for cancer. If, however, the tumor be well defined and lobulated, the diagnosis of cancer is rendered fairly certain. The German method of setting free a large quantity of gas in the stomach, the author considered to be practically of no value in diagnosis. It has been asserted that in the case of cancer the hydrochloric acid is wanting in the gastric juice, but this is equally inapplicable and valueless in practice.

M. Romelare, of Brussels, had noted a fact which M. Dujardin-Beaumetz thought might prove useful in this connection. He had found that in cancerous affections of the stomach and liver the amount of urea excreted was reduced to an average of 120 grains, and never exceeded 150 grains in the twenty-four hours. In the case of ulcer of the stomach, on the other hand, the amount of urea ranged from 250 to 500 grains, and never fell below 225 grains per diem. The author had verified these conclusions in a general way, yet they were not entirely reliable as a means of diagnosis. He had had a patient in whom the daily amount of urea excreted was but forty-five grains, and had, therefore, concluded that the disease was cancer, but found at the autopsy that the tumor was a hydatid cyst. There was still another procedure which might be of assistance in establishing a diagnosis. He had procured an amelioration, and even a temporary lull in the symptoms, by regular and methodical washing-out of the stomach in the case of carcinoma. In the case of dilatation, however, no improvement was obtained by this practice.

The Treatment of Whooping Cough.

Although we have so many unsatisfactory recommendations for the treatment of this intractable disease, yet we deem it well to reproduce from the *Medical Press*, September 24, 1884, the treatment advocated by Dr. Robert J. Lee, who says:

"It is to be feared that experiments in treatment will not lead to any satisfactory results. It is better not to indulge in any idea of discovering a specific for this disease. Any one who expresses a strong view on the value of some particular remedy, may be reasonably suspected of insufficient observation and experience. In practice the best plan is to divide your attention between the general and the local symptoms, or rather to treat them separately. By the local symptoms I mean the laryngeal spasm, and for this the treatment must be chiefly local. Among the local remedies

there is none which gives more decided relief than the inhalation of carbolic acid, a combination such as is used in this hospital, of carbolic acid, oil of pine and tincture of benzoin. Alum is a popular remedy with honey, and this acts apparently locally. Bromide of potassium and tincture of belladonna iv. to v. grains of one with iv. to v. minims of the other, seem to diminish the laryngeal irritability for a time, but in severe cases no great benefit is derived from them. As regards the general treatment we have to consider the symptoms of fever, and wasting. Ipecacuanha, small doses of antimony, quinine, and cod liver oil are the chief agents which may be employed in the relief of these symptoms. The great value of change of air, particularly from London or inland to the sea, is well known, and in the latter stage of the malady is superior to any medicinal remedy.

"I will conclude these remarks with the routine treatment, if I may use such a term, which in the majority of the large number of cases I generally adopt. If the disease is in the early stage I prescribe from half a drachm to a drachm of the mistura potassi bromidi et belladonna of our pharmacopœia, with an equal quantity of mistura oxymelli scillæ, and order the application of turpentine liniment every night to thorax and back; and the inhalation, when possible, of the fumes of Stockholm tar, obtained by gently heating the tar or stirring it with a hot poker. This is an economical and effective plan of treating the spasm. In the later stage of the disease the bromide and belladonna mixture should be given only at bedtime, and during the day small doses of cod liver oil and iron will best repair the condition of wasting.

"As the mortality from whooping cough is much greater in infants under twelve months than in children above that age, it is well to protect the former as much as possible from any risk of infection."

The Present Views Concerning Nutrition.

Before the late International Medical Congress Prof. Kronecker (Berlin) read a paper on this subject. The following is a summary:

1. The process of deglutition does not consist of of three acts (Heuermann, Magendie), nor of two stages (Moura, Arloing), but of one act (Falk, Kronecker, Meltzer), lasting less than one-tenth of a second.

2. The essential agent in swallowing is the mylo-hyoid group of muscles (Meltzer), not the pharynx, nor the œsophagus (Arloing).

3. Hereby, the pressure on the space of the throat is raised to more than thirty centimetres of water, and the contents are driven through the pharynx and œsophagus, in normal conditions, as far as the cardia.

4. In many persons, in whom the cardia is weak, the mass is propelled into the stomach.

5. Each single movement of deglutition is attended by regular contractions of the constrictors of the pharynx and of the œsophagus.

6. The contraction of the œsophagus is not peristaltic, but takes place in three sections (like the auricles and ventricles of the heart).

7. Each of the three sections of the œsophagus has its own period of contraction, and a special latent period of stimulation.

8. The sequence of movement does not depend on the continuity of the œsophageal tube (Mosso). The entire movement as far as the stomach lasts in man about six seconds, in the dog about four seconds, in the rabbit about two seconds.

9. The last act of swallowing is followed by contraction of the entire tube, especially strong after frequent deglutition.

10. The cardia, which is, however, generally in a true condition, takes part in the act of deglutition.

11. The contraction of the throat-section of the œsophagus propels the mass through the cardia into the stomach.

12. Eructation is followed by contraction of the pharynx as far as the cardia, without movements of deglutition on the part of the mylo-hyoid muscles.

13. Drinks containing carbonic acid cause spasmodic closure of the œsophagus, and such closure cannot be prevented by fresh acts of swallowing.

14. Irritation of the glosso-pharyngeal nerve inhibits the action of swallowing.

15. If the glosso-pharyngeal nerve be divided, the œsophagus undergoes tonic contraction, which may last longer thana day.

Tuberculosis.

From the *London Medical Times*, September 6, 1884, we learn that Prof. Demme, in Berne, defines tuberculosis of children, like that of adults, as a specific infection disease, associated with the entrance of Koch's bacillus into the affected organ. In order that this infection take root, a soil favorable to the development and propagation of the bacillus is necessary, thus supporting the view of individual predisposition to tubercular disease. This predisposition can be transmitted from generation to generation. Thus, of 366 cases of primary visceral tuberculosis, this hereditary predisposition was found in 71.8 per cent.; in 823 cases of joint and bone tuberculosis, in 69.6 per cent.; in 692 cases of lymphatic glandular tuberculosis, in 65.4 per cent.; and in 51 cases of lupus, the hereditary tendency was found in 37.2 per cent. of the cases. This individual predisposition can further be acquired through certain external life influences, especially through suffering from infectious diseases, such as measles, and more rarely whooping-cough. Thus of individuals, not the subject of any hereditary taint, who had suffered from measles, 6.8 per cent. got tubercular pneumonia; 8.1 per cent. joint tuberculosis; 8.7 per cent. lymphatic glandular tuberculosis; and 3 9 per cent. lupus. As to the mode of entrance of the bacilli into the organism, that by inhalation or by ingestion was by far the commonest at all ages; nevertheless, in any given case, the difficulty of locating the first tubercular starting-point rendered this observation, seeing the smallness of the figures, not very reliable. As regarded the extremities as places of possible entrance for the bacillus, it appeared that eczematous and impetiginous eruptions, so common in childhood, and the subsequent localization of the bacillus in the bones of the extremities after possible injury, ought certainly to be reckoned with. As a rare mode of infection, Dr. Demme records four cases (without hereditary tendency) in which milk of tubercular

(Perlsucht) cows appeared to be the source of infection. Two cases of congenital tuberculosis are also given.

Life, the Great Antiseptic.

In the course of an address on Puerperal Pyæmia, read before the Indiana State Medical Society, Dr. Wm. H. Myers said:

"Preserve it, restore healthy functions, control by rest and position the nervous vascular and muscular action, and the repair of injuries proceeds like healthy nutrition. Life and putrefaction are not correlative but antagonistic, and in proportion as we utilize and economize the attributes of life, we will find ourselves independent of those changes which are inherent to decomposing organic matter. Lister suggests that the tissues of a healthy living body have a power of counteracting the energies of bacteria in their vicinity and preventing their development. Specific diseases are like specific forms of animal or vegetable life; they can be produced only by specific pre-existing germs. There is no such thing as spontaneous generation of the entities which generate disease, any more than there is of the innumerable forms of animal life which make their appearance wherever a material suitable for their development is exposed to the atmosphere. We know that the air is full of floating living particles, ready to spring into activity whenever they may light upon a congenial soil. In such numbers do they exist, that present but the proper soil, and the appropriate germ inevitably finds its way to it. Each particular malady is due then to the invasion of the system by some microscopic organism, which, multiplying itself within the living body, gives rise to the phenomena which physicians describe as the disease. This is the teaching of McLagan in his 'Germ Theory of Disease.' This is true also of certain diseased conditions, as in the case of wounds. It is now believed that when they are other than normal, it is owing to the invasion from without of living organisms, and that the constitutional disturbances previously regarded as the natural consequence of every severe wound or surgical operation were really dependent on the introduction of air-carried germs of living organisms into them, and that in their absence, healing by the first intention is certain to occur. But we are told by those who doubt Listerism, that if there be any truth in the theory, these air-born germs should settle and multiply themselves in every cut or solution of continuity, and that the danger from the most trifling incisions should be as great as it is from the most serious. To this we reply, by presenting a most important fact in connection with the micro-organisms to which these germs give rise, without which the higher forms of animals which they infest must speedily succumb before their attacks. If their invasion is undertaken in insufficient force, or upon an animal in robust health, they are refused a foothold and expelled, or if they have secured a lodgment in the tissues they are laid hold of and digested by them; this fact has been repeatedly observed and demonstrated by Cameron, Lister, Billroth, and Cheyne. They have also proved by experiment that an undisturbed healthy coagulum in the vicinity of living tissues will resist the development of putrefactive bacteria, even when present in a highly concentrated form. In illustration let us apply these statements or facts to surgical procedures, and they will explain the success which has attended important operations without antiseptic precautions: notably does this apply to ovariotomy."

Does Male Copulation without Emission Injure Female Health?

The *Medical News*, August 30, 1834, says:

It has been commonly believed that if the act of sexual intercourse is incomplete, by not ending in the discharge of seminal fluid within the sexual organs of the female, uterine disease is liable to result. Some writers have even gone so far as to assert that malignant disease of the neck of the womb could thus be caused. The sin of Onan was again denounced; conjugal onanism was assailed with a new weapon, and the thunderbolts of physiological vengeance were launched against the unhappy women who permitted sexual intercourse without having the womb "refreshed and soothed" by half a teaspoonful or so of one of the cheapest of human secretions. Onanism is abominable, unnatural, and there is enough ground for its absolute condemnation without involving the help of an improbable hypothesis or downright error.

Ten years ago Bertillon, writing upon *Hygiène Matrimoniale*, declared that the assertion as to the beneficial influence of the spermatic fluid upon the uterus had no scientific ground, and justly criticised the hypothesis. Nevertheless, the assertion would not die; it was vitalized by the faith and proclamation of too many doctors, and has still kept rising to the surface of periodical medical literature at occasional intervals. But now, as we think, Dr. Van de Warker has given it the *coup de grâce*. This able investigator and accomplished gynæcologist has published in the *American Journal of Obstetrics* for August an important paper entitled "A Gynæcological Study of the Oneida Community," and the influence of non-ejaculation upon the health of women is one of the topics considered. The rule of non-emission was observed in sexual intercourse in the Oneida Community, and in such continence, more unnatural than conjugal onanism, no discharge of semen takes place either before or after the withdrawal of the penis. Now it plainly follows that if the influence of the seminal fluid upon the cervix is so necessary for the healthy state of the womb, those women of the Community whose wombs had been for years repeatedly subjected to the venereal orgasm—in some cases intercourse took place oftener than seven times a week, a more than brutal licentiousness—and had not had a drop of seminal fluid in all this time to refresh and protect them from disease, those women ought to have shown a great prevalence of uterine disease.

Seven years ago Dr. Van de Warker was asked to examine the adult female members of the Community with reference to the possible injurious effects of the sexual practices observed. In answer to this request he began such examination, but after one-fourth of the members had been subjected to it, it was stopped by order of

the head of the organization. Nevertheless, enough was learned by the examinations that were made to justify Dr. Van de Warker in stating that he could discover "nothing but negative evidence as to the effect of male continence upon the health of the Community."

Evening Rise of Body Temperature.

The *Lancet*, September 20, 1884, says:

The daily variation of the temperature of the body is a fact which has not yet been satisfactorily accounted for. Dr. Ringer has observed (*Proc. Roy. Soc.*, xvii., p. 287) a diurnal variation, independent of food or other circumstances, the maximum temperature ranging from 9 a. m. to 6 p. m., and the minimum from 11 p. m. to 3 a. m. M. Maurel recently read a paper before the Académie de Médecine, in which he sought to establish the dominant influence of food in the production of the evening rise of temperature. Light, motion, and alimentation have been investigated in this connection. By feeding animals during the night and causing them to fast during the day, M. Maurel states he has been able to make the maximum temperature appear at any hour he chooses. The experiments must be prolonged over several days in order to obtain the results. This condition would probably be explained on the principle of habit; and although the term "habit" may be classed as a question-begging epithet, there yet does appear to be something of a true explanation in it. For instance, a patient becomes the subject of a catarrhal affection of the bowels attended with diarrhœa; it is well known that after the disappearance of the signs of catarrh there is a looseness of the bowels to be dealt with, which looseness may perhaps be best explained on the hypothesis of a "habit" of the musculo-nervous apparatus of the intestines. Many other examples readily suggest themselves. The influence of light and movement were found by M. Maurel to have an altogether secondary influence on the temperature of the body.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——A well-written sanitary article on "Our Clothing and Our Houses," by Dr. Louis W. Atlee, appears as a reprint from the *Journal of the Franklin Institute.*

——Dr. W. A. Edwards, of this city, has prepared, in a reprint before us, a careful epitome of recent studies on Rötheln or German measles, adding original observations. It would oppear to be a more serious disease than is usually supposed.

——The annual address before the Medical and Chirurgical Faculty of Maryland at its last meeting was read by Dr. William Pepper. His subject was: "Force *vs.* Work: Some Practical Remarks on Dietetics in Disease." Of the many valuable suggestions it contains, we quote one the truth of which early impressed us:

"While the hot water method can be used with advantage in a limited number of selected cases, but is liable to be abused and to cause serious harm in many others, I have no doubt that the recent craze has done good by calling attention to the fact that our customary beverages, tea and coffee, are taken far too strong. I am almost tempted to say that, taking men and women together into consideration, as much harm is done to health by the excessive use of strong tea and coffee as by alcoholic excess. My case-books show so many and such extreme degrees of insomnia, of vertigo, and of various forms of digestive trouble due to this cause, that I have felt that it must be unnecessary to quote any in illustration."

BOOK NOTICES.

A View of the Laws Relating to Physicians, Druggists, and Dentists. By Richard J. Williams, of the Philadelphia bar. 8vo., pp. 115, Philadelphia. Price $1.50.

This useful collation of the medical laws of this Commonwealth will instruct the physician in his rights, duties, and liabilities, both towards his fellow physicians, his patients, and the public.

The author treats first of the general legal principles which are involved in such relations, and then he gives the various state enactments which bear on the points. He has also touched on the modes of securing and collecting fees, a matter of general interest, and discusses the laws governing the relative position of druggists and physicians, a topic which we know sometimes provokes considerable discussion.

It is easy to see from this, that the volume is one that a Pennsylvania physician will do a wise thing to invest his money in.

The Elements of Pathology. By Edward Rindfleisch, M. D. Translated from the first German edition, by W. H. Mercur, M. D., revised by James Tyson, M. D. Cloth, pp. 263. Price $2.00. Philadelphia, P. Blakiston, Son & Co.

Professor Rindfleisch is already favorably known to the American public by his admirable treatise on pathological histology, and the present smaller and more elementary work will certainly meet a welcome. It is a masterly summary of the principles of this difficult study, and will be as satisfactory to many physicians as to students.

The author's plan is somewhat novel. He divides his book into two parts. In the first he treats of the local outbreak of disease, and then of its extension anatomically and physiologically. This exhausts most of the pathological processes.

In the special part which follows he describes the traumatic, parasitic, and anomalous diseases.

The style is tolerably clear for a German work, such being as a rule no models in this respect. The translators have overcome the difficulties of the original so successfully that they have made of it a readable and even agreeable text-book.

Transactions of the Medical and Chirurgical Faculty of Maryland, pp. 243, 1884.

Transactions of the Medical Society of California. pp. 287, 1884.

These two volumes are extremely creditable specimens of professional industry. Both are largely made up of "reports of progress" in the various special branches of our science, and the selection and presentation of the facts, drawn from a wide range of reading, are made with a great deal of discretion. They are, however, by no means deficient in original articles. In the Maryland volume we have been particularly pleased with an article on cancer by Dr. C. H. Rohe, taking a much more cheerful view of the prognosis of that dread disease than is usual.

In the California Transactions we may call attention to an interesting series of cases reported by Dr. H. J. Crumpton, under the modest title, "Experiences of a Country Doctor." They illustrate what we have often said in these columns, that the carefully-reported observations of country physicians are quite as valuable as those obtained in hospitals, and perhaps more so. A study of the causes of the changes of climate on the Pacific coast, by Dr. J. B. Trembley, is another article in the volume quite deserving a careful perusal.

The volumes also contain the usual addresses, proceedings, necrological notices, etc.

A Practical Treatise on Disease in Children. By Eustace Smith, M. D. Cloth, 8vo., pp. 844. New York, Wm. Wood & Co., 1884.

The aim of the writer of this work is not merely to treat of the diseases peculiar to childhood, as is the scope of most works of similar nature, but to discuss the whole subject of disease and diseased conditions in early life. His point of view is that of the clinician, and it is to the clinical aspects of disease to which he devotes his main attention. Hence, his treatise is both wider and narrower than others, embracing more of the nosology, but less of the pathology.

In looking over his pages, we have been particularly well pleased with his full and life-like description of the symptoms and course of morbid processes. Evidently, they are drawn from life, and after long and close observation, many of them are not surpassed by any writer whom we recall. His therapeutical directions are not so satisfactory. They run too much in one groove, and are too exclusively those of one who sticks close to a rather routine system of practice. This he partly acknowledges in his introductory remarks. The fault is not much of one in a practitioner—perhaps it is a virtue; but the case is different with one who undertakes to write a comprehensive treatise.

Dr. Smith pays much attention to the nursing and dietetics of infancy, and this is a valuable feature of his book. He attaches to these aids to the medical management that weight which they possess, and this is a great deal.

From what we have said the reader will gather that this is one of the best works on the subject which has lately appeared. We are still of the opinion, however, that the effects of race and climate on disease are such that a work written from American experience is, after all, the best for American physicians.

A Practical Treatise on Fractures and Dislocations. By Frank H. Hamilton, M. D. Seventh edition. 8vo., pp. 1005. H. C. Lea's Son & Co., 1884.

The classical work of Dr. Hamilton has been so long before the profession that any introduction of it to medical readers, either of this country or of Europe, would be quite superfluous. Suffice it to say, that this new edition has been revised with elaborate care by the eminent author, and appears with numerous additions, making it a considerably larger volume, and adding proportionately to its value. There are few points connected with the traumatic lesions of the bones, that the reader will not find discussed in a satisfactory manner in its pages.

The author defends himself at the outset for not accepting many of the results obtained by recent experimenters on the cadaver. He gives reasons, and they seem to us good ones, for his skepticism about the applicability of these experiments to lesions of the living muscles.

The numerous contributions to this department of surgical science have been carefully incorporated by the author, and a comparison of this with the first edition, published just twenty-five years ago, furnishes gratifying testimony to the immense strides which have been taken by this, one of the most beneficent departments of the chirurgical art.

The work is very fully illustrated, and is put in the market in that excellent manner characteristic of the well-known publishing house which issues it.

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STATE CONTROL OF MEDICAL EDUCATION.

This question is every now and again agitated, and various suggestions have from time to time been made in reference thereto.

The latest recommendation is that contained in a paper read before a recent meeting of the Medico-Legal Society of this city, and consists essentially in the idea of establishing a State Board of Examiners, who alone shall have the authority to license a man to practice medicine. This suggestion arises from the fact that some persons hold that the educational parties, those who have charge of the training of the medical aspirant, ought not to have the power to license him. We must confess that we have never been able exactly to grasp the force of this argument; the only point in its favor that we can see is that favoritism may possibly open the door to an unworthy candidate, but such a contingency is equally liable to arise in connection with a State board. A strong point in favor of examination by the teaching faculty, is to be found in the acquaintance with the pupil, which two or more years of intercourse gives to the teacher; for we must remember that it is not always the *best posted* nor the most promising physician who is able, under the trying ordeal of an examination for a degree, to give the largest number of categorical answers. A retentive memory is not the only requisite for a good physician, while it is the possession of a good memory that greatly helps the candidate to pass a good examination. The intercourse between teacher and pupil has afforded the former many opportunities for observing the nature and qualifications for practice of the latter, which help him as much as does a good examination in making up his mind as to the candidate's fitness for a degree.

That some reform is necessary in our present system of medical education, in order that the public may not be preyed upon by incompetent, but licensed physicians, is self-evident. To us the evil lies in the fact that there are altogether too many medical colleges, over which there is no State control, and that the rivalry existing among these various colleges must, in the very nature of

events, tend to lower the standard of education that obtains therein. This is self-evident.

Physicians are only human, and naturally desire to make as much money as they conveniently can; hence, when each student is worth twenty dollars a year to each professor, it is to be expected that the professor will instinctively offer every possible inducement to the student—and what greater inducement can he offer than a well-known reputation for an easy examination? The majority of physicians want diplomas; they regard the practice of medicine as a business, and they want the license to conduct this business; hence, naturally, they are going to get this same license with as little trouble as possible. This fact is attested to by the success (financially) of the various "diploma mills," that have from to time disgraced American medicine. The necessity for some reform, looking towards "higher medical education," will be keenly felt so long as the *fee system* obtains in our medical colleges.

It would seem to us that the true remedy for the present low standard of medical education, is to be found in such legislation as will render the teacher independent (financially) of the taught, that will leave him free and untrammelled to pass or reject, as the merits of the candidate before him shall dictate. Recognizing that medical professors are only men, as we have already said, it must seem evident that even the best and most conscientious of them will, instinctively, unknown to their own consciousness, unmeaningly, innocently, and with the best possible intentions, be biased, be influenced by the consideration of money. Let no prudish ideas disguise this fact, for it is a fact.

Now, therefore, if we wish our legislature to interfere, let us ask them to endow some particular college—or if partiality be feared and the legislature is inclined to be generous, all of those now existing—with such sums as will insure to each and every professor a full salary, no matter whether the institution with which he is connected shall have only one or one thousand students. Let the receipts from the students be used to pay the running expenses of the college (outside of salaries), and the surplus be paid into the State treasury. Thus the professors could afford to be absolutely independent of the students; and could such independence be secured, we imagine that there are very few persons who would question their competency to conduct examinations.

Let us suppose a State Examining Board: in the first place, we bring politics into medical education, and it is a broad truth that politics contaminates, more or less, all that it touches; its influence is bad. Of course, the Governor would appoint this Board. Herein he would find, ready at his hand, more positions with which to reward his henchmen; for it is well known that even the greatest *reformers* believe that "to the victor belong the spoils," and no secret is made of the fact that the positions within the gift of a Governor, as of all elective officers, are parceled out to those who have aided in his election. Therefore, we have an examining board of politicians, all of whom have "axes to grind," and all of whom are under obligations to others, whereby they are rendered infinitely less independent than are the examining faculties of to-day. It will not require a very vivid imagination to picture to one's self the terrible abuses that would creep—no, not creep but *stalk boldly*—into the presence of an *examining board of politicians*. May kind providence preserve our noble profession from such a disgrace!

There are several colleges in this country to-day, wherein the endowment has taken the place of the fee system, and the standard of education has been elevated accordingly—thus lending force to the argument, that the solution of the problem of "higher medical education" is to be found in *endowment* and *independence*. Let us ponder well and carefully weigh the prospective danger, before we commit the power to license men to practice medicine into the hands of politicians; do not jump "from the frying-pan into the fire;" let well enough alone, if we cannot make *well, better*. Do not let us invoke outside interference, that will tend to place our medical examinations on the plane of a ward convention.

A CENTURY WORTH LIVING.

In 1824, sixty years ago, therefore, M. CHEVREUL, then a mature man and a chemist of high standing, was appointed in charge of the laboratory of the manufactory of the Gobelins, in Paris. M. Chevreul is still director of that laboratory, and though in his ninety-ninth year, is active and alert bodily and mentally.

Every winter he delivers his lectures with the same force, and is as much awake as ever to all the advances of his difficult and progressive science.

What is the secret of this wonderful vitality?

Let him answer himself. His words are: "*Je le dois á la moderation de mes gouts.*"

This is his secret: Moderation in all things. He has no hobbies. He is no vegetarian, but a meat consumer. He is extremely temperate, not even using wine at his meals, which is very unusual in France. His drink is water only, though at times he takes a little beer.

M. Chevreul's principal discoveries have been the methods of reducing fats, and in the development of the theories of colors. Millions of dollars have been made out of these, but not by him. Devoted to science, he has sought no other reward than the pleasure of the pursuit of truth. His discoveries have been free gifts to the race. The world of science could not do better than to celebrate the hundredth birthday of such a member by some appropriate and general testimonial.

NOTES AND COMMENTS.

Acute Vomiting in Infancy Treated by Nutrient Enemata.

Dr. A. Withers Green reports the following instructive case in the *Medical Times*, September 27, 1884:

H. Edward H. is a rickety, bottle-fed child, 7 months old. On September 6, it had a bottle of milk which was somewhat sour, but went to rest as usual. During the night the child was seized with vomiting and diarrhœa. I was called on to see it at 5 a. m. On the 7th I found the eyes sunken into their sockets, great pallor and listlessness. The infant was cutting its right upper central incisor. I lanced the gum, and ordered one teaspoonful of castor oil. After the oil had acted, the diarrhœa ceased, but the sickness was unabated. Milk, whether fresh cows', condensed, or artificially-prepared human milk, was not retained, neither was barley water, rice water, beef tea, nor raw beef juice; in fact everything was pumped up unaltered, sometimes seeming hardly to have got into the stomach. By the evening of the 8th the child had been some hours passively convulsed or else very restless, extremities at times cold and fontanelle very depressed. Lime-water, bismuth, Hyd. c. creta, gr. $\frac{1}{4}$ every four hours, Tinct. opii ♏ $\frac{1}{8}$, Tinct., iodi ♏ $\frac{1}{4}$, Creasote ♏ $\frac{1}{12}$. Glycerinum boracis, all seemed useless. Nutrient enemata were now commenced, after my evening visit on the 8th, and were continued until the morning of the 12th, as nearly as possible every two hours. The enemata were in amount two tablespoonfuls with half a teaspoonful of brandy in each, and consisted sometimes of condensed, or fresh cows', or artificially-prepared human milk, sometimes of beef tea of different kinds, all slightly warm. After a few times the chilk kept quite quiet while the injections were being given, and seemed revived after them. None of them were returned. Since the nutrient enemata were commenced, the bowels have acted twice daily, gradually getting less slimy and more natural. For rather more than three days and three nights no nourishment was taken by the mouth, the lips being moistened with brandy and milk. On the 9th a warm vinegar and water compress was kept most of the day round the waist, and since the 9th one tablespoonful of cod-liver oil was rubbed into the chest after washing the child each morning. During the night of the 11th, beef tea, made with Liebig's extract of meat was kept on the stomach, one tablespoonful about every four hours. On the same day the child smiled and seemed hungry, but was sick if more than a small quantity was given at a time. From the time the stomach began to retain beef tea, bismuthi subnit. gr. $\frac{1}{2}$, with Tinct. Opii ♏ $\frac{1}{8}$, was given when any sickness or retching occurred, and seemed to do good. On the 13th half a teaspoonful of cod-liver oil began to be given three times a day by the mouth. On the 14th half a teaspoonful of steel wine began to be taken as well. Though the beef tea was the first thing retained by the stomach, the child soon began to refuse it, preferring its bottle of cows' milk (boiled) and water. The parents consider the issue highly satisfactory, as they thought their child was for some days a little better than a corpse, while now it is daily gaining strength and vigor.

When to Bleed a Pregnant Woman.

In his address on "Lacerations of the Female Sexual Organs," before the last meeting of the American Medical Association, the late Professor S. D. Gross says:

"If I were asked under what circumstances a pregnant woman, in sound health, without any complications, ought to be bled, I should answer, first, when she is threatened with abortion, miscarriage, or convulsions; secondly, when there is a rigid os, obstinately refusing to yield after the labor has been in progress for six, ten, or twelve hours; thirdly, as a rule, in tardy labor in primiparæ, especially after the age of thirty; fourthly, where there is, so to speak, rigidity of the general system, including, of course, the sexual organs; fifthly, when there is a decidedly feverish condition of the system, associated with severe headache, great heat and dryness of the genital organs, a rigid os, or os and perineum, and inefficient, teasing labor-pains; and, lastly, in torpor of the uterus from the effects of inflammation, gout, or rheumatism, interfering with or retarding delivery. In all, or, certainly, in most, of these conditions, I should follow up the effects of the bleeding with an anæsthetic, or a hypodermatic injection of morphia. I solemnly believe that, if these rules were properly observed, the process of parturition would be greatly facilitated, the pains of labor materially abridged, and the risk of lacerations, which now stand as such a blot upon obstetric practice, would be reduced to the merest minimum, not to say anything about the much greater safety of the child, and the more rapid recovery of the mother.

"As to the quantity of blood to be abstracted, every case must be met on its own merits. While in some instances the loss of a few ounces may suffice, in others, especially in strong, robust, plethoric women, sixteen, twenty, or even thirty may be required."

The famous Dr. Battey, of Georgia, in discussing Dr. Gross' paper, said: "The summing-up of my obstetrical experience is (to put it in a word), in looking back over it, in not a single instance have I regretted the use of my lancet in obstetrical practice. In many, many instances, as I now recall them, I think that positive good would have grown out of the more frequent use of it. I bleed, sir, still."

The Influence of Salicylic Acid on Respiration.

The Paris correspondent of the *Brit. Med. Jour.*, September 20, 1884, tells us that M. Bochefontaine, after a series of experience on the influence of salicylic acid on respiration, affirms that it has a favorable influence on the respiration of typhoid patients; it restores to the respiratory movements their amplitude and normal rhythm, and thus allows the hæmostasis to regain its lost activity. In healthy animals, submitted to the influence of salicylic acid, the prolonged inspirations are simultaneous with the lessening of the temperature. The same correlation is observed in typhoid patients treated with salicylic acid, in doses of from five to six grammes; their temperature becomes rapidly lowered simultaneously with the appearance of normal inspirations. The action of salicylic acid on the respiratory system of typhoid patients cannot be attributed to a modification of the blood. Experiments have demonstrated that the quantity of salicylic acid which enters the economy after being absorbed by the stomach, does not have this influence. The heart is not affected either by salicylic acid or sodium salicylates. Experiments made on animals with poisonous doses prove that this organ preserves its movements; even when the muscular fibre and the ganglia cease to perform their functions, *rigor cadaveris* sets in. It has also been demonstrated by experiments on the lower animals, that non-toxic doses act on the nerve-centres. M. Bochefontaine brings further evidence by testing the action of salicylic acid on himself. He took a daily dose of three grammes of salicylic acid, one-half at twelve o'clock, the other at night. Each time he repeated the dose, he was unable to walk from a feeling of fatigue. When sitting, this sensation disappeared, and a perfectly normal condition prevailed. M. Bochefontaine concludes that salicylic acid, in non-toxic doses, acts in man as in animals, on the medulla oblongata; and that the regulating effect on the respiratory system of typhoid patients is due to the action of salicylic acid on the respiratory centre of the medulla oblongata.

Aphasia Complicated with Chorea.

This complication is so rare that the following case, reported by Dr. J. B. Jackson in the *Medical Press*, September 10, 1884, is worthy of note:

On July 28th he was called to see Mrs. T. æt. 85. She stated that when she awoke on the previous morning she could not utter a single word, and remained in this condition for about five hours, when she found that the power of speech had suddenly returned. She then believed she was quite well again, but in the evening became very restless, and was so nervous and agitated on the following morning that her friends sent for

him. She related all the circumstances of her seizure very intelligibly, considering her great age, but omitted some words altogether, and only succeeded in pronouncing others after three or four attempts. She knew perfectly well that she was omitting those words, and became very much annoyed in consequence. Whilst he was with her she called out to her daughter, "Give me a—a—dear me, you know very well what I want." "A handkerchief?" said he. "Yes, a handkerchief." He noticed that she was constantly throwing her arms about, and when asked to shake hands, her arm was shot forward as if by a spring, and as quickly withdrawn. It was only after several failures that she succeeded in reaching his hand. These choreic movements were confined to the upper limbs, and were more strongly marked on the left side. She had had acute rheumatism when eleven years old. He considered the case to be aphasia complicated with chorea, and gave her a mixture of iron, arsenic, and strychnine. At the end of a week the aphasia had entirely disappeared, and the chorea is now (August 25) very much better, though not quite well yet.

A Peculiar Shaped Placenta Obstructing Labor.

Dr. William Baxter reports this instructive case in the *Lancet*, September 20, 1884:

Mrs. W., aged thirty-five, multipara, was confined on Sunday, September 7. The child was born at 4 p. m.. and after waiting the usual time, "expression" of the placenta was tried, after Credé's method. The uterus was well contracted under the hand, but appeared somewhat enlarged. After adopting this procedure for about twenty minutes, and finding that the placenta was not expelled, a vaginal examination was made. The placenta was found well down in the vagina, the examining finger almost reaching its inner extremity. Gentle traction on the cord was now resorted to; and, finding this useless, after a while strong traction was made, but all to no purpose. Being puzzled at this prolonged retention in the vagina, a more thorough search for its cause was about being made, when the placenta was suddenly expelled, to be followed almost immediately by a supplementary one, to which it was attached by a fibrous cord about four inches long. On examination the first placenta was found to be very large, and of the "battledore" variety. The second or supplementary mass was rudimentary in structure, and appeared to be a quarter the size of the placenta proper. The fibrous band which connected them was pretty strong, and on carefully examining it a vascular communication between the placentæ was discovered running through its centre. This anomaly explained the retention of the placenta proper in the vagina, it being held there by its communication with the supplementary mass, which had not yet been expelled from the uterine cavity.

Some Varieties of Dyspnœa in Bright's Disease.

Dr. R. P. Howard read a paper on this subject before the last meeting of the Canada Medical Association, in which he reached the following conclusions:

1. That marked dyspnœa may occur in Bright's disease, not due to gross lesions in heart, lungs, or pleura.

2. That it may be (*a*) a continuous dyspnœa, or (*b*) paroxysmal in character, resembling spasmodic asthma; and (*c*) that these types may occur in the same case, but the continued variety is more frequent than the asthmatic.

3. That these forms of dyspnœa may occur as the prominent symptom of renal disease, and their origin may escape recognition if the urine be not carefully examined.

4. That the Cheyne-Stokes' respiration is often a symptom of Bright's disease, and that it obtains in both the acute parenchymatous and in the chronic interstitial nephritis.

5. That while the Cheyne-Stokes' breathing is usually an evidence that the fatal issue is near at hand, it may occur in a chronic form, and may recur for weeks, and, perhaps, even for years.

6. That these several forms of dyspnœa are due to that defective renal elimination called uræmia.

7. That in the acute form of Bright's disease serious or fatal dyspnœa may sometimes occur in connection with effusion into the submucous membrane of the larynx—so called œdema glottidis.

The Ixodes, a Parasite but Little Known in the Human Body.

Before the late International Medical Congress, Dr. Raymondaud (Limoges) said that many species of ixodes attacked man and certain animals. The affections resulting from the stings of these arachnidæ were sometimes serious. They had not been studied with the attention they merited. These parasites were interesting to surgeons, hygienists, veterinarians, breeders of cattle, naturalists, administrators of the law, and heads of families. For instance, there was every reason to believe that the ixodes played an important part in the propagation of certain virulent affections as "charbon." They injured

oxen; and the forms of panic which sometimes occurred amongst a herd of cattle might be accounted for by the implantation of one of these ixodes on some delicate part of a cow or bull. At the Surgical Society of Paris on November 27th, 1867, an ixodes was presented, which had remained six months in the auditory canal of a soldier of the Mexican army. In the discussion which took place, so little was known of the history of this acarian, that almost all called it an insect. He had collected all the facts bearing on its natural history and pathology, so as to produce a monograph on the ixodes as a parasite of man and animals. Colored designs taken from nature, and drawn by the author, would be added to the descriptions and observations.

Lithotomy in a Female Child.

It is not customary for the average physician, or indeed for the best of us, to suspect a calculus in the bladder of a child of six. That they do exist, not infrequently, we have no doubt; hence the following case which Dr. J. G. Carpenter reports in the *St. Louis Courier of Medicine* is worthy of note as calling our attention to the matter:

The little girl, the history of whose case is detailed, had been, uselessly, a sufferer for three years, with pain in bladder, vulva, and rectum, during which time she had been unavailingly treated for cystitis and anemia. Although every symptom pointed to stone in the bladder, yet not one of the many physicians who attended had ever proposed to examine that organ nor did they suspect the presence of urinary calculus. There was difficult and frequent micturition, alternating with incontinence. Urethral lithotomy was performed and a perfect recovery ensued.

The Treatment of Diphtheria.

Before the late International Medical Congress Dr. Berleme Nix (Denmark), read a paper on the treatment of diphtheria. He maintained that diphtheria was a disease produced by a specific contagion. The disease was in the very beginning located in the throat. The organism caught the contagion from the false membrane. Against the false membrane the chief treatment is to be directed, paying all regard to the patient's state of health in general. It was of the greatest importance to begin the treatment as early as possible. Caustics were useless, astringent and solvent drugs ineffective. Medicine was of no use, except, in some cases, tonics and stimulants. The treatment should be instrumental, and should combine isolation, strong food and stimulants, and fresh air; cleansing of the throat by gargles; syringing with disinfectants; removal of the false membrane by means of the sharp spoon, followed by cauterization of the scraped surface with solid nitrate of silver.

Oophorectomy as a Remedy Against Nervous and Mental Suffering.

Before the late International Medical Congress, Prof. Hegar (Freiburg) made some observations on castration in general, and particularly on its indications, and the reasons for this indication. He treated of the pathological and anatomical changes of the sexual organ for which castration should be proposed, and the neuroses in connection with these changes; and next pointed out the causality between the disease-process of the sexual organ and the neuroses, and examined the question under what conditions should castration be performed. The neuroses upon which the pathological processes of the sexual organ are dependent, were chiefly considered. He gave a formula of the indications, statistics on the results, and the reasons by which rightly to estimate the indication for operation. A neurosis without any material change of the sexual organ might exist. Was this an indication for castration? He concluded by referring to the connection between gynæcology and neuro-pathology.

The Heredity of Tuberculosis.

Before the late International Medical Congress, Professor Heller (Kiel) contributed a paper on this subject, in which he contested some of the views on the transference of tuberculosis through procreation to the fœtus. He maintained that experimental proofs had not been sufficiently brought forward. Facts spoke more against than for heredity. Tuberculosis appeared but seldom in the fœtus or in the newly-born during the first days of life; it could be seen towards the first month of extra-uterine life, rising rapidly in the proceeding months. Professor Heller asserted that hereditary transference was to be looked upon as the exception, post-uterine acquisition as the rule. He concluded by the demonstration of a case of confirmed tuberculosis in a woman, who died before her confinement, and who had a perfectly healthy fœtus.

The Microbe of Syphilis.

MM. Marcus and Detournery, who are engaged on experiments to ascertain the persistence of the

microbe of syphilis, gives the following summary of their experiments, reserving a more complete statement for a future period. In syphilitic products and artificial cultivations, colonies of cocci are observed, easily colored by Gram's method; violet of gentian dissolved in water saturated with aniline; discoloration by a solution composed of 300 grammes of water, two grammes of potassium iodide, and one gramme of iodine. The rods originally observed by Birch-Hirshfeld and Martineau are present in very small numbers; they disappear after the third cultivation, and are killed by a mixture of acid and alcohol at 3 per 100. MM. Marcus and Detournery believe that these rods are due to septicæmia, or result from the juxtaposition of one or two cocci. The cocci are easily cultivated in peptonized beef broth, to which is added gelatine and an alkali.

Sunstroke and Thermic Fever.

Before the late International Medical Congress, Sir Joseph Fayrer, in a paper on this subject, divided it into three heads, which might be concisely stated as (1) syncope from exhaustion; (2) an analagous condition in which the respiratory centre was seriously implicated; (3) overheating of the whole body—thermic fever of great intensity. The general effects of heat in leading to impairment of health were also carefully dealt with. The treatment consisted in reducing the temperature of the body; but, in doing so, undue depression of the vital powers was to be avoided. The lesions of insolation and thermic fever were more or less enduring. Hence, care must be exercised in allowing those who had been affected by them to return to work in tropical countries. As a very general rule, they were permanently disqualified for occupation in hot climates.

Syphilis and Cholera.

Before a recent meeting of the Hospitals Medical Society of Paris, M. Martineau gave his views on this subject (*Med. Record*, October 4, 1884). It had been asserted that the mercury given in the treatment of syphilis, especially the biniodide of mercury, acted also as one of the best prophylactics against cholera. The speaker opposed this view, and stated that of nine fatal cases of cholera occurring during the epidemic of 1849 in the Hôpital de Lourcine, eight of the patients were under treatment for syphilis. A similar experience obtained in 1866. At that time two wards were devoted to the reception of cholera patients, but the disease spread throughout the hospital and attacked by preference the syphilitics.

An Instrument for Penciling Children's Throats.

From the *Deutsche Med. Zeitung*, we learn that Dr. H. Guttman has devised an instrument to facilitate the making of local applications to the throat in dealing with refractory children. It consists simply of a wedge of hard rubber, with rounded edges, to the broad end of which is attached a handle. The wedge is perforated to permit the passage of the brush. By the use of this instrument it is claimed that the possibility of injury to the soft parts is done with, the diphtheritic throat may be penciled with great ease, and lastly the danger of infection from coughed-up matters is avoided.

Anal Fissure Treated without Operation.

Operative procedure is usually considered necessary in the treatment of fissure of the anus; we are usually taught to stretch the sphincter. But since many persons object to even the slightest operation, it is well that we should know that Dr. John Thompson, of Albany, has succeeded in curing an acute case with the following suppositories:

℞.	Morphiæ sulph.,	gr. ss.
	Ext. belladonnæ,	gr. j.
	Ol. theobrom.,	q. s.

M. and W. unum suppositorium.

One or two of such were used, as required, each day for seven weeks.

The Relation Between Scrofula and Tuberculosis.

Before the late International Medical Congress, Dr. J. Grancher (Paris) gave an elaborate history of the theories and discussions on the identity of the distinction of scrofula and tuberculosis. He had carried on numberless experiments, which he detailed. The conclusion he drew was that tubercle might exist in various degrees of virulence, some forms of which, as scrofulous secretions, were simply an attenuated form of tubercle. M. Grancher had failed to find characteristic bacilli in cases where, according to some theories, they should have been met with.

Treatment of Cold Abscesses by Injections of Iodoform.

Verneuil's method, as described by the *Revue de Thérap. Medico-Chir.*, consists in injecting into the cavity of the abscess, previously emptied by aspiration, of a 1 to 20 solution of iodoform in ether. The quantity of fluid injected may reach 300 grammes without causing any symptoms of poisoning. This method is said to give very satisfactory results, and to be quite free from dange the injections can be repeated if necessary.

Special Report.

PROGRESS OF OTOLOGY.

BY LAURENCE TURNBULL, M. D.,

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The following recent works have been received since our last paper* on this subject.

1. *Manual of Diseases of the Ear.* For the use of student and practitioners of medicine. By Thomas Barr, M. D., Surgeon to Glasgow Hospital for Diseases of the Ear. Glasgow, James Maclehose & Sons, May, 1884. Crown, 8vo., pp. 529, with 115 woodcuts in the text.

2. *Traite Theorique et Pratique des Maladies De l'Oreille et Du Nez.* Par C. Miot, Professeur d'Otologie et de Rhinologie, et J. Baratoux Professeur Libre d'Otologie et de Laryngologie Laureat de la Faculté de Medicine de Paris, Première et Deuxième Parties. Anatomie, Physiologie, Otoscopie et Rhinoscopie avec, 129 figures intercalès, Dan De Texte, Paris, June 1, 1884, Andrien Delahaye et Emil L. Ecrosner.

3. *Annales des Maladies de l'Oreille, du Larynx, et des Organes Connexes.* Par Le Dr. Ladriet De Lacherrière. Medicin en chef de l'institution national des Sourds-Muets et de Clinique Otologique, Nos. 2 et 3, May and July, 1884, Paris, G. Masson, Philadelphia, P. Blakiston Son et cie.

4. *Post-Nasal Catarrh and Diseases of the Nose Causing Deafness.* By Edward Woakes, M. D., Senior Aural Surgeon and Lecturer on Diseases of the Ear, London Hospital, with 29 woodcuts in the text. 8vo. pp. 224. Philadelphia, P. Blakiston Son & Co., 1012 Walnut street.

5. Mackenzie. *Diseases of the Œsophagus, Nasal Cavities, and Neck.* 8vo. P. Blakiston Son & Co., Philadelphia, 1884.

6. *A Few Remarks on Politzerization and a New Form of Politzer's Bag for Auto-Inflation of the Tympanum with Respired Air.* By H. M'Naughton Jones, M. D., etc., lately Surgeon to the Ophthalmic, Aural, and Throat Hospital, Cork; with woodcuts. British Medical Journal, May 3, p. 850.

7. *Irritation of the Sexual Apparatus as an Etiological Factor in the Production of Nasal Disease.* By John Mackenzie, M. D., Surgeon to the Baltimore Eye, Ear, and Throat Charity Hospital. From the American Journal of the Medical Sciences, April, 1884, pamphlet, pp. 22, reprint. Trans. Med. and Chir. Faculty, Maryland.

8. *Deflection of the Nasal Septum and Its Treatment.* Reprint Trans. Med. Society of Virginia, 1863.

9. By the same author, *Some Remarks on Naso-Aural Catarrh and Its Rational Treatment.* Pp. 22, 1883.

10. *The Galvano Caustic Method in Nose and Throat.* By J. C. Mulhall, M. D., Physician to the Throat and Lung Department, St. Louis Medical Dispensary. Reprint from St. Louis Courier of Medicine, July, 1884.

It will be noticed by those interested in the subject of otology and its teachers, that the medical gentleman whose work stands first on our list, has been elected and now fills the department of Aural Surgeon to the Glasgow Hospital, formerly so creditably occupied by our friend, the late Dr. James Patterson Cassells, (see obituary recently published*). It is the old idea, The king is dead; long live the king! It is one of the saddest things that those who pass away, no matter how distinguished they may be, their places are soon filled and they so soon, alas, forgotten.

The Manual of Diseases of the Ear by Dr. Thomas Barr, is dedicated to Sir Joseph Lister as one of his pupils, and it is creditable both to the author and the publisher. The object as stated by the author is to present the main facts of aural surgery, in a form sufficiently concise and methodical to meet the wants of general practitioners and students of medicine. His experience, gained as a teacher in the Glasgow Western Infirmary and Anderson College, has convinced him that the time the student can devote to diseases of the ear would be more profitably spent in pure clinical work than in attendance on systematic lectures. This is the correct idea, and one which, I am happy to state, is now carried out in all our post-graduate courses in this city. The plan of this manual is to devote more time and attention to the diseases of the middle ear, "The Examination of the Ear," "The Causes of Ear Disease." The affections of the nose and throat in their connection with diseases of the ear are taken up in a general way in introductory chapters. This arrangement obviates repetition. The remedies recommended for the various diseases are described as in the work of "Politzer," in a list of formulæ at the end of the volume. There is a full index. The illustrations, though small, are well engraved and clearly printed on good paper. As a pupil of Lister, after reading the work, we naturally looked for a special chapter on the

*"Hemorrhages from the Ear," Medical and Surgical Reporter, May 31, 1884.

*Medical and Surgical Reporter, July 19, 1884, p. 84.

subject of the "Antiseptic Treatment of the Diseases of the Ear," which we found on page 360, under "Disinfection," the importance of it in chronic suppuration of the middle ear, but we were disappointed in finding no extended experiments on this important subject only the following statement, page 364, "The anatomical peculiarities of the middle ear do not admit of Lister's antiseptic method being carried out." On page 367 he again makes a strong statement without any experiments, as follows: "In certain cases, especially those characterized by persistently offensive smell, Politzer employs a spirituous solution of carbolic acid (f. 39)." This mode of treatment is very apt to be irritating, and is much inferior to the boracic acid treatment. *Iodoform* in the form of powder or solution is frequently employed. He has found it most valuable along with rectified spirits (f. 40).

"The Theoretical and Practical Treatise on the Diseases of the Ear and the Nose," by Drs. Miot and Baratoux, was issued in Paris, January, 1884. Dr. Miot is a well-recognized authority on diseases of the ear, having published "A Practical Treatise" on this subject, with numerous clinical observations, as early as July, 1871, pp. 464, with illustrations in the text and thirty-eight colored plates, also valuable monographs on "Myringodectomie," "Tenotomie du muscles tenseur du tympan," and "Considerations anatomique et physiologique sur la trompe d'Eustache." He has associated with him J. Baratoux, who has also published valuable monographs on "Pathogenie des affections de l'oreille," "De l' œsophagoscopie et de la gastroscopie," "De la perforations du tympani," "Des tumeurs adenöides," "De l'electrolyses ou de la galvano-caustique, chimique de la d'eustache."

In associating Dr. Baratoux with him as an expert in laryngology he has increased the value of his work, for it has become necessary, in the advanced knowledge and treatment of the diseases of the ear, to give careful attention to the nose as a part of the Eustachian tube, and to the pharynx, which, in various forms of diseases of the middle ear, plays a very important part.

Chapters 1 to 3 are devoted to the Anatomy and Physiology of the Ear, while chapter 4 gives a careful statement of the Anatomy, Physiology, and Cavity of the Naso-Pharynx and Naso-Fossa, admirably illustrated with six large wood cuts; then follows chapter 5, Diseases of the Nose, trophic and reflex in their relations to the diseases of the ear. Chapter 6, Development of the Ear. Chapter 7, Mode of Making Autopsies of the Various Parts, giving the method of Toynbee, Von Tröltsch, Wendt, and a new method. He also describes the necropsy of the region of the ear and naso-pharynx, with the formula of liquids for preserving the parts for microscopical study, and he states the microscopy of the various parts of the ear.

The second part includes Otoscopy and Rhinoscopy, being illustrated with various instruments employed in France.

Chapter 1. The Ear Speculum. Chapter 2. The Illumination of the Ear. Chapter 3. Means of Passing Air and Vapors into the Ear. Chapter 4. Of Bougies, and the use of the Catheter. Chapter 5. Insufflations and Medicated Injections. Chapter 6. Auscultation of the Middle Ear. Chapter 7. The Exploration of the Internal Ear by Various Forms of Electricity, Static, Dynamic, and Faradic. Chapter 8. Rhinoscopy, Anterior and Posterior—Polyscope of Trouvè, and Photophore of Dr. Hélot. Chapter 9. Normal Appearance of the Ear and Nose, Nasal Cavity of the Pharynx, Eustachian Tube. Chapter 10. Examination of the Patient. Chapter 11. Various Forms of Deafness, with four tables for the examination of military recruits for deafness which may or not unfit them for active duty. A bibliography, commencing from 1562 to 1884, finishes the second part.

In conclusion, so far as our examination has gone, we consider this work the most complete and interesting that we have met with. The paper and the illustrations are remarkably good, and in every way creditable to the publishers.

The "Annales des Maladies de l'Oreille, du Larynx et des Organes Connexes," was founded in 1874, by Isambert and Krishaber, of Paris, deceased, and more recently by Ladriet de Lacharrière, which is now enlarged, with an increased number of editors and co-laborators, French, English, and American, and is published every two months, each number in French, and a few articles in English. We regret that it is not of the same character as the "Archives of Otology," published in Germany and New York, in which every article is translated into English. Indeed, in No. 2 of the "Annales," the whole twenty-four articles are in French, and in No. 3 there are only two in English, one by Dr. M. Mackenzie, of London, and one by Dr. Woakes. Still, with these slight defects, which we trust will be remedied, it is an interesting and excellent journal, and published at fourteen francs. We translate two brief articles, which we consider contain some practical ideas.

A small new acoustic instrument for deaf persons, invented by Dr. Politzer, of Vienna.* The

principle on which this invention rests is one which has not yet been demonstrated in practical medicine; it is the following:

"It consists in carrying back to the membrane of the tympanum, by the aid of an elastic sound-conductor, the vibrations of the cartilage of the auricle. This little instrument is composed of a metal ring, thinner at the sides on which an India-rubber membrane is stretched. At the edge of the ring is fixed a narrow metal spring, the free end of which presses against the centre of the membrane and serves to stretch it. At the point of contact of the spring with the membrane, it makes a right angle at the inner part of the latter, two metal ends of which one attaches itself again to the longest part of the small tube, while the other serves to hold the shorter part, and carries back the longest by its contact with the auricle all the vibrations of this last; the tube is enclosed in the metallic ring, which is placed in the vestibule of the external auditory canal, and prevents all contact with this longer part of the small tube conductor, with the walls of the canal."

The trials with the aid of the new instrument of Dr. Politzer have been made on 140 deaf persons, and the following are the results which have been obtained by Dr. Wittelshoper:

Of the 140 patients, 86 persons were suffering with chronic catarrh affection of the middle ear, but not suppurating, the most of them without mucous secretions in the cavity of the tympanum. Of these 86 persons, 65 obtained a sensible amelioration of the hearing; in 24 of the cases, the amelioration had doubled the intensity of the auditory power, as far as then preserved. In the 41 others this improvement of the power of the auditive sense, manifested itself by the perception of the sound of speech, from a distance of one-half metre to one metre, and one and a half metres, to five, six, and seven metres of distance. In the 21 other cases there was not the least amelioration of the power of hearing; the long duration of the affection, and the examination of the auditory functions made the experimenter infer that there was an anchylosis of the ossicles of the ear, or a complication of certain diseases of the labyrinth.

A Case of Gummy Tumor of the Auricle. By Dr. Hessler (Halle).†

The cases of partial necrosis of the ear in consequence of an ulcerated gummy tumor of the auricle are extremely rare, in proof of which we refer to the annals of medical science. Dr. Hessler has proved one of these cases in 1881, under the following circumstances:

The patient had a soft ulcer in the concave part of the right auricle. This ulcer suppurated some days, then closed and healed up of itself. Before the suppuration, the auricle was swollen and enlarged, and became a violent reddish-blue, and so painful that the patient was not able to lie down on that side to sleep.

At the time of the first examination of the affected part, the right auricle had that reddish-blue color, was swollen and glistening, of double the size of the left, and raised almost perpendicularly to the head. The large crease of the skin which we customarily see behind the auricle had completely disappeared, and the swelling of the mastoid process was such that we could no longer reach it. The skin in front and above the auricle was swollen and sensitive to the touch. On the anthelix and in front of the point of division in the "crura furcata" we found an ulcer about three millimetres in dimension. The edges and surface of it were yellow and viscous, and discharged a serous fluid equally yellow and fatty. The auditory canal was entirely uniform in all its extent, and yet so narrow that only a small speculum could be introduced, and thus obtain a view of the membrana tympani. The latter was in its normal condition, and the hearing in consequence was not modified.

At the first sight of the ulcer we believed it a syphilitic affection of the body, but the complete examination of the body, which bore no trace of it, did not confirm this diagnosis. The patient confessed to have had four years before an ulcer on the penis complicated with gonorrhœa, but he had been promptly cured by internal medication and local applications of external remedies, without any relapse. He had not observed since then any trace of exanthema on the surface of the body, nor mucous affections on the interior wall of the throat. Without doubt the use of iodide of potassium, with a simple local affection, has caused some suspicions to exist, but in the absence of it every trace was removed of syphilis. Convinced of it, we abstain from all specific treatment, the more so, as the medical annals have not shown any examples of gummy tumor of the auricle, without the presence of syphilitic symptoms in other parts of the body.

*Revue Medicale heb domadaire de Vienna du Dr. Wittelshoper, No. 22, 1884, Annales des Maladies de l'Oreille, du Larynx et des Organes Connexes.

†Archives für Ohrenkulkunde, 20 vol, 4th part. Annales des Maladies De l'Oreille, du Larynx et des Organes Connexes Juillet, 1884, No. 3, p. 192.

We were limited in consequence to treat the inflammation, by the application of cold compresses of a solution of acetate of lead, then we cauterized the ulcer with lunar caustic at an interval of five days. This ulceration soon disappeared without scar, and in like manner the tumor of the auricle. Some days later the patient presented himself with the ear in the same state as when at the first visit. The ulcer was even larger in size. A second treatment with the aid of incisions at the anterior part of the auricle, and by injection of 30 per cent. of carbolated solution accompanied with cauterization by lunar caustic, produced no better results in healing.

Baths were then tried (at Newenahr) from which he returned worse than before. After six months of treatment, there appeared on the right shin-bone a swelling of the size of a silver mark, tuberous and hard to the touch, not painful, and perfectly detached from the bone, produced without apparent or known cause, and after making an examination we soon agreed to the syphilitic origin. Then followed the treatment of iodide of potassium on good grounds. The affection and the tumor on the ear disappeared at the same time, which healed up, and the patient was completely restored.

We subsequently learned that two years before he had been treated a long time and without satisfactory results by the aid of compressing bandages for a chronic swelling of the articulations of the hands, which had not been attributed to syphilitic origin, with success by iodide of potassium for a gummy orchitis. The syphilitic cause of his ear affection could no longer be left in doubt. The case is remarkable for this circumstance—that this affection was produced without any other symptom or trace of syphilis, and even to the third degree of syphilitic affection. It is a demonstration in favor of the specific character of new local formations in the person affected by syphilis, and that it is necessary to treat from the first by an appropriate specific treatment.—*A. Politzer.*

(*To be continued.*)

CORRESPONDENCE.

White Clover and the Salivation of Stock Thereby —Cause and Effect—Microbe of Cholera.

EDS. MED. AND SURG. REPORTER:

It is often a difficult matter to see the just relations of an effect to the cause, and sometimes well-nigh impossible to tell which is the cause and which the effect of a circumstance or phenomena of a circumstance; and when one is obliged to take into the account an accompanying attendant of the cause and effect of a peculiar circumstance, it makes things quite complicatedindeed.

I have been led to this communication by reading the discussions of late upon cholera, and its supposed cause, the microbe of Dr. Koch; and to further agitate the question, I thought I would bring up a familiar topic to us all.

This brings me to the point which I started out to call attention to. It has been an accepted theory in this neighborhood to attribute the salivation of horses to a very small red "midge" or "chigger" which the blossoms of white clover contain. It has been said time after time that white clover would not salivate a horse except when in bloom. I accepted that theory as probably right until the last week. According to the above insect theory the salivation was brought about this way. The blossoms contained the insects in abundance, and after being taken into the animal's mouth they would irritate the mucous membrane or lining of the mouth to such an extent that the animal would "slobber" the same as a man will when chewing strong tobacco that smarts his mouth.

Now, within about the last ten days the white clover in this region has sprung up in great abundance, for the fall rains have been recently copious and the weather very warm indeed for this time of the year, and there is not one blossom in a million plants of white clover, yet my horses have never been so badly affected in their lives with white clover as they are now at the present time, when there are no blossoms to contain the insects.

I consider the salivation due to an active principle residing in the plant itself, and not to an accompanying accidental insect in the blossoms. We know that yellow puccoon (hydrastis canadensis) will make the mouth water freely, as the botanical name implies, without the aid of any insect. We also know that pilocarpine, the active principle of jaborandi, will make the mouth pour out its saliva, and the pores of the skin exude perspiration too in abundance, and that is due, as every one believes, to the active principle in the plant.

The idea, though, that the salivation of animals, grazing on white clover, was owing to an insect in the blossom is akin, and probably as tenable and as near the truth as Dr. Koch's late theory of cholera being due to a microbe, a small living animal or vegetable spore, which is often found in the dejections of a cholera patient, when probably the fact is the microbe is only an accompanying attendant and not the cause at all of the cholera.

This is probably coupling the "sublime with the ridiculous," but I am after information, and would be very much obliged to any one who has any to impart on the above subject.

J. J. CONNER, M. D.

Palmer, Ill., Oct. 8, 1884.

Ingrowing Toe Nail.

EDS. MED. AND SURG. REPORTER:—

From time to time the surgical treatment of ingrowing toe-nails has been recommended in the various medical journals as the only expedient by which permanent relief can be obtained.

The editorial in the REPORTER (October 11) raises a note of warning and recalls the treatment given me while a student by Dr. A. Clark, of Beaver Dam, Wis., now of Detroit, Mich.

"Ingrowing toe-nail," according to the aged doctor, "was caused by paring the nail too closely. The pain would cause the sufferer to remove as much of the nail as possible, and, as nature wants everything nearly symmetrical, she would hasten the growth in the region of the excised part." He therefore advocated scraping the central portion of the nail very thin (as recommended in the REPORTER), and also paring the extremity of the nail in a crescentic shape, *i. e.*, leaving the edges longer than the central portion. In this way the growth of the nail is directed toward the centre. Also the pressure on the edge of the nail would be in this manner distributed over a much larger cutaneous surface, hence is less liable to cut into the flesh. To palliate the suffering, the doctor inserted a little cotton under the sharp edges of the nail for the time being.

By the use of these simple expedients, he was enabled to suecessfully treat all mild and many aggravated cases of ingrowing toe-nail. I have used his treatment a number of times with success.

E. C. HELM, M. D.

Chicago, Ill.

Diagnosis and Treatment Given.

EDS. MED. AND SURG. REPORTER:

In answer to the article in issue for October 4, 1884, page 387, "Diagnosis and Treatment Wanted," I should think the case one of the nature of pododynia, described by Gross, vol. ii., p. 977, and treatment is, "Blisters, rest, and elevation of foot, and attention to diet and bowels."

This reminds me of an unique or uncommon case I met with, viz.: I was called August 9th at 9 p. m. to attend Mrs. H. P., and found her in a state of great nervous excitement, amounting to hysterical convulsions. She was crying, choking, and trying to vomit. Said she had tried to swallow three pills and they were all in her nose. Said she was afraid they would physic her eyes out of her head. I gave her an emetic that caused explosive emesis, and the pills came—one out of her mouth, one out of one nostril and the third pill out of the other. Immediately after came a sudden and instantaneous calm, and all was serene.

C. FULLER, M. D.

Lincoln, Maine.

NEWS AND MISCELLANY.

Micro-Organisms.

In view of the interest which attaches to micro-organisms at the present time, it will be interesting to read the following description of those which are exhibited at the International Health Exhibition, which we find reported in the *Brit. Med. Jour.*, September 20, 1883:

Bacillus Anthracis.—This bacillus varies from 5 to 20 μ in length, and 1 to 1.25 μ in bredth. It is quite motionless. When cultivated in suitable media, at the temperature of the body, the bacilli grow out into long threads, in which spores are produced. They are readily cultivated in different media. When grown in gelatinized meat-infusion it becomes liquid, and delicate branching threads may be seen extending out into the still solid material. The smallest trace of such a cultivation inoculated into the body of an animal (mouse, rabbit, sheep, horse, sparrow, etc.,) causes death in twenty to forty-two or more hours, and the bacilli are found in great masses in the spleen, and abundantly in all the capillary vessels. This affection of animals is known as "splenic fever." In man, it is the cause of the "malignant pustule" and "wool-sorters' disease," the bacilli occurring abundantly in the affected part. (See Koch; Cohn's *Biologie der Pflanzen*, and *Mittheilungen aus dem Gesundheitsamte.*)

Bacillus of Typhoid Fever.—This is a small oval bacillus, which occurs constantly in great numbers in the ulcers of the intestinal wall at the acute stage of this disease. It also forms plugs in the liver and spleen. It may be cultivated out of the body on gelatinized meat-infusion and forms a fine brownish growth along the track of the inoculating needle, with little tendency to spread on the surface. Grown in this way, the bacilli are longer, and, when carefully stained, appear fusiform. Cultivated in the meat-infusion prepared with Japanese isinglass, at the temperature of the body, the bacilli have the shorter form, and are similar to those found in the body. In Japanese isinglass-infusion and blood-serum, they are said by Gaffky to form spores at this temperature. No animal has been found in which typhoid fever can be produced by inoculating the cultivation, so that it is not clearly proved that this baccillus is the cause of the disease. In the same way, the stools of typhoid fever patients, which are well known to contain the virus of the disease, do not communicate it to the lower animals. (See Gaffky, *Mittheilungen aus dem Gesundheitsamte*, vol. ii.)

Micrococcus of Acute Lobar Pneumonia.—This is a round or oval micrococcus, which occurs abundantly in the fluid from the lung, and in the sputa in most cases of this disease. Obtained from such a source, it is found to be invested with a hyaline capsule. It may be cultivated in gelatinized meat-infusion, and forms a very characteristic growth. Along the track of the needle the growth is moderately vigorous, but around the point at which the needle has entered the material, a large round button-shaped mass is found. This has given rise to the name "nail-cultivation," which has been applied to this growth. The micrococci from the cultivation are seen to have lost their hyaline investment. When a spray, formed of such a cultivation mixed with distilled water, is made to play into a cage containing a number of healthy mice, a certain proportion of them become affected with acute lobar pneumonia. The disease may also be induced by injecting the cultivation into the pleural cavity of a mouse or dog. The micrococci in the fluid from the lung are found to have regained their capsules. (See Friedlander, (*Die Mikrokokken des Pneumonie*, *Fortschritte der Medicin*, No. 22, 1883.)

Micrococcus of Acute Osteomyelitis.—A small micrococcus is found abundantly in the pus in cases of this disease. It may be cultivated in gelatin-

ized meat-infusion, and causes it to become liquid, the micrococci sink to the bottom of the liquid part, forming a bright orange precipitate. It may also be cultivated on potatoes, where it forms an orange-yellow growth. When injected beneath the skin of a healthy rabbit, no special effect is produced, but if introduced into the veins of an animal whose bones have previously been injured, the characteristic features of acute osteomyelitis appear, and the micrococci are found abundantly in the pus which is formed. (See Becker, *Deutsche Medicinische Wochenschrift*, November 15, 1883.)

Bacillus of Tubercle.—This bacillus occurs in tubercular growths, the sputa of phthisical patients, and in scrofulous glands and joints. It is a slender curved organism, which is frequently found in bundles, and often exhibits an appearance of spore-formation, with alternate light and dark staining bands. It may be cultivated out of the body by crushing out the contents of a tubercle on the surface of coagulated blood-serum (prepared as already described). If the tube is kept at the temperature of the body, dry white scaly growths appear, which slowly enlarge. These consist of masses of the bacilli, and when cultivated in another tube of serum, give rise to the same appearance. Inoculation of these growths into rabbits is followed by the appearance of tubercular processes, and similar results are obtained by causing the animal to inhale a spray formed from such a cultivation mixed with distilled water. When the surface of blood-serum on which the formation of colonies is in progress is examined microscopically, the bacilli are seen to be arranged in groups of a remarkably curved shape, with the individual rods lying more or less in a line with the long axis of the growth. (See Koch, *Mittheilungen des Gesundheitsamte.*)

Micrococcus of Erysipelas.—In the pus found in this disease, and in the lymphatic vessels of the skin at the margin of a spreading patch, there are found abundantly small round micrococci ar ranged in pairs. These may be cultivated out of the body on gelatinized meat-infusion, where they grow slowly, forming small round colonies. It has been thought that an attack of erysipelas has a favorable influence on the course of certain malignant growths, and with this view the disease has been produced in men by inoculation about the affected part. For this purpose, the cultivations of the micrococci are quite as potent in setting up the attack as the pus of an erysipelatous patient. Erysipelas may also be produced in other animals by inoculation. (See Fehleisen, *Die Ætiologie des Erysipels*, Berlin, 1883.)

Spirillum of Relapsing Fever (spirochæte Obermeieri).—This is an elongated serpentiform organism measuring some 16–40 μ in length. When living, it moves rapidly with an undulatory motion.

It usually occurs in very large numbers in the blood of persons suffering from relapsing fever during the onset of the attack; it is not, however, found in the intervals.

A drop of blood containing the spirilla, inoculated into a monkey, causes it to be affected with the fever.

Though the spirilla retain their vitality for some time in blood-serum, and in one-half per cent. salt solutions, they cannot be cultivated outside the living body. (See papers by Obermeier, in *Med. Centralbl.*, 1873, 10, and Spirillum Fever, by Carter).

The Cholera Bacillus.—This is a bracket-shaped bacterium about one-third the size of the bacillus of tubercle. It is doubtful whether it should be considered a spirillum or not. It is capable of active movement. It occurs in large numbers in the stools of persons suffering from Asiatic cholera, and in the walls of the diseased parts of the ileum close to the ileo-cæcal valve. It may be cultivated in gelatinized meat-infusion, but flourishes best in liquids such as meat-infusion, milk, etc.

The Bacillus of Malignant Œdema.—This is a bacillus, the breadth of which is about 1 μ, but the length varies considerably; on an average it is about 3 μ. The bacilli often occur in chains of two or more, and in long threads which may attain a length of 40 μ. The spores appear to be universally distributed, occurring in the dust of hay, in putrefying liquids, and in cultivated soil. When earth is introduced beneath the skin of a guinea-pig, it frequently happens that an extensive subcutaneous œdema is set up, with the formation of bubbles of gas and a clear red fluid. In the course of 24 to 48 hours, the animal dies; and if the body be examined immediately after death, the bacilli are found in the œdematous finid at the seat of inoculation, and occasionally in the lymph-channels of the different organs, but not in the blood. In this respect, the bacillus contrasts strongly with that of anthrax, which occurs mainly in the blood. The injection of the œdematous fluid which contains bacilli beneath the skin of another animal again sets up the disease. The bacillus is one of those in which growth takes place in the absence of oxygen. Cultivation of the organism out of the body is difficult, but it has been accomplished by Gaffky, who introduced part of the liver of a guinea-pig, which had been killed in the manner above-described, into the interior of a potato, filling in the opening with potato substance. The growth so obtained was able to produce the disease. (See Gaffky, in the *Mittheilungen des Gesundheitsamtes*, vol. i.)

A Microcephalic Girl.

From a foreign exchange we learn that at a recent meeting of the Berlin Medical Society, Professor Virchow introduced a subject of considerable interest. It was a case of a girl, aged 14, with a slight, though normally developed figure, but with a diminutive head, scarcely as large as a man's fist. She came from Offenbach, and was introduced by her mother, a tall, large-boned woman. The following is a description of the appearance of the girl. Her face is not larger than that of a new-born child, with a sharply projecting nose and prominent jaws; her complexion is delicate, and her features resemble those of a bird of prey. The size of the brain in this diminutive skull is proportionately small, and the intellectual powers are not developed beyond those of a young child. The only word, besides some inarticulate sounds, that the girl can pronounce, is mamma. On perceiving the large assembly, and on having to submit to her head being felt and

measured by several of the members, she became cross and peevish, notwithstanding the kind encouragement she met with. Professor Virchow said that he had seen the girl for the first time ten years ago. He had recently examined her, and found that her body had considerably grown since then, and had developed quite normally; but the head, although a few centimetres larger, had remained microcephalous. The child's parents are tall, strong-boned, and quite normally built. Seven children have been born to them, and four of these children—the eldest, the fourth, the fifth, and the youngest—were microcephalous, while the other three were regularly developed. The girl presented to the meeting was the only one of the four microcephalous children that lived; the others were either born dead or only lived a short time. The eldest of the family that was normally developed, the one born after this child, was to have been introduced to the meeting, to be compared with her sister, but just before their intended departure together she became raving mad. This madness was brought on by the anxiety from which the whole district was suffering, on account of the floods in the neighborhood—a circumstance which Professor Virchow considered of great importance in the question of transmission. Professor Virchow also exhibited several specimens from his collection of skulls, for purposes of comparison, a normal skull of an aboriginal native of New Britain, and the skull of a microcephalous person from the province of Posen. That of the girl introduced at the meeting was smaller than this latter skull, and the girl herself was older than any previously known case. When she was at home she sat quietly, and preferred avoiding the society of other children, generally withdrawing into a corner of the room. She ate and drank purely mechanically. Her mental development did not exceed that of a six months' old child, and she could not be left to herself without supervision.

The Pennsylvania Hospital for the Insane.

The managers of the Pennsylvania Hospital announce that they have unanimously elected Dr. John B. Chapin (formerly in charge of the Willard Asylum, in New York) as Superintendent and Physician-in-Chief of the Male and Female Departments of their Hospital for the Insane, and successor in office of their lamented friend, Dr. Thomas S. Kirkbride, deceased.

Dr. Chapin has accepted the position and has assumed its duties. His large experience and his deservedly high reputation in the specialty to which he has devoted his professional life for more than twenty-five years (the last eighteen of which were occupied in the great work of organizing and administering the Willard Asylum with signal ability and success), give the strongest assurance to all who are interested in the Pennsylvania Hospital, and in the welfare of the patients committed to its care, that the best professional treatment of the insane, and the most solicitous efforts for their comfort and their cure, will be maintained by Dr. Chapin in the institution to which he has now been called.

All communications in reference to patients, either male or female, should be addressed to Dr. John B. Chapin, Pennsylvania Hospital for the Insane, Haverford avenue and Forty-fourth street, Philadelphia.

Personal.

—Dr. J. L. Millikin, of Carmichæls, Pa.. has removed to Greensboro, Pa., since the death of Dr. G. F. Birch, of the latter place.

Items.

—A sum of $200,000 has been left to the University of Berlin by the late Countess Bose, of Cassel, for the benefit of poor medical students.

—A drachm of balsam of copaiba to an ounce of white vaseline makes an ointment popular with New York ophthalmologists, in treating chronic conjunctivitis.

—Dr. Wilson, of Louisville, has used with success the inner membrane of the hen's egg for skin grafting. One egg will supply an indefinite number of grafts.—*Columbus Medical Journal.*

—The poisonous character of urea when introduced into the tissues of animals, has been demonstrated experimentally by MM. Gréhaut and Quinquand. In rabbits the fatal dose is 661m. grms per 100 grms of blood.

—In his will, dated June 21, 1881, Dr. John G. Adams left five thousand dollars to the New York Academy of Medicine, but he afterwards added a codicil revoking this bequest on account of the action of the academy with reference to the new Code.

—A subscription has been opened at St. Petersburg, in order to raise funds for instituting at the University five bursaries in the name of Charles Darwin, to be employed for the maintenance of five students in the five chief branches of natural science.

—The mortality of the globe, as given by a Continental journal, which has made the computation, is as follows: Per minute, 67; per diem, 97,790; and per annum, 35,639,835; whereas the births are 36,792,000 per annum, 100,000 per diem, and 70 per minute.

—The *Medical Press and Circular* says that of the four hundred and ninety-eight members attending the late meeting of the British Medical Association, at Belfast, Dublin sent twenty-one members, and all Ireland eleven members. Ireland was not enthusiastic.

—The death is announced from Vienna of Hermann Zeissl, the distinguished syphilographer, and with him, says the *Allgemeine Weiner Medizinische Zeitung*, falls the last leaf of the celebrated trifolium—Hebra, Sigmund, and Zeissl, one of the principal ornaments of the medical faculty. The deceased was born in 1817, and entered the Vienna University as Mediziner in 1839.

—At Berlin, Prussia, the Minister of Instruction has been so impressed with the evidence bearing upon the evil effects of school life upon children in the higher grades that he has ordered a competent corps of ophthalmologists to make the required studies, extending over several years.

A report is to be made of the progress of the work every half year.

—E. Vial ("Les Mondes"), discussing the physiological part of iron in the animal organism, contends that the active principle in the arterial globules is potassium ferrate, which in contact with reducing agents is broken up into oxygen, hydrated ferric oxide, and anhydrous potassa. The latter compound, after saturating itself with carbon dioxide, conveys this body into the lungs.

—The Cartwright Prize of the College of Physicians and Surgeons of New York, consisting of $500, will be awarded at the commencement of 1885 to the authors of the best medical essay upon any subject. The essays, which must contain the original investigation made by the writer, are to be sent in to the Prize Committee, of which Dr. R. W. Amidon, 18 West Twenty-first street, is chairman, before April 1, 1885.

—The *New England Med. Mo.* tells us that in the brain of a patient who died in one of the Vienna hospitals, was found after death an iron nail covered with rust, which to all appearances must have been there since early childhood. The man was about forty-five years of age, a book-binder, and always passed for intelligent. At irregular intervals he had had epileptic attacks, and post-epileptic mental phenomena while in the hospital.

—As the result of a series of experiments made by M. Reboul on the physiological action of convallaria on the heart of warm-blooded animals, the following conclusions have been drawn: Convallaria acts primarily on the nervous system of the heart, and more especially on its intracardiac elements; the chief effects observed consisted in the slowing or arrest of the cardiac beats (*Lyon Médical*, Nos. 37 and 38). Several tracings illustrating the effects of the drug on the cardiac beats and blood-pressure are given in the paper by Reboul.

—In the principal cities of the world the rates of mortality per week per 1,000 of the various populations, according to the latest official returns, were: Calcutta 25, Bombay 28, Madras 37, Paris 21, Geneva 14, Brussels 23, Amsterdam 24, Rotterdam 21, The Hague 28, Copenhagen 27, Stockholm 23, Christiania 26, St. Petersburg 23, Berlin 31, Hamburg 23, Dresden 22, Breslau 28, Munich 31, Vienna 21, Prague 29, Buda-Pesth 25, Rome 26, Naples 25, Turin 19, Venice 24, Madrid 30, Lisbon 31, New York 26, Brooklyn 22, Philadelphia 21, and Baltimore 19.

—A Prohibitionist calculates that the amount of liquor made and imported into the United States in 1882 would fill a canal ten feet deep, twenty feet wide, and seventy-six miles long. The money it represents would have built a $1000 house for the family of every mechanic in the land; would have paid for 3664 steamships at $250,000 a piece; would have purchased 336,400 farms of 100 acres each, or would have fed and clothed all the children in the States under five years of age for two years, allowing a dollar a week for each of 10,000,000 children. Instead of doing this, it has gone down American throats.

MARRIAGES.

LISLE—SCHOONOVER.—October 15, 1884, in Columbus, Ohio, by Rev. Core, Dr. John M. Lisle, of Maysville, O., and Mattie E. Schoonover, of Mifflinville, O.

AGNEW—HODGSON.—October 16, 1884, in this city, E. Agnew, M. D., and Mrs. Mary Irwin Hodgson.

DAVIS—STAGG.—September 24, 1884, in Rahway, N. J., by Rev. Wm. A. Gay, Francis A. Davis, M. D., of Spottswood, N. J., and Lizzie F. Stagg, of Rahway.

DURRETT—ELDER.—October, 1884, by Rev. A. Donaldson, D. D., Harry S. Durrett, M. D., of Airmount, Miss., and Miss Lizzie Elder, of Eldersridge, Pa.

FERGUSON—AUGHEY.—September 25, 1884, at the Presbyterian parsonage, Farmington, Ills., by Rev. John H. Aughey, assisted by Rev. A. R. Mathes, of Canton, Dr. J. W. Ferguson, of Congress, O., and Miss Anna Kate Aughey, eldest daughter of the officiating clergyman.

GRANT—SMOCK.—October 15, 1884, at Plainfield, N. J., by Rev. D. J. Yerkes, Frank S. Grant, M. D., and Ada M. Smock, both of New York.

HAMMOND—BERRY.—October 15, 1884, at Ridgefield, N. J., by Rev. Dr. A. B. Taylor, Dr. George Hammond, and Mary K., eldest daughter of the late Stephen Berry, of Rutherford, N. J. No cards.

LUDLUM—DUSTIN.—October 7, 1884, by Rev. M. Dustin, D. D., at his residence, Dr. B. F. Ludlum, of Maineville, O., and Miss Mary E. Dustin, of Loveland, daughter of the officiating minister.

MARTIN—COWGILL.—October 14, 1884, in Dover, Del., by Rev. J. F. Stonecipher, Dr. James Martin, of Philadelphia, and Minnie Cowgill, of Dover.

MERRILL—HALE.—October 16, 1884, at St. Thomas's church, Fifth avenue and Fifty-third street, New York, by Rev. Dr. W. F. Morgan, Edwin F. Merrill, of Philadelphia, and Minnie Ilsley, youngest daughter of James Hale, of New York.

OGDEN—STANDISH,—October 22, 1884, by Rev. S. F. Grier, A. D. Ogden, M. D., of East Liverpool, O., and Miss Alice Standish, of Hancock county, W. Va.

SATTERTHWAITE — SIMPSON. — October 2, 1884, at Fallsington, Pa., by Mr. Ebenezer H. Mull, J. P., Dr. Joseph H. Satterthwaite, of Trenton, N. J., and Miss Lizzie B. Simpson, of Fallsington, Pa.

SAXTON—FARRAND.—October 22, 1884, at Christ church, Henrietta, Mich., by the rector, Rev. S. S. Chapin, Arthur Willmott Saxton, M. D., of Henrietta, and Ada Rebecca, daughter of the late Joseph S. Farrand, of Hudson, N. Y.

SCHURMAN—MUNRO.—October 1, 1884, in New York by Rev. Dr. Hall, assisted by Rev. Dr. Waters, Dr. J. G. Schurman, of Dalhousie College, Halifax, and Barbara Forrest, daughter of George Munro.

STONE—NICHOLS.—October 8, 1884, at the residence of the bride's parents, Beechwood, Yonkers-on-Hudson, by Rev. John Reid, William Coolidge Stone, M. D., of New York city, and Kate, youngest daughter of Edward A. Nichols.

THOMAS—MACDONALD.—October 9, 1884, at the residence of the bride's mother, West Philadelphia, by Rev. S. W. Thomas, Dr. N. Wiley Thomas, son of the officiating clergyman, and Miss Belle J. MacDonald, both of Philadelphia.

WEED—TURRELL.—October 15, 1884, at the residence of the bride's parents, South Orange, N. J., Edgar T. Weed, M. D., of New York, and Louisa Boudelot Turrell.

DEATHS.

COREY.—September 8, 1884, of Bright's disease, at West Point, Ill., V. B. Corey, M. D., in the 57th year of his age.

BANGS.—October, 10, 1884, in Brooklyn, Dr. James S. Bangs, aged 72 years.

CHURCH.—October 24, in New York, at his late residence, Allen S. Church, M. D., aged 62 years.

CONDIE.—October 22, 1884, in this city, Louisa F., relict of the late D. Francis Condie, M. D., in the 74th year of her age.

EDWARDS.—October 6, 1884, at Granby, Conn., George W. Edwards, M. D., aged 48 years.

ENSIGN.—October 25, 1884, in New York city, William H. Ensign, M. D., in the 51st year of his age.

FETTER.—October 2, 1884, in New York city, David F. Fetter, M. D.

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Communications.

TREATMENT OF CHRONIC DISEASES, WITH SPECIAL REFERENCE TO INDIGESTION.

BY W. M. HEPBURN, M. D.,

Of Freehold, N. J.

If ever there was a time that the medical profession had daily impressed upon them that heroic dosing—especially in chronic cases not, in their nature, necessarily fatal—should cease, it is the present. In the Med. and Surg. Reporter of August 30, under the title of "Abuse of Drugs," an article is published which should be perused by all overdosers. The writer says: "In 1834, while attending a provincial infirmary, he was struck with the recovery of patients given up to die. The medicines, especially mercury, iodine, and iodides, would be suspended, and the nurse have orders to treat the patient kindly before dying. Immediately recovery would occur."

This impressed him, and ever since he has *studied* whether medicines were doing *good or harm*. In Brazil his success was in cases treated by others. He would merely suspend the medicines, and put the patient upon *hygiene, science, and common sense, correcting ignorance, neglect, and bad habits, as to food, air, exercise, baths, etc.*

His success in *chronic* cases was great, and the people declared that he must have used medicines, and strong ones, too, for he could not have made such cures otherwise. The italics are my own. My only regret is that I had not absorbed such truths when first beginning the practice of medicine. Just as quinine shows striking results in malarial fever, potass. iod. in syphilis, so all medicines have a place and good effects when properly used. We know that quinine can produce deafness, and that incurable, and the others act just as deleteriously. The thing is to know *when, how long*, and *in what amounts* to use them.

I have known epilepsy much relieved by potass. brom., and by too long continuance of that drug have seen the same epileptic become almost imbecile. The bromide being discontinued, and tonics given, the neighbors have been astonished to see comparative health of mind and body return. In this enlightened age, I know physicians of large practice and undoubted ability (mental) who continue as many as four different combinations at one time, and each bottle, or pill, containing from two to four or five distinct drugs. What can we say under such circumstances but that the patient—if he recovers—"gets well in spite of the treatment."

It is of chronic indigestive troubles I wish to speak, and of all complaints, it seems to me that the above remarks are most pertinent here.

A case of chronic diarrhœa presents itself to a young, inexperienced or an old experienced doser. The former grasps his head between his hands, and tries to recall to memory all the drugs he knows, or has heard of, which are vaunted as "specifics" in this trouble, so that he may combine them, and thus be sure of a cure. The latter formulates his "stand-by"—four or six drug combination—and the patient departs to struggle, not only with his former trouble, but also with this extra load of system-damaging medicines. When such lights as Hilton tell of the wonderful results they have had from "rest;" when that

charming writer Dr. Fothergill gives us a glimpse of what scientific use of drugs is; when we learn of the gratifying results received from proper food, healthy surroundings, protection of the body, etc., impressed by such authority as Dr. Pepper, why is it that the "rank and file" still grasp at every newly-vaunted drug as the long-looked-for restorative? I have known a gentleman of phthisical family having retained a cold for weeks, which threatened to end disastrously, get rid of all untoward symptoms, by what drug? —by discontinuing the habit of taking off his warm boots, and putting on his slippers on arriving at home in the evening.

I read but to-day of an intractable case of prickly heat—after all medicines had failed—being at once relieved by the patient changing from his short-sleeved light undershirt to thick long-sleeved garments, by which perspiration was absorbed, and tendency to sudden chilling prevented.

In *all chronic* digestive troubles certain directions should be given, whatever organ be the one diseased. Give that organ rest, support, and protection. I never speak of rest as a means of cure to my patients without recalling the benefit I received from reading Dr. Hilton's book entitled "Rest and Pain." The following are among the truly suggestive thoughts of the Doctor, and also letters he received. Speaking of the necessity of rest to plants as a means of growth, and impressing the truth that "repair is but the repetition of growth," he further remarks:

"In my reflections on the subject of rest as a curative agent, my mind naturally reverted to that period of man's existence when it was the sole curative means of which he could avail himself. I could but picture to myself the timorous awe which must have been engendered in his mind by the first accident which happened to him. Let us imagine our first parents suddenly thrust out of the garden of Eden, and doomed to toil for their daily bread; with hands unused to labor, inexperienced in the substitutes for unnecessary exertion, and in the avoidance of local injury, and exposed to all the accidents of a precarious existence."

Let us try to realize the awe-stricken dismay which must have oppressed man's mind on the infliction of his first wound, his first experience of pain; the breach of surface disclosing to his sight his blood flowing unceasingly, or leaping at sustained intervals from its opening chambers, his sense of fainting, and his ultimately sinking on the earth under the foretaste of death; this, too, with the recent denunciation, "Thou shalt surely die," still ringing in his ears.

Can words depict the hopeless anguish which he must have endured? But what follows? See him awakening to life again, the stream of blood stayed, the chasm plugged, his strength revived, and day by day that wound—which he regarded as the badge of death, the vengeance of the Creator's wrath—narrowing and healing till it could hardly be seen. * * * * Pain was made the prime agent. Under injury, pain suggested the necessity of, and, indeed, compelled him to seek for rest. Every deviation from this necessary state of rest brought with it, through pain, the admonition that he was straying from the condition essential to his restoration. But not alone do we use rest as a means of cure in surgical injuries, as the following letters most emphatically prove:

"*My Dear Doctor:* In reply to your inquiries, I may state that I am frequently applied to for the admission of lunatics into this hospital, whose insanity is caused by over mental work, anxiety, or exertion, and *for whose cases nothing is required to restore the mental equilibrum but rest.*

"Therapeutical measures are not necessary. All the mind seems to need is entire repose. I do not by this mean to imply that the patient, reduced to a state of nervous hypochondriasis, or the depression of melancholia, is to lead an indolent life. Such a course would only aggravate the disease, and probably result in complete dementia; *but that those faculties which have been overstretched should have an opportunity of regaining their elasticity by rest and relaxation.* I could give you examples from the wards of this hospital, where we are called upon to treat mental symptoms in the cases of governesses, students, clerks, and clergymen; *and rest is all they require, and with that the most aggravated cases are restored.*"

"*My Dear Sir:* I cannot resist the temptation to tell you a case which offers a striking illustration of the principle so admirably explained and enforced in your lectures at the College of Physicians and Surgeons, and for which our profession is deeply indebted. Nearly twenty years since, I attended a lady who for eight or nine years had been afflicted with intense headache and intolerance of light, commencing on first awakening in the morning, and persisting, more or less, all day, totally disabling her, and, during many months, confining her entirely to her house. I learned that she had consulted several medical gentlemen, both in London and the provinces. Under an impression of inflammatory mischief in the brain, Dr. Marshall Hall ordered her a scalp issue with twenty

peas, which was prolonged for several weeks; she underwent a long course of mercury, was cupped many times, blistered, etc., etc.

"Under other advice, she took tonic medicines of various kinds, and made a journey on the Rhine, etc. All seemed useless, and she resigned herself to despair.

"At my first examination of the case I learned that a severe frown was caused by the first influx of light in the morning; then followed headache, etc. My impression was that if I could avert this spasmodic action (by physiological rest), and break the habit of return by mechanical means, I should prevent the other symptoms; and so it happened. I merely covered one eye with a card, about the size of a crown piece, and attached an elastic tape to it, so that it passed around the head, across the forehead, and over one eye, slightly compressing the occipito-frontalis, and corrugators. This simple device effectually prevented the frown, and there was at once an end to the mischief.

"The only further treatment required was to gradually accustom the eyes to light and action; and this was readily done by using one at a time for two hours, and then changing the card to the other eye, regulating the admission of light. In other, but still more expressive words, I gave 'rest to parts' morbidly excited; and so this most terrible malady vanished as a charm. The patient continued free from the complaint during the remainder of her life, and died about two years ago."

I do not know how the English language could be used to a greater advantage than to the above letters to impress the absolute necessity of physiological rest of the part diseased, if any benefit is to accrue to our patients. Additional words would only detract from the picture, or be a useless repetition. In indigestion we procure physiological rest by the diet we give our patients. How essential, then, that we study well the many interesting and constantly additional facts we have given us, as regards the duties performed by the different organs. If we can feed an individual, suffering from bowel trouble, with food entirely digested by the stomach, we at once secure what is needed—rest to the part diseased, and nourishment to our patient.

Before leaving this point, I wish to quote the following: "The function which influences *all* others is digestion." This all right, all is right, and vice versa. Cures, after operations, are accomplished by nutrition; and this will be good or the contrary, as the digestion is good or the contrary. This subject of digestion and nutrition should be well understood by surgeons. The preparing a patient for operation, or treating him after, hangs much on this. Whatever dexterity a surgeon may have, he should also understand physiology as well, to have success. He may fail sometimes from neglect of the simplest dogmas of physiology. A friend and myself when abroad had many cases of cataract. We did the operation in the same way; he better than I, for I had no gift of hands. He lost very many of his cases, and mine succeeded.

He said one day, he could not understand this. I replied: "It is simple; you let your patients eat and drink as they and friends like after the operation, while I starve mine from one to two days, till the wound is healed and the retina is safe." A full stomach or improper food will befool the best-done operation. I have cured serious fractures without fever intervening merely by semi-starving the patient. In my own case, when shot in the head, I abstained from all but water, or a little tea or dry toast, for days, and had scarcely any pain and no fever or erysipelas.

"After days I used stewed prunes, potatoes, mashed with salt, butter, to be simple and laxative. I took no wine and no meat for weeks, and a remarkable cure was the result."

Not only physiological rest, but sometimes mechanical rest of the body is urgently called for. Thus in chronic diarrhœa, though there be no ulceration, yet so weak has the whole body become, so lax and sensitive the bowels, that, for a time, at least, bed is the only place, but, I would add, to be kept there only so long as is necessary. In one of the letters quoted, in regard to the patient suffering from mental depression, the writer says: "Of course, we do not propose that the whole mind should remain fallow, but that pressure should be removed from the partiular part which is fatigued." I do not think we can lay too much stress upon the necessity of giving *pleasureable interest* in life to our patients.

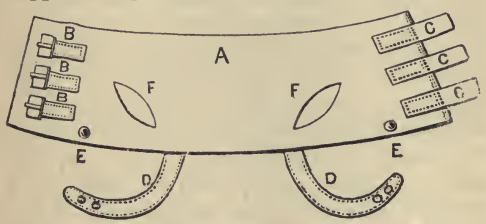
The "rest cure" (absolute rest in bed, only the nurse and doctor allowed to see the patient, not even letters from home allowed, etc.,) has in it this objection, viz., that thrown on their own resources, the morbidly prone and weary sufferer thinks and longs only for death.

These remarks are especially applicable to the subjects I am writing about.

Stonewall Jackson is quoted as saying that he knew of no trouble (himself a sufferer from it) which afflicts humanity, where a man could have such allowance made for him for committing suicide, as in that commonly called dyspepsia.

Now, though the organ at fault be so weakened by disease as that mere movement on the part of the patient would distress him and bring on renewed misery—as walking or riding when the patient is suffering from chronic diarrhœa—yet, if by properly supporting that or those organs, we should thus be enabled to allow our patients to enjoy fresh air, pleasureable experiences, light exercise, etc., what incalcuable benefit do we bestow upon them? When the arm is broken, we put it in splints, and so enable the patient to move around; so if we could only brace and support the bowels—liable as they are, when diseased, to be irritated by great amount of movement—we could give them aid enough to allow out-door enjoyment.

In one case of chronic diarrhœa under my care, a young gentleman of active mind and, formerly, physically energetic, I found it impossible to keep him in bed. Weakened as he was by long-exhausting "talks" of one physician, and calomel "to put his liver in good condition" by another, he would get out of bed, and, though very warm weather, attempt to ride or walk, and always with the most serious consequences following. He could, as he said, feel his bowels hanging down, dragging on him, every step he took, or jog the buggy gave. I at last had a bandage made, as in the following cut, with the design of support and protection:



A—Two thicknesses of red flannel. B—Buckles. C—Straps. D—Perineal straps. E—Buttons for the perineal straps. F—Openings for superior processes of the ilium.

If any one has doubts as to the aid such a bandage gives, let me say that if the doubter will only go through the experiences of one who has suffered from indigestion leading to chronic diarrhœa, until he feels so weak that the thought of an exertion, either physical or mental, is utterly distasteful to him, he will find his abdominal walls, with the rest of his tissues, are weak and lax, his bowels empty and dragging. If then a bandage is made—such as the one illustrated—and *fitted* to him *snugly* and *comfortably tight*, words of mine would be useless to impress him with the comfort and assistance it gives.

By holding the bowels up it relieves the feeling of weight and dragging, and also soothes the parts by the warmth it imparts, as well as protecting from sudden chilling. Protection, then, is also accomplished by it; and protection, general and local, is what I now wish to speak about. Probably I had better say external protection, general and local.

We have heard so much of the efficacy of medicated pads, such as liver and stomach, that the laity, if not some of the profession, thoroughly believe that these pads have in them real medicinal properties. They have just these virtues—support, protection, and warmth to the part to which they are applied. I have known of diarrhœa, uncontrolled by drugs, which at once began to yield after the application of a proper bandage.

No doubt the protection from chilling aided much in the cure. An organ weakened and depressed by disease necessarily has but poor circulation. It cannot, therefore, properly perform its functions, nor protect itself from changes of temperature. Artificially aided by external covering, blood is drawn to the part, circulation is increased; and shielded from external influences, the worn and disheartened organ takes fresh courage, and manfully performs its duty, where before there had been apathy and torpor. Not only, however, can our weakened member be injured by local chilling, but so constructed are we that any part left unprotected, and the person thereby taking cold, the brunt of the trouble falls on the weakest and most susceptible part. Therefore it behooves us not only to see to local, but also to protection of the whole body. I have already related a case where a troublesome cough was kept up by the gentleman changing his warm boots for slippers when coming home in the evening. This is a forcible illustration of what mischief can be done by little indiscretions. The sooner we grasp the truth that to a diseased body there are no *little* indiscretions, the sooner will we benefit our patients. It is utterly impossible for one accustomed to perfect health to realize what care it takes to maintain a comfortable degree of strength in a diseased body; and they also fail to realize how, by a proper amount of thoughtfulness, one can get good, noble work out of a naturally feeble frame. Far be it from me to advocate making hypochondriacs of our patients, teaching them to fear their own shadows; but we can, and if we do not we fail as physicians, teach them the absolute necessity of using their common-sense ideas, as well as exercise, food, sleep, etc. Friends may think such a person "hipped," or that they will starve,

grow peculiar or are already so; but friends, as well as enemies, often judge us unjustly, and the sooner *we* learn to know what we can and what we cannot do, and live accordingly, utterly indifferent to remarks, the better for our physical and all other parts of our nature.

The writer, when himself broken in health, going to one of Philadelphia's leading physicians, and presenting himself with low *shoes*, although in August and the weather very warm, will not soon forget the stern look of his medical friend, and his short but expressive remark, to take off those shoes and never be seen with such again. The whole body should be properly clothed. Linen or muslin for underwear should be discarded—flannel, and that of good thickness, for winter, and long-sleeved gauze for summer.

As we contemplate the utter recklessness of people, especially ladies, as to proper clothing, the wonder to a sane person is that so many manage to keep a respectable amount of health. Nor am I alluding alone to "party dress," but to the garments worn in daily life. The theory that the lightest garments consistent with the ability to resist cold, and bed-rooms the temperature of the outside air, even in winter—the theory that these are elements in assisting one to maintain or procure robust health, is utterly false and evil in its tendency.

The temperature of the bed-room at 65°, and good, heavy flannel for winter use, are essential to those in feeble health, and great aids to preservation of robustness. But just as we, as Americans, injure ourselves by having our sleeping apartments too cold, so we debilitate our bodies by our over-heated living rooms. The one object of some seems to be to have the furnace at such fever heat that they are necessitated to either perspire freely or else open the windows, even though it be mid-winter. We should not need a medical adviser to raise his voice against the pernicious effects of such living. To breathe such air and live in such a temperature, would injure the most robust constitution.

Just as to a well-balanced character personal watch is needed to detect errors and remedy faults, so to maintain good health details must be attended to; not only certain, or particular, but all details. Though we detect the diseased organ, support and protect it, and the whole body, yet other minutiæ demand our attention. We have already touched on the necessity of pleasant surroundings, congenial society, as additional aids, which in their effects will surprise us if we can but use them. Facts are what we want, so I will quote from an experienced and practical writer: "A very distinguished man of letters, of nervous temperament, once told me that in good company he could eat an equally good dinner, but *dining alone he had to limit himself to the simplest fare.*"

"For how many patients can we write the prescription to take two months' holiday, to withdraw from all toil and care, and to live in good company, on refined and delicate food, *and yet how potent are such means when all else may fail* "

Mr. Teale and myself tried in vain to cure a clever, impulsive, and over-worked Leeds clothier of gastralgia, mixed with some consequent dyspepsia, until we sent him on a sea voyage. His own words on his return were: "After a few days bile could not live on my stomach, and my tongue was as clean as if I had manufactured it myself."

I think we may lay it down as an axiom that we cannot properly help nervously broken patients if we fail to urge upon them the necessity of seeking pleasurable sights. A nervous system depressed and diseased by sorrow or over-exertion in the routine of business, needs the stimulus of pleasurable sensations. It calls for them as an empty stomach calls for food, and just as food satisfies and strengthens the stomach for future usefulness, just so do legitimate pleasures, by their healthy stimulus, satisfy and strengthen the nervous system.

As continued grief will destroy the healthiest organization, pleasure, its antagonist, will build up. Freedom from anxiety, enjoyment, are necessary to neurasthenics. But what has this article on indigestion to do with neurasthenics?

Just this: that in every aggravated case of malnutrition the nervous system is primarily or secondarily affected; and once diseased, it becomes the main obstacle to restoration of the individual to health. Pleasurable living includes not only congenial company and pleasant sights, but also proper occupation of the faculties not diseased. I do not know how I can better impress what I have said than to briefly relate the following cases:

A young lady of active mind, nervous temperament, ambitious and attempting to satisfy her ambition, overworked herself at one of the leading young ladies' colleges. Nervously prostrated, sleepless, easily excited, and excitement followed by violent, continued headaches; appetite for food either capricious or entirely lost; intensely melancholy—she was, indeed, a sad illustration of the evil effects of over brain-work. Though feeling so miserable, she joined a party of friends, and passed six weeks at a secluded, but attractive

resort. Boating, fishing, riding, and, in fact, all kinds of out-door pleasures, were entered into. The beneficial effects were remarkable. She returned home full of good spirits, having gained flesh, sleeping—for her—very well, etc. Unfortunately, she returned to her home—a well-known malarial region—during an intensely hot and dry season; this, together with family cares, again prostrated her. She then went to a well-known sanitarium with but little, if any, benefit. "Rest cure," under the care of an eminent physician, although thoroughly tested, gave only negative results.

The second case is that of a young gentleman who from the same cause—over mental work—was completely prostrated. Suffering first from gravel, he was precipitated by his disease and purgatives administered to him by his physician into a long sickness, and chronic diarrhœa was added to his troubles. Friends thought he was dying from consumption, and his physicians shook their heads ominously. Depressed, melancholy to the verge of insanity, he was ordered to take a sea voyage. This cured his diarrhœa by that most efficient agent—rest. As he was nauseated to a slight extent during his voyage—three months—and so ate but a minimum amount of food, returning home thin, morose, but able to digest enough food to keep him in passable condition, he fortunately had offered him a position in a mountainous region, which gave him much out-door exercise, but little mental work, yet pleasantly interested him; and, at the same time, he was boarding at a cheerful home, together with several bright, congenial companions. His medicines were port wine, if needed to aid digestion, Huxham's tincture, and paregoric, if at any time diarrhœa—due to over-eating—threatened him.

Enough to say that when he returned to his old home, after six months' absence, several of his friends passed by him, not recognizing the healthy, robust, athletic-looking young gentleman as the dying friend of the year before.

The third and last case, that of a large, healthy woman, suddenly taken with vomiting. Of a hysterical nature, and having, as she asserted, seen her last sickness, pregnancy was not at first suspected as the cause. The attending physician, after a week or two, recognized the cause of the trouble—vomiting of pregnancy—but the family becoming anxious, consultations were held, medicines of every shape and form used, and the patient sustained by beef peptonoids administered by the bowel. As a dernier resort, before operative measures were resorted to, the husband was told to take his wife out to drive every day, even though he was necessitated to have her carried to the carriage. Her vomiting ceased with the first ride. Why did it cease? Well, we can not always say why; but my explanation in this case would be that it ceased because after the first few weeks the vomiting was kept up simply from slight irritation, prostration, and despondency of the patient, who lay in bed and brooded. New sights, pleasurable sensations, another look at the outside world, braced, stimulated, and drew the patient out of herself, and she, by the best of medicines—pleasure—threw off her disease. I do not plead for excitement, but for pleasurable sights, enjoyment, companionship, and sufficient work *of a kind* suitable for the patient. But often our invalids are confined to bed; how shall we treat them? The patient under these conditions sees, or ought to see, but few persons. If they are prostrated enough to be necessitated to keep their beds, visitors, with few exceptions, should be excluded, and those allowed to enter the room stay but a short time—twenty minutes. I know a physician—a walking medical encyclopædia—who deservedly lost much of his practice, that he had suddenly been thrust into, by his habit of staying and talking an hour or even two hours, and that too often at bedtime, to the sick and distressed patient. Seeing only the family, nurse, and attending physician, how necessary it is that the family and nurse be impressed with the necessity of maintaining a pleasant demeanor, whatever be the cares oppressing them. In some families, where there is no higher motive, policy may be urged as a reason for pleasant, cheering words and looks; as we can assure them of the additional aid these are to restoration of health. As to the physician, I am more and more impressed with the common sense contained in a remark made to me by a physician with a large practice in the treatment of *chronic* diseases. He said that unless I had the power to impress my patients, to gain their confidence, and be able to cheer them when despondent, I had better give up that part of the practice of medicine. Many marvellous cures we read of are accomplished simply by the capacity the attending physician has, of infusing new life by his unvarying cheerfulness and strength of character.

But medicines—have medicines no part in this attempt to restore diseased organs? or have we arrived at that Utopian age when medicines are needed no more? Far be it from me to display such ignorance of the action of drugs as to believe such a fallacy. Do we not know that

quinine has almost a specific effect in intermittent and remittent?—mercury and potass. iod. in syphilis? Have we not had the pleasure of reducing temperature with aconite, relieving pain with opium, and purifying the system with calomel? and by properly handling these and other medicines, seeing our own patients resting quietly where before there had been pain, restlessness, intense thirst, sleeplessness, and, in other words, torment? As well might the astronomer look upon his telescope, which reveals innumerable worlds, and opens before us truths that, by their very magnitude, overpower—I say, as well might the astronomer count this wonderful instrument useless, because it does not penetrate the entire extent of space, as should we, as physicians, lose our faith in drugs, because, from our ignorance, we do not always get looked-for results.

(*To be continued.*)

ELASTIC LIGATURE FOR UMBILICAL CORD.

BY J. M'F. GASTON, M. D.,
Of Atlanta, Ga.

In an article upon "The Innovations of Medical and Surgical Practice," that appeared in the MED. AND SURG. REPORTER of August 26, 1882, when treating of ligatures, I said, "it may be inferred that a simple elastic ring should prove adequate to the necessary constriction of the umbilical cord, thus obviating a not infrequent accident of secondary hemorrhage from the cutting of its soft substance by the ordinary mode of ligation." (Page 228, sixth line from the top.)

It is observed that this suggestion has been acted upon by Dr. J. J. Reid, of New York, who reports for the MEDICAL AND SURGICAL REPORTER, December 1, 1883, the application of an elastic rubber ring to the umbilical cord. As no reference is made to the indication for this mode of ligation which was published in the same journal more than a year previous to his announcement, it must be inferred as a remarkable coincidence when he states as follows:

"I have proved satisfactorily to myself that a fine, strong ligature tied as tight as possible with a surgeon's knot, and tied again and again in the same channel with the intention of causing as much pressure as possible, failed to prevent hemorrhage. I thus became convinced that to prove serviceable the ligature must be elastic to compensate for the shrinkage.

"The method I adopted was to carry in my pocket a piece of black rubber tubing of the kind and calibre ordinarily used for drainage purposes. From the piece of tubing I cut off a ring about an eighth of an inch in length, and slip it on the prongs of a dressing forceps. The forceps is then opened and the umbilical cord grasped about two inches from its extremity. The rubber ring is then slipped down and over the fold of cord embraced by the forceps."

My attention was directed anew to this report by finding it noticed in *Gaillard's Journal* for March of the current year, and while the forceps adopted shows some ingenuity in getting a circular band around the cord before it is divided, it does not strike me as a very satisfactory mode of applying the elastic ligature.

Having by accident a small strip of India rubber with me when in attendance upon a case of labor on the 2d of June last, it occurred to me that an improvement upon the tubing belt was practicable, and I adopted the following expedient for an elastic ligature upon the umbilical cord. The undistended strip of caoutchouc measured about three inches in length, one-quarter of an inch in breadth, and one-sixteenth in thickness. In one end, at a distance of half an inch from the extremity, a longitudinal slit or incision was made by thrusting the blade of my penknife through the rubber. The strip was then passed in a loop around the umbilical cord, and the free end was thrust through the slit, being seized with the fingers of one hand, while the fingers of the other hand secured the opposite extremity of the rubber beyond the incision, and thus by drawing the strip tightly the circulation in the cord was stopped. When the strangulation reached the point desired a slight oblique incision on each side of the projecting portion of the strip afforded two shoulders that caught upon the lateral borders of the slit, so as to lock or clamp the loop around the umbilical cord. With the use of proper judgment as to the degree of constriction to be secured without risk of hemorrhage, and yet not endanger the substance included, a most efficient and convenient ligature is effected. The extremities of the elastic strip being cut of equal length, this fastening presents a neat and safe ligature. While the soft tissues of the cord undergo shrinkage and contraction, the close grasp of the elastic strip keeps up the constriction of its vessels so that no hemorrhage ensues, and still does not bind it so forcibly as to destroy or cut the tissues embraced in it. Armed with an elastic strip and a pair of scissors, the occlusion of the cord can thus be accomplished with dispatch, and more satisfactorily than with thread or tape.

I am aware that it has been thought by some to be unnecessary to ligate the umbilical cord, and it is observed in a report of the proceedings of the Louisville Medical Society of July 31st, that a statement is made by Julia Ingram, M. D., in treating of umbilical hemorrhage, that "there was some hemorrhages from the cord, *which according to the rule of the hospital was not ligated.*" (My italics.)

As there is an allusion subsequently to the maternity department of the New England Hospital, it is inferred that this is the institution referred to, and all the profession would be interested to have the details of this omission to ligate the umbilical cord, with the results.

A CASE OF HERMAPHRODITISM.

BY H. LASSING, M. D.,
Of New York.

Sara B., æt. 24, applied at the Eastern Dispensary for treatment, complaining of a burn on the chin caused by a caustic application made by some acquaintance to remove a strong hirsute growth. This beard on the face as strong as that on any male face, with the peculiarly marked masculine features and voice, attracted my attention, causing me to make a more thorough investigation, and finally a physical examination.

Her history was that she was a Russian Polish Jewess, married at the age of twenty years, but divorced from her husband because of her condition, not being able to allow him sexual intercourse; that she menstruated regularly, but that the menstrual flow proceeded only from the urethra when urinating, and not at any other time; that any attempt at sexual intercourse was accompanied by excruciating agony, the male member striking against something within her.

A physical examination showed a well-developed pomum Adami, ill-developed mammary glands, less even than generally found in the male, a masculine pelvis, and the general contour of the body that of a male.

The examination of the genital region revealed two well-developed labia majora with an ordinary clitoris, but anterior to this an erectile imperforate penis about one inch in length, but on irritation gradually enlarging and becoming erect, measuring then three and a half inches; the glans penis well developed and having a fair-sized prepuce capable of being pulled over and back, with a fissure in the glans, but no meatus. In the usual location, back of the clitoris, the urethra was found, but having the unusual diameter of one and a quarter inches, and a length of one inch leading into an ordinary-sized female bladder, which in its upper anterior portion, about one-half inch from the inner opening of the urethra, had a canal of about one-quarter inch diameter by one inch length, leading upward and backward into an inch and a half long uterus. Further exploration in this direction was not possible. Beyond this urethra and behind the labia majora was a cul de sac through which anteriorly the bladder and uterus, and posteriorly the rectum could be felt, while upward and where the os uteri should be found, the bowels were felt through the extremely thin walls of the vaginal cul de sac. The feeling and appearance of the interior of this cul de sac was nothing like the glandular and vaginous feeling and appearance of the vagina, but was more like that of the outer surface of the bladder, and there was no vascularity apparent. Upon inquiry, the patient stated that the intercourse had always been attempted through the urethra, as the cul de sac replacing the vagina was only about two inches in length. The pain on attempted intercourse was evidently due to the stretching of the urethra. The menstrual flow evidently took place every four weeks, passing from the uterus through the before-described canal to the bladder, and out through the urethra during micturition.

The cause of the patient's anxiety to remove the beard was to enable her to obtain woman's work, the people of her race being afraid to trust her with female children. Inquiry of them was useless, as they never will divulge anything to Christians; but the patient stated that they would not employ her as a female, while as a male, though very robust and strong, she was not accustomed to work, nor could she wear male garments. The question among the gentlemen of the staff here who saw the case was, "What is it?" She refused to submit to any operative procedure, and I have not heard anything further from her since.

SOME WORKING FORMULÆ.

BY L. L. TODD M. D.,
Of Indianapolis, Ind.

Every physician who has gone his daily rounds for a score of years has found by experimental tests some few formulæ to which he pins his faith in a good many cases. They may not be novel, nor particularly original, but they are eminently useful.

The few formulæ I send have each of them proved of great value to me, several of them having been employed for more than twenty years. In this country, where myalgia, neuralgia, etc.,

are so frequently met, the class of remedies, as formulæ No. 1 and No. 6, are indispensable. No. 4—the fluid ext. of wahoo.—has proved with me, after very frequent use of it for twelve years past, a bronchial attenuant far superior to anything of the class; and lastly, the syphilitic ℞. (No. 7), although the dose of the bichloride ($\frac{1}{8}$ gr.) seems large, and especially when given conjointly with the iodide, still the remedy is invaluable, and has proved so with me when ordering formulæ, as bin-iodide. in $\frac{1}{8}$-grain doses mercuric chloride, iodide potas., etc., in 20 to 40 grain doses, have entirely failed.

No. 1.—For muscular rheumatism, unattended by inflammation or sthenic condition and neuralgia, not accompanied by violent pain, the following has been employed by me for twenty-five years past with fewer failures in result than any other means:

℞. Tinct. guiac. ammonia,
Tinct. cimicifuga racemosa,
Vin. colchici,
Tinct. gelseminum, or
Tinct. poke root, āā ℥j. M.

S.—A teaspoonful in a wine-glass of *well* sweetened water at each meal time until the bowels are purged; after they become settled, use as at first.

No. 2.—For swelled testicle, as of the kind occurring in connection with gonorrhœa:

℞. Fluid ext. belladonna, ℥j.
Fluid ext. arnica, ℥ij.
Fluid ext. opium, ℥iss.
Water to make, Oj. M.

Apply on *soft* flannel, old linen, or muslin cloths, wrung out of hot water, till the pupils respond to the belladonna thoroughly.

No. 3.—Emulsion cod liver oil:

℞. Best spirit whiskey or brandy,
Glycerin., āā ℥iv.
Cod liver oil, ℥vj.
Mucilage acaciæ (heavy), ℥ij.
Oil cinnamon,
Oil nutmeg, āā drops xxx. M.

Tablespoonful three to five times daily.

No. 4.—Expectorant:

℞. Fluid ext. Wahoo., ℥vj.
Bicarb. potass., ℥iiss.
Morphiæ sulph. gr. iij.
Fluid ext. ipecac., drops xl. to lx.
Fluid ext. squill, ℥iss.
Syr. tolu to make ℥vj. M.

S.—Teaspoonful every two or three hours.

No. 5.—For later stage of cough when fever has subsided, and no glazed condition or redness of tongue.

℞. Fluid ext. wahoo., ℥vj.
Spirits nitre, ℥j.
Fluid ext. senega, ℥j.
Sulph. morphine, grs. iij.
Syr. tolu to make ℥vj. M.

No. 6.—For chronic or persistent ague:

℞. Arsenious acid, grs. ij.
Strychnia sulp., grs. ij.
Sulp. quinine, ℥j.
Querenes iron, ℥j.
Ext. gentian, grs. xx. M.

Make pills xl. S.—One three times daily after eating.

The same formula with the strychnia and arsenic in from $\frac{1}{20}$ to $\frac{1}{30}$ of a grain, as needed, has been used for many years past as the most reliable remedy in chorea. Same mode of administering.

No. 7.—For syphilis:

℞. Bichloride mercury, grs. iv.
Iodide potass., ℥iv.
Fluid ext. stillingia,
" " sarsaparilla,
" " yellow dock,
Tinct. prickly ash, āā ℥j. M.

S.—Teaspoonful after eating, three times daily.

Hospital Reports.

A CLINICAL LECTURE DELIVERED AT THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

BY WILLIAM GOODELL, M. D.,

Professor of Gynæcology in the University of Pennsylvania.

Reported by WILLIAM H. MORRISON, M. D.

Cauliflower Cancer of the Uterus.—Dysmenorrhœa Treated by Rapid Dilatation.

GENTLEMEN: This patient brings a note from her physician stating that she has a cauliflower cancer. This variety of cancer is rare, the more common form being the excavating one. More recoveries result from operating on the first form than from operations on the latter, as the branching cancer is usually isolated and the cancerous structure can more readily be gotten away. I have had a few cases of this kind, and I have never had a relapse in cases of true cauliflower cancer, that is, where the mass springs from a small stem. On examining per vaginam, I find that the physician is correct, and that we have the vegetating form of malignant disease. This involves the whole cervix.

I propose to operate on this, and shall in the first place scrape away as much as possible with my fingers. I do this as rapidly as possible, in order to avoid hemorrhage. If it is done slowly, the bleeding will be profuse. The vagina is not involved. To the right I find an old laceration of the cervix, which I believe is almost invariably found in these cases. I have now removed a large quantity of this friable material, and have left a funnel-shaped cavity in the cervix two inches in diameter. I now resort to the serrated curette, which makes a jagged wound, and thus diminishes the loss of blood. In order to check the flow of blood, I throw a little vinegar on this surface.

I expect this woman to begin to gain day after to-morrow, and to continue to improve. We shall not have a cure in this case, for the womb is too largely involved, and the disease has extended

beyond the neck. The operation will, however, do her an immense amount of good. These cases unfortunately come to the surgeon at too late a period. If they came earlier, there would be more chance of doing good.

Having scraped away as much as possible with the curette and forceps, I apply the Paquelin cautery. The advantage of the cautery is that it not only stops the bleeding, but also destroys the portions of the growth not removed by scraping. If this case were operated on outside of a hospital, I should plug the vagina, but in an institution of this kind I do not consider it to be necessary. If there should be bleeding, a pad of cotton soaked in vinegar will be passed into the vagina; on top of this a second, and possibly a third.

You see that she has the cancerous cachexia well developed. She is only thirty years old, which is an early age for cancer to appear. In the young the disease is liable to recur quickly.

Dysmenorrhœa Treated by Rapid Dilatation.

The next case which I bring before you is one of dysmenorrhœa. There are a number of forms of dysmenorrhœa. One of these is the nervous form. In nervous cases there is frequently spasm of various muscles of the body; thus there is a spasm of the sphincter ani, causing painful defecation; spasm of the muscles of the neck of the bladder, leading to irritable bladder; spasm of the heart, with the peculiar feeling as though the heart were coming out; spasm of the little fibres around the bronchial tubes, causing hysterical asthma; so there is sometimes a spasm of the muscular fibres about the neek of the womb, causing dysmenorrhœa.

Another form of dysmenorrhœa, and perhaps the most common, is that due to anteflexion of the cervix, with stenosis of the cervical canal. The virgin womb is naturally anteflexed, so that anteflexion *per se* does not call for treatment. Anteflexion with stenosis will, however, produce dysmenorrhœa, and the tendency of this form of painful menstruation is to go from bad to worse. A girl at puberty begins with dysmenorrhœa, and this continues and increases in severity, because the womb, in order to empty itself, has to become distended before it can straighten itself. If you have a piece of hose with a bend in it, the water will flow until it reaches the bend, but will stop there until the force behind becomes sufficient to straighten the tube, when it will escape. It is the same in these cases of anteflexion. The womb becomes filled with blood, there is a culmination of pain which reaches its acme. Then there is a sudden gush, and the pain ceases for a time. This is mechanical dysmenorrhœa, and is the form in which dilatation is *the* operation. In hysterical and nervous dysmenorrhœa, I have frequently resorted to dilatation with immense benefit, just as I have in cases of irritable bladder.

I have performed this operation of overstretching the muscular fibres of the neck of the womb 168 times, and I have never had a serious symptom follow it. I have, however, had a few cases of local peritonitis follow it. My rule is to keep the patient in bed until all soreness has disappeared. Usually forty-eight hours is sufficient.

In the present case, the angulation is distinctly felt. In operating, I use two dilators, although a heavy one of the Ellinger pattern is sufficient. I first introduce the speculum, and then pass the small dilator in order to tunnel the way for the larger instrument. Having stretched the canal to a certain extent, I pass in the large dilator, and gradually separate the blades to their full extent.

This looks like a rough operation. It is a painful operation, and cannot be done properly without ether. It is not a brilliant operation, like the cutting one; but, gentlemen, there is no comparison between the two so far as safety is concerned. The cutting operation has been followed by many deaths, many of which have never been reported. In a case like the present one, where a girl has dysmenorrhœa, incapacitating her for a few days each month, while at other times she enjoys tolerable health, the cutting operation is too serious. Again, the cutting operation is not as successful as dilatation. This stretching operation has been a very successful one in my hands. It is a rare thing to have to perform the operation a second time.

What harm may result from this operation? In two cases I have had laceration of the cervix. One occurred in a woman who had been treated with nitrate of silver for a number of years, and this produced stenosis of the canal. I made quite a tear, which caused considerable bleeding, which I checked with Monsel's solution. The other case was in a virgin in whom the cervix was very small. The instrument slipped out and made a tear of, perhaps, about half an inch on the left side. No bad consequences resulted from it, however. Another result which may follow the operation is peritonitis. I recall only one instance in which peritonitis reached any degree of severity. This was a case in which I dilated the cervix, and the woman went home the same day and went to work. I never expect to have any rise of temperature after this operation. Last week I performed this operation on a delicate, nervous girl, and had to keep her in bed for a week. There was not much elevation of temperature. When the operation is performed shortly before the menses are expected, it will bring them on; sometimes when it does not bring on the menses, it will produce a hemorrhage, or, I should rather say, a dribbling of blood, requiring, perhaps, one or two napkins per day. This is evidently due to a laceration higher up in the canal.

The improvement after an operation of this kind is usually very marked. I have had a number of cases which have become pregnant afterwards. This patient's next period, which is due in ten days, will be painful. This is owing to the injury and swelling caused by the operation. The next monthly may also be painful, but after that I expect decided improvement.

As you see, while I have been talking, I have left the dilator in position. My rule is to dilate to the fullest extent of the instrument, remove the ether, and wait until the woman begins to show signs that she feels the pain. I then remove the instrument. In order to relieve the pain, I introduce a suppository of one grain of aqueous extract of opium as I begin the operation. The nurse is given instructions to use one suppository every two hours, if it is necessary. Usually two are all that are required. We give but little food, and watch for soreness and elevation of temperature. If soreness appears, a poultice is applied.

If the temperature should rise above 102°, I might use some ice instead of the poultice. The patient will be kept in bed for 48 hours after the soreness has disappeared, and then she will be allowed to go home. I have done the operation in my office, and allowed the patient to go home; and although I know of no serious consequences following this course, I do not think it a wise one. I now operate where the patient can be put to bed.

I can recommend this operation to you as a most trustworthy one, and free from the dangers of the cutting operation. I should advise you to not perform the cutting operation, for there are other operations far less dangerous and much more efficacious.

I have kept a run of my operations for dilatation of the cervix. This was done because of the dispute in regard to the two operations, cutting and dilatation. I have operated on 162 cases, and in the vast majority there has been immense improvement, and in a large proportion there has been a positive cure, *i. e.*, there has been no return of the dysmenorrhœa. I have occasionally had to perform the operation a second time. After a few months, contraction takes place, but the cervix never returns to its original small size.

In reference to the time for performing the operation, I would say that if I do it for dysmenorrhœa, I operate a short time after menstruation has ceased; while if I do it for sterility, I operate a few days before menstruation is due. I then give instructions to the husband to cohabit with his wife immediately after menstruation ceases.

Medical Societies.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

Thursday evening, June 26, 1884. The President, Dr. Tyson, in the chair.

Specimens from a Case of Resection of the Humerus.

Presented by Dr. Nancrede.

Mary D., æt. 17 years, from whom these specimens were removed, received a severe compound comminuted fracture of the left humerus by having her arm wound around the main shaft of a spinning-mill's machinery on January 2, 1884. She also at the same time received several severe scalp wounds. Irrigation with bichloride of mercury solution resulted in the salvation of the arm, although in the effort the girl nearly lost her life. At the end of six weeks no union having taken place, the ends of the fragments being necrotic, I cut down, removed the small fragments here presented, and after sawing off the ends of the main fragments, drilled and fastened them together with two stout silver wires. The whole extremity was then put up in a fixed apparatus of plaster, which was not disturbed until irritation of the skin from pressure, etc., required it. Now, at the expiration of about five months, the fragments seem firmly consolidated, with the line of the bone apparently perfect.

Microscopic Slides from a Case of Spindle-celled Sarcoma of the Breast.

Presented by Dr. G. De Schweinitz.

I desire to exhibit a few sections this evening cut from a tumor of the breast removed by Dr. John Ashhurst, in the University Hospital. The history of the case in brief is as follows:

Annie S., married, aged 35, the mother of four children. Family history good. Her own health good until two years ago, when she began to suffer from malaria. The tumor of the breast first began to be manifest one year ago, and grew gradually without much pain until the late operation, when it had attained the size of an orange. There was no enlargement of the axillary glands. The nipple was not retracted. The growth to the touch was hard, and in spots the skin had become adherent, giving rise to "the pitted, somewhat brawny or lardaceous appearance," which is described by surgical writers as rather indicative of scirrhus of the breast. This appearance was sufficiently marked to cause the diagnosis of hard carcinoma to be suggested as probably correct. After removal, when the mass was laid open, both cut surfaces did not appear concave, as is usually the case in a scirrhus. Microscopic examination cleared up the diagnosis; for, as you will see by examining the specimens, they show the typical appearances of a small spindle-cell sarcoma. It seemed a good case to illustrate the difficulties sometimes encountered in correctly diagnosticating tumors of the breast, and for this reason I have briefly placed it upon record.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

Stated meeting, October 2, 1884, the President, R. A. Cleemann, M. D., in the chair.

Dr. B. F. Baer exhibited specimens from a case of

Submucous and Interstitial Fibro-Cystic Tumor of the Uterus, in which Hemorrhage was Absent.

Mrs. H., æt. 36 years, has had two children, the youngest being twelve years of age. Four years ago she suffered from severe metrorrhagia, which was caused by a submucous and interstitial fibroma of the uterus. This was removed, and after passing through a severe attack of peri-uterine inflammation, she recovered. After the removal of the growth her catamenial periods became regular in time and quantity, and she remained well until about one year ago, when she began to have a very fetid watery discharge in the intermenstrual periods, with sacral pain and uterine tenesmus. On July 17th, her physician, Dr. R. Armstrong, of Lock Haven, requested me to see her with him, when examination showed the cervix to be twice its normal size, with swollen and gaping lips, making the os and cervical canal quite patulous. The body of the uterus was as large as at the third month of gestation, but it was not symmetrically developed, being larger on the left than on the right side. The left broad ligament was indurated, and seemed to be the seat of an old inflammatory process. Pain had been present in this region since the operation. The sound met with an obstruction at the internal os and was deflected to the right, passing to a depth of nearly four inches. It could be made to pass around a mass of some kind in the cavity of the uterus, giving an indistinct sensation of the presence of an abnormal growth. I expressed the opinion, that although there had been no hemorrhage,

there was a submucous or polypoid fibroma present, and advised its removal. Seven tents were introduced, and twenty-four hours later ether was administered, when, with the assistance of Drs. Armstrong, Walls, and Ball, I proceeded to remove the tents and explore the uterine cavity. On passing my finger within the internal os, I detected a smooth, oval-shaped mass of tissue, resembling in consistency the inverted uterus enlarged to about double its normal size. I carried my finger up with some difficulty, and found the base or attachment of the tumor to be located at the fundus of the uterus, where it was narrowed somewat, forming a sort of pedicle. The tumor felt rather soft for a fibroma, and this, together with its shape, caused me to suspect inversion of the uterus, and when I remembered that the organ is sometimes inverted by the operation for the removal of an interstitial fibroid, which requires great traction, as was necessary in this case four years previously, I became much more anxious to investigate fully before attempting to remove the mass. By very careful and thorough bi-manual manipulation, I convinced myself that the uterus was not inverted; there was no indentation anywhere on its surface. I therefore felt warranted in adjusting the wire of an écraseur around its attachment, and proceeded to tighten it; but the traction and manipulation which were necessary in placing the noose broke the surface of the tumor and exposed a peculiar-looking membrane, which resembled the peritoneum. I was alarmed at this, fearing that I had really to deal with a partially inverted womb, and that the smooth membranous surface was the peritoneum. I removed the écraseur, the wire of which had broken, and then passed one finger into the bladder and another into the rectum, for the purpose of determining more certainly the condition of the peritoneal surface of the uterus. Now, while an assistant made traction on the supposed tumor, I was enabled to satisfy myself fully that the organ was not inverted. I then removed the tumor by enucleation.

As you will see in the specimen which I present, there are a number of cysts. These cysts contained the semi-opaque coagulable fluid usually found in fibro-cysts, and gave to the tumor its softness, which, together with its shape and the appearance of the cyst walls when its surface was broken, made it resemble an inverted uterus. The patient made a good recovery.

The case is very unusual, for the reason that although the uterine cavity was distended by a large submucous tumor, which was becoming polypoid, not the slightest hemorrhage resulted. I do not remember to have met with a similar case. I have, however, met with cases of small polypi where there was no hemorrhage; two, indeed, were discovered after the menopause had been fully established and are worthy of record because of the reflex symptoms which they seemed to induce.

Uterine Polypus in which Hemorrhage was Absent, but which Gave Rise to Symptoms of Pregnancy.

Mrs. C. was forty-six years of age; she had been married twenty years, but had never been pregnant. The menopause had occurred one year previous to the date at which I saw her. Soon after the cessation of the catamenia her abdomen began to enlarge, and she thought she was pregnant. Various irregular reflex symptoms of pregnancy developed, and she became so convinced that she engaged the services of an accoucheur and nurse, and went into labor in due time. Her physician, my friend Dr. John H. Musser, was unable to discover the least physical sign of gestation, nor anything else which should give rise to the almost perfect labor-like pains which she seemed to have at irregular intervals. He informed her that she was not pregnant. She became indignant and asked him to call another physician to confirm what he said. He consented, and requested me to see the patient. I excluded pregnancy, but found in the cervical canal a fibrous polypus not larger than an ordinary marble. This I at once removed, and the pains and other signs of gestation immediately subsided.

This was one of those cases of spurious pregnancy which we sometimes see developed in a sterile woman about the period of the menopause. The desire for offspring is strong. The cessation of the menses starts the delusion, and it is kept in existence and made to grow by being constantly fed by a morbidly susceptible nervous system. But there was a local irritation here to account for the reflex symptoms of gestation, as I believe there is in the majority of these rare and interesting cases. It is three years since this patient was under treatment, and there has been no return of the reflex disturbance.

The other case to which I wished to refer occurred in the practice of my friend Dr. B. Trautman, who kindly asked me to see the patient with him.

Uterine Polypus in which Hemorrhage was Absent, but which Seemed to Induce Severe Reflex Head Symptoms.

Mrs. K., æt. 52 years, has had two children, the youngest being twenty-five years of age. The menopause had occurred four years previously, and she did not complain of the slightest local symptom of uterine disease; but the flushings and other manifestations which often attend this period had not yet subsided. The disturbances, however, which concerned her most, and for which she consulted the doctor, were a pain and pressure of a very aggravated form on the top of the head. Many remedies had been prescribed for the relief of this, but with only temporary benefit. A uterine examination was made, and a polypus resembling in size a small walnut discovered in the canal of the cervix. This was removed some months ago, and I believe the patient has been relieved of the headache and other reflex symptoms which seemed to result from its presence.

The influence which these small growths have on the nervous system is something remarkable; but the absence of hemorrhage, especially in the first case, is more notable when we recall its size and location, and remember that death has resulted from hemorrhage caused by polypi not larger than a pea, as recorded by Locock, Klob, Courty, and others. I have no doubt some of you can recall cases, as I can, where death would doubtless have resulted from the hemorrhage produced by a small polypus, had not the cause of it

been removed. The following is an illustrative case:

Uterine Polypus Attended with Great Hemorrhage.

Mrs. P. consulted me on September 20, 1883. She was 30 years of age, and had been married eight years, but had been sterile. Two years ago she began to suffer from menorrhagia with uterine tenesmus. Soon after she lost blood at irregular intervals and in large quantities; during the past year she had not often been free from metrorrhagia or a profuse and offensive leucorrhœa. The hemorrhage would sometimes last a whole month continuously, and leave her so prostrated and anæmic that it was thought she could not rally. She had lost thirty pounds in weight, and was blanched in appearance.

I will confess that I was surprised to find, on examination, that my patient had a polypus not larger than a Concord grape, but the mucous membrane of the cavity of the uterus was hypertrophied and granular. The pedicle was attached far up in the cavity of the uterus. The tumor was removed by means of the curette. The patient now menstruated regularly. This case contrasts strongly with the three others in its hemorrhagic character, and it presents the history commonly met with in these growths. There is no doubt that the location of the tumor has great influence in the causation of hemorrhage in these cases—much greater than the size of the growth; but much also depends upon its histological character and the condition of the endometrium. Thus when a fibroid tumor or polypus is situated in the cavity of the uterus proper, more hemorrhage is likely to result than when it grows from the tissues of the cervix, because if located in the former position, it is often of the muscular variety, and therefore more vascular, and the mucous membrane of the uterine cavity, which is the direct source of the hemorrhage, is usually hypertrophic and granular, as in the last case narrated. Moreover, when the cavity of the uterus is the seat of a polypus, the uterine and pelvic circulation is stimulated by its presence, somewhat in the manner in which it is affected by the presence of a fecundated ovum which has been blighted; it is a foreign body, and the uterus tries to expel it, but by the effort the circulation is excited in that direction, and hemorrhage results. My first case, however, furnishes an exception to the rule that hemorrhage attends when the tumor occupies the uterine cavity; but as tenesmus was present, it is possible that hemorrhage might have occurred later had the tumor been allowed to remain.

Dr. Goodell remarked that the question of hemorrhage in polypi is a curious one. It seems less likely when the tumor is in the body of the uterus, and checks the amount of circulation by existing tonic contractions, than when it is protruding into the vagina like the clapper of a bell. In one case, where the hemorrhage had produced extreme anæmia, dialyzed iron was given to relieve the anæmia, and it also checked the hemorrhage. In another case, operation was refused, and death resulted from hemorrhage three days after the visit.

Rapid Dilatation of the Uterine Canal.

By Wm. Goodell, M. D.

For many years I enlarged or straightened the uterine canal, according to the requirements of the case, either by tents or by Sims's operation, preferably by the former. Having had several serious warnings in the shape of inflammation following these operations, I began to perform them with fear and trembling. Yet nothing very untoward happened until the year 1878, when two grievous mishaps befell me.

A charming young lady, the centre of a large circle of admiring friends, came from a neighboring State to consult me about a dysmenorrhœa which grew worse and worse every year. The cervix was so bent forward, and the stenosis of its canal *per se*, as well as by angulation, was so marked, that I unhesitatingly performed Sims's operation. Within a few days septicæmia set in, soon the parotid glands swelled up, and on the ninth day she died. True it is that, at the same time, two piles also were tied; but this latter operation I had and have performed so many times with impunity, that I was, and am still, disposed to attribute the blood-poisoning to traumatism of the cervix, and not to that of the rectum. Hardly had I time to recover from this bitter blow, when a case of exhausting menorrhagia fell into my hands. The lady was the young bride of a husband well advanced in life, who dotes on her as only old men dote on much younger wives. I dilated the cervical canal with tents, and curetted many vegetations from the endometrium. A furious peritonitis set in, and in less than three days this young wife lay dead, and the husband was frantic with grief.

The anguish which I felt at the death of these two ladies, and the heart-rending scenes which I witnessed at their bedsides—scenes which I cannot now recall without emotion—urged me to try any remedy that gave promise of efficiency, combined with greater safety. In the search for a substitute, I tried rapid dilatation, which Ellinger and others had proposed, and since that year—that *annus iræ*—I have not once performed Sims's operation for dysmenorrhœa, and I have so narrowed the field for the use of tents, that I now very rarely resort to them. In short, rapid dilatation has proved, in my hands, so safe and so efficient an operation, that I wish to urge its claims before this society.

The instruments which I would recommend are two Ellinger dilators of different sizes. These are the best, on account of the parallel action of their blades. The smaller of these dilators has slender blades, and it pilots the way for the other, which is more powerful, and with blades that do not feather. I have had the beaks of these dilators changed from an obtuse angle to a slight curve, so that it can be reversed within the womb. The lighter instrument needs only a ratchet in the handles, but the stronger one should have a screw with which to bring the handles together. Lest the beak should hit the fundus uteri and seriously injure it when the instrument is opened, the blades are made no longer than two inches, and are armed with a shoulder, which prevents further penetration. The larger instrument opens to an outside width of one and a half inches, and it has a graduated arc in the handles by which the divergence of the blades can be read off. The instruments which I now exhibit to you, and

which I can recommend highly, have been made under my supervision by Messrs. J. H. Gemrig & Son, of this city.

In a case of dysmenorrhœa or of sterility from flexion or from stenosis, my mode of performing the operation of rapid dilatation is as follows: The patient is thoroughly anæsthetized, and a suppository containing one grain of the aqueous extract of opium is slipped into the rectum. She is then placed on her back and drawn to the edge of the bed, the knees being supported by her nurse. The light must be good, so that the operator may clearly see what he is about. By the aid of a strong tenaculum, applied through my bivalve speculum, the cervix is steadied and the smaller dilator is introduced as far as it will go. Upon gently stretching open that portion of the canal which it occupies, the stricture above so yields that when the instrument is closed it can be made to pass up higher. Thus by repetitions of this manœuvre, little by little, in a few minutes' time a cervical canal is tunneled out, which before could not admit the finest probe. Should the os externum be a mere pin-hole, or be too small to admit the beak of the dilator, it is enlarged by the closed blades of a straight pair of scissors, which are introduced with a boring motion. As soon as the cavity of the womb is gained, the handles are brought together. The small dilator being now withdrawn, the larger one is introduced, and the handles are then slowly screwed together. If the flexion be very marked, this instrument, after being withdrawn, should be reintroduced with its curve reversed to that of the flexion, and the final dilatation then made. But in doing this, the operator must take good care not to rotate the womb on its axis, and not to mistake the twist for a reversal of flexion. The ether is now withheld, and the dilator kept *in situ* until the patient begins to flinch, when the instrument is closed and removed. A few drops of blood trickle out of the os. Occasionally a slight flow of blood will last for several days after the operation, simulating the menstrual flux. Often this flux is precipitated or renewed if the operation follows or precedes it too soon. The best time for dilatation is, therefore, midway between two monthly periods.

When compared with the cutting operation, this one looks like rough usage; yet the woman rarely needs more than two or three suppositories, and complains merely of soreness for one or two days. To forestall any tendency to metritis, she is kept in bed until all tenderness has disappeared. Pain is met by rectal suppositories of opium, and by large poultices laid over the abdomen. I have seen slight pelvic disturbance arise from this operation, but it has always been readily controlled, and has not given alarm.

In the great majority of cases I dilate the canal, not to the fullest capacity of the instrument, but to one and a quarter inches. Sometimes in an infantile cervix, which does not readily yield and might give way, the handles are not screwed down more than three-quarters of an inch or an inch. Tearing of the cervix has happened in two of my cases. In one, that of a virgin, the cervix was split half way down to the vaginal junction. The other case was that of a multipara, whose uterine canal had been nearly closed up by applications of silver nitrate, made by her physician with the view of curing what he supposed was an "ulceration of the os," but which was a bilateral laceration. The tissues rendered cicatricial and brittle by the caustic were torn by the dilator for about half an inch on the right side also. Here the hemorrhage was free enough to need styptic applications and a tampon. I could have stopped it by wire sutures, but this was not done as it would have defeated the object of the operation.

For slight dilatations, such as for the office treatment of anteflexions and of stenosis or for the introduction of the curette, or of the applicator armed with cotton, the more delicate instrument is strong enough, and an anæsthetic is not needed. Sometimes in a very anteflexed womb, the dilator cannot be made to pass the os internum. This difficulty is overcome by first passing in a surgeon's probe, and then along it, as a guide, the dilator.

After a forcible dilatation under ether, the cervical canal rarely returns to its previously angular or contracted condition. Since lateral extension of elastic bodies antagonizes their length, the cervix shortens and widens; and the plasma provisionally thrown out by the submucous lesions sustained by the dilated part serves still further to thicken and stiffen its tissues. In other words, the stem-like neck of the pear-shaped womb is shortened, widened, strengthened, and straightened. Hence, for straightening out anteflexed or congenitally retroflexed wombs, and for dilating and shortening the canal in cases of sterility or dysmenorrhœa, arising from stenosis or from a conical cervix, the dilator will be found a most efficient instrument. In its results it is not infallible; I have twice been obliged to repeat the operation, and would like to have done so in several other cases, had the woman permitted it. In a very few instances I have been forced, as a final resort, to nick a pin-hole os-externum; but I had not then learned how far I could safely stretch open the uterine canal, and the operation of dilatation was not so efficiently performed by me as it is now through a larger and riper experience.

But it is not to cases of dysmenorrhœa that I limit the operation of rapid dilatation. As I stated before, I use it to stretch open the canal for the admission of the curette and of spongetents, or for the purpose of making applications to the uterine cavity. I first dilate the canal with this instrument, and introduce the nozzle of the syringe between the separated blades. This gives a free avenue for the escape of the liquid, and robs of its dangers this form of intra-uterine medication. I also resort to the dilator in order to explore the womb with the finger. For instance, in any given case of menorrhagia in which a polypus or some other uterine growth is suspected, instead of using tents, I put the woman under an anæsthetic, and after the rapid dilatation of the cervical canal to the utmost capacity of the instrument, viz., one and a half inches, am enabled to pass my finger up to the fundus. This is accomplished either by drawing down and steadying the womb by a Volsella forceps; or in thin subjects by forcing the womb down upon the finger through supra-pubic press-

ure on its fundus. In this way I have over and over again at one sitting discovered a uterine growth, twisted it off, and removed it. Usually in these cases I experience more difficulty in removing the polypus or other growth through the small canal, than in twisting it off from its uterine attachment. It often has to be wire-drawn before it can be removed, and sometimes the os uteri has needed a few nicks. Usually, when the menorrhagia is free, the cervical tissue is so lax that there is no difficulty in the introduction of the index finger up to the fundus, but sometimes only its tip can be make to pass the os internum. Yet even this limited degree of penetration is commonly quite enough to decide the presence of an inside growth. If it is not enough, I invariably search for a growth with a small pair of fenestrated forceps, and I have repeatedly seized and removed one, the existence of which was merely suspected. After such operations, the uterine cavity is thoroughly washed out with a solution of carbolic acid or of potassium permanganate.

I am sorry to say that I have not kept full records of all cases of rapid dilatation. For instance, I have never recorded those office cases of dilatation in which ether was not given. Nor has any note been made of cases in which dilatation was performed under ether for curetting, for digital exploration of the endometrium, or for the removal of uterine growths. I have tabulated merely cases of dysmenorrhœa in single or married women. In the married, with but three exceptions, which will be noted, painful menstruation was accompanied by sterility.

Including all the cases of dilatation performed under ether, I must have had over three hundred. I have limited myself to these cases because the use of an anæsthetic implies full dilatation—one in which serious injury, if ever, would most likely be sustained. Yet there has not been a death or a case even of severe inflammation in my practice, and the results have been most satisfactory—far more so than when the cutting operation was performed by me. The following are the statistics of my cases of dysmenorrhœa: Unmarried, 80; married, 88—168. Of the unmarried eighteen were unheard from after the operation, leaving sixty-two from which any data could be obtained. Of these, thirty-eight were cured, seventeen more or less improved, and seven not improved at all. Of these seven that were not benefited by the operation, five subsequently had their ovaries removed, one of them by another physician, and four by myself; of the latter, one died. In each one the ovaries had become so altered by cystic or by interstitial degeneration, as to make the dysmenorrhœa otherwise incurable. Of the seventeen improved, there was one on whom oöphorectomy was also performed; for although the dysmenorrhœa was greatly relieved by dilatation, ovarian insanity and menorrhagia were not. The operation was a successful one, and my patient was not only cured of her hemorrhages, but she regained her reason. Out of these cases, the majority, although not wholly cured, were greatly improved. For example, one of them was formerly bed-ridden during the whole period of her menstrual flux, and had then to take large doses of morphia. She also suffered at those times from hematemesis and epistaxis. Since the operation she experiences pain for merely two hours, needs no anodyne, and has lost her ectopic hemorrhages. Her gain in health and flesh has been great. Another one, who was wholly crippled by her suffering and made nervous by the dread of them, is now a busy nurse. For one hour at every period she suffers a great deal, but she is too much afraid of taking ether to have a second dilatation performed.

Of those cured, two had Sims's operation performed previously without benefit, and were afterwards dilated; two were dilated twice before a cure could be brought about. The history of several cases merits more than a mere allusion. The sufferings of one of my patients at every monthly period had always been great; but while she was at a boarding-school they grew so intense as to cause furious delirium at those times. This finally developed into permanent insanity, with suicidal impulses. While in this condition, she was placed in my hands. After rapid dilatation of the cervical canal, the dysmenorrhœa wholly disappeared. The exemption from pain toned down some of her more extravagant delusions, but she did not wholly regain her reason until a few months afterwards. She is now free from all menstrual pain and in the complete possession of her mental faculties.

A Hebrew lady, whose health had suffered from dreadful dysmenorrhœa, was improved so much at one sitting that her physician and friends were amazed. Not long afterward he asked me to perform the same operation upon another one of his patients, who was, if anything, worse. Her sufferings were so intense that he wrote: "I fear that another period might kill her," and urged an immediate operation. The cervix in this case was conical and very dense. Fearing a tearing of the parts I screwed the instrument slowly up to one and a quarter inches, and kept up this amount of dilatation for some twenty minutes. The cervix sustained no injury. The canal has since remained patulous, and she is free from all menstrual pain.

Of the married, fifty-three were heard from. Of these, thirty-nine were cured, ten improved, and four unimproved. Out of these fifty-three cases, nine were not in a condition to conceive, three of them from fibroid tumor, two from destructive applications of nitrate of silver to a lacerated cervix; three from being over forty-one years of age, and one from being a widow. This leaves but forty-four capable of conception, and of these, eight, or a little over eighteen per cent., became pregnant. But the ratio is, in fact, larger, for several of my patients, fearing pregnancy, employed preventive measures after the operation. Then, again, I believe that others who consulted me merely for painful menstruation have not reported their subsequent pregnancies. For instance, two months ago I learned, through the merest accident, that the wife of a clergyman, whose cervical canal I dilated six years ago, has since been making up for lost time by giving birth to twins within a year after the operation, and later to several other children. She had been married eight years before she came to me and had had her cervical canal dilated by tents, and slit up with Peaslee's metrotome by a skillful surgeon. I have also had several cases of preg-

nancy following office-dilatations of the uterine canal, in which ether was not given, and consequently the lumen of the canal was not much enlarged. But such slight operations were not deemed worthy of record, and they, therefore, have no statistical value.

(*To be continued.*)

EDITORIAL DEPARTMENT.

PERISCOPE.

Operative Treatment of Malignant Affections of the Rectum.

Before the late International Medical Congress (*Brit. Med. Jour.*, August 24, 1884), Professor Esmarch (Kiel) read a paper on this subject, in which he laid down the following propositions :

1. In the treatment of cancer of the rectum, the same principles hold good as in the treatment of cancer of other parts of the body.

2. Extirpation should be as early and as complete as possible.

3. The more the surrounding healthy parts are removed with the diseased, the greater reason is tnere for hoping that recurrence will not take place at all, or will be long delayed.

4. Experience teaches that early and thorough extirpation may be followed by permanent recovery.

5. As, in cancer of the rectum, the lymphatic glands are secondarily affected at a comparatively late period, operation may be followed by permanent success when the disease has lasted some time and has become extensive. (Czerny observed recoveries which lasted above four years, although the cancer had been present three or four years.

6. The prognosis in regard to return of the disease is good in proportion to the slow development of the new growth, the delay in the appearance of distressing symptoms, and the completeness of the operation.

7. The simple cylinder-celled cancers (destructive adenoma and adeno-carcinoma), which proceed from the more superficial layers of the mucous membrane, generally give a better prognosis than the forms with small alveoli and the gelatinous forms, which more rapidly enter the deep submucous layers. The greater the disposition to gelatinous degeneration of the cancer, the more malignant, usually, is its course.

8. Extirpation of a cancerous nodule from the wall of the rectum is sufficient only when the nodule is well circumscribed and movable, and when only a part of the wall of the rectum or of the anus is implicated.

9. In all other cases, amputation of the rectum beyond the points of the growth is indicated.

10. The entire rectum, as far as the sigmoid flexure, may be removed with good result.

11. The principal dangers of the operation are, *a*, hemorrhege; *b*, acute, purulent, and ichorous inflammation of the connective tissue (septic lymphangitis, retroperitonitis, and peritonitis).

12. These dangers are to be combated : *a*, by very careful hæmostasis during the operation; *b*, by very careful primary disinfection, and provision for the free escape of the secretions of the wound (by drainage and the avoidance of cavities).

13. In amputation of the rectum high up, opening of the peritoneal cavity is unavoidable ; but peritonitis does not generally follow, if the opening be at once closed by suture under strict antil septic precautions. Drainage of the peritoneacavity is indicated only in exceptional cases (for instance, where considerable soiling of the peritoneum, during the operation, cannot be avoided).

14. The progress of operative skill has essentially diminished the dangers of the operation, the death-rate having fallen from 50 to 20 per cent., and even lower ; and it is to be expected, with confidence, that this proportion will become even more favorable, as in ovariotomy, hysterotomy, etc.

15. The functional disturbance following amputation of the rectum is slight in comparison with the distress caused by the cancer. Incontinence of fæces is not complete, especially when the external sphincter has not been removed. Systematic cleanliness, and the use of a suitable apparatus for closure, commonly relieve the difficulty.

16. Resection of a portion of the intestinal tube in its whole circumference, followed by suture of the two ends of the intestine, is not to be recommended, since the lower portion of intestine generally sloughs. It is better to remove the mucous membrane of the lower end, preserving the external sphincter muscle, and to fasten the upper end of the amputated rectum by a few sutures to the lower edge of the wound.

17. Extirpation of cancer of the rectum is, in all cases, rendered easier by dividing the posterior wall of the gut as far as the coccyx. Removal of the coccyx is generally unnecessary.

Prof. Verneuil (Paris) had done his first colotomy thirty years ago, and his first extirpation fifteen years ago. He at once found that removal of the disease was impossible. The patients objected or refused in many cases to allow the performance of colotomy. He then found that division of the cancerous stricture removed all complications, and gave all the other advantages of colotomy. The whole length of the stricture must be split. The incision was made from the tip of the coccyx, by a thermal cautery pluuged in to meet the tip of the finger hooked above the stricture. Through this chaunel, by a cannula, if necessary, an écraseur-chain was passed, and the rest of the division was completed. No blood was ever lost, and the symptoms at once ceased. No deaths followed.

Professor Trélat (Paris) denied the advantage claimed for the rectal extirpation, and pointed out the rapidity and malignity of recurrence. He quoted one case which, he said, was the type of

many, where the removal of the cancer early, and when extremely small, was followed by a speedy and malignant recurrence. In one case he found, though the operation was normal and extra-peritoneal, that he had the small intestine in the artificial anus; and the patient died. He laid stress upon the color of the intestine as the only point of recognition that did not deceive, being white, or greyish-white.

Mr. Sampson Gamgee (Manchester) preferred the operation of inguinal colotomy, while admitting that other operations had their indications, and that no one could prevail to the exclusion of others.

Mr. Marshall (London) mentioned some cases where sinuses had been kept open in the peritoneum by tangle-tents.

Prof. Volkmann (Halle) observed that colotomy, even in Mr. Bryant's hands, was a very dangerous operation; and that the statistics of extirpation were better than those of colotomy, according to Bryant. Cancers, he said, varied in rapidity and malignity according to their locality; and in the rectum they had little tendency to infiltrate early and recur soon. Even in desperate cases, he had no return under long periods; in one case, not for ten years. The results of excision of the rectum had improved, and would go on doing so with improved methods. Asepsis and disinfection were normally powerful when the peritoneum was not opened; but, when this was opened, the dangers were great, and cleansing difficult. But, dangerous as extirpation was, it was not so bad as colotomy; and recurrences were painless, and not troublesome. The comfort of patients was also infinitely greater than it was after colotomy, discomfort being hardly felt, save in diarrhœa. The selection of the cases, he went on to say, was also important; and he did not operate in any case where he could not reach the upper end of the disease by bimanual exploration under anæsthesia. The incision should be both forwards and back to the coccyx, the anus alone being left; and no attempt should be made to unite the upper with the lower end, which should be stitched well down, and the cavities at the sides well drained.

Prof. Kuester (Berlin) said that, in extirpation, he always applied sutures when the peritoneum had been opened. Cauterization was a proceeding from which good results were got in most of the cases where a permanent cure could not be expected. He would select either this or extirpation; very seldom colotomy.

Cocaine Hydrochlorate (the New Local Anæsthetic).

Dr. J. Herbert Claiborne thus writes in the *New York Med. Jour.*, October 25, 1884:

The patients whose cases are herewith reported, in which the new local anæsthetic—the hydrochlorate of cocaine—was used, were operated on by Professor Gruening, before the eye class of the New York Polyclinic, at Mount Sinai Hospital:

Case 1. A colored woman, aged forty-five years, with double over-mature cataract, was placed upon the operating-table, and three drops of a two per cent. solution of cocaine hydrochlorate were instilled into each eye every five minutes for fifteen minutes. Twenty minutes after the first installation the speculum was introduced into the right eye, the conjunctiva was seized with a fixation-forceps, and a large section was made with von Graefe's cataract-knife, without any shrinking or expression of pain on the part of the patient. While the iridectomy was being done, she winced and gave a slight expression of pain. The left eye was then operated upon with equally satisfactory results, but the pain of the iridectomy seemed less in the left than in the right eye.

Case 2. The patient was a German, fifty years old, with glaucoma of the right eye, attended with excessive tension and ciliary staphyloma. He was blind in the glaucomatous eye. Four drops of the same solution as had been used in Case 1 were instilled into the right eye every five minutes for twenty minutes. Thirty minutes after the first instillation, the sound eye being uncovered, the speculum was introduced and the fixation forceps applied. The patient objected strenuously to the speculum; in fact, squeezed it out, and shrank from the application of the forceps. A pad of borated cotton was then placed over the sound eye, the speculum was introduced, the fixation-forceps was applied, and the section was made, without any expression of pain from the patient. Immediately before the second attempt, four more drops of the solution were instilled into the eye. The iridectomy, in this case also, was attended with pain.

In Dr. Gruening's office, after the instillation of two drops of a two-per-cent. solution, a foreign body was removed from the cornea of a hyperæsthetic man, without pain.

In a case of episcleritis, after an instillation of the same sort, there was marked diminution of sensibility in the conjunctiva, although there was still pain on massage.

In the first three instances the hydrochlorate of cocaine certainly accomplished all that has been asserted for it, viz., anæsthesia of the conjunctiva and cornea. In the case of episcleritis, the anæsthesia, although marked, was not so complete as in the other cases. Whether or not its anæsthetic effect is always diminished in the case of the tissues mentioned when they are in pathological condition, remains to be seen.

In the case of the woman with cataract, there was less pain caused by the iridectomy in the left eye than in the right; and the left eye, as has been stated, was the second one to be operated on.

It is possible that the anæsthetic effect of the drug might, by imbibition of the solution, have reached the iris tissue in the left eye, as there had been an opportunity for absorption to go on for a long time.

The solution used in these cases was made by Eimer & Almend, of New York.

The honor for this new and brilliant addition to ophthalmology is due to Dr. Koller, of Vienna, a young man who is still pursuing his studies in that city.

A Pin Sling.

Dr. Sampson Gamgee thus writes in the *Lancet*, September 27, 1884:

A gentlemen consulted me the other day, for a

painful condition of the tip of his left little finger. To secure the benefit of physiological position and immobility, I bent the elbow at an acute angle and raised the hand; then, pinching up the sleeve at the wrist, fixed it to the coat by a strong safety-pin; with another I attached a fold of the sleeve to the coat just under the elbow. Rest was absolute; the finger waxed pale and easy; and my patient went to his office duties in comparative comfort.

Even if an ordinary sling be at hand, the process of fixing the forearm at an acute angle is not quite simple; and the resulting unsightliness is often unpleasant. For clearness, the sketch shows the pins; but with a little contrivance a pin sling may be made invisible. A third pin, fixing the inside of the arm sleeve to the body of the coat, adds greatly to immobility. In this position I have found one pin very useful, in steadying the shoulder of a young lady who had it dislocated three times. She had barely recovered from the last accident, when she was very anxious to go to a ball. By fixing, with a safety-pin, the inside of the sleeve to the bodice, a trusty, yet invisible, checkmate was provided, allowing freedom of hand, but barring abduction. These are trifles, only noted apologetically, because *pro re nata* they may be useful.

Muriate of Cocaine in Gynæcology.

In the *Medical Record*, November 1, 1884, Dr. W. M. Polk says:

As a matter of some interest, just at this time, I give the results obtained with hydrochlorate of cocaine in two cases of trachelorrhaphy done this afternoon (October 29, 1884).

Case 1. *Double laceration of the cervix uteri, extending on both sides to cervico-vaginal junction.*—The vagina was first washed with a warm-water douche, then the cervix, the patulous cervical canal, and the vaginal walls adjoining the cervix were carefully washed with Castile soap, this in turn was washed off, and the surface carefully dried. Next a four per cent. solution was painted over the cervix, in the canal, and over the adjacent vaginal wall with a camel's-hair brush. This was repeated twice, at intervals of two or three minutes, making three applications of the drug. Within three minutes of the last application the operation was begun.

It required the removal of extensive pieces of cicatricial tissue from each angle, making it an elaborate operation of its kind. The time consumed was about forty minutes, the patient made no complaint and suffered no pain till the last ten minutes of the procedure, then she spoke of her discomfort as being a sense of soreness rather than acute pain.

Thinking that the case might be one of those in which the normal sensitiveness of the region was not great, consequently one that might have borne the operation without the use of any anæsthetic, local or general, I chose a second.

Case 2. The woman was one having less self-control than the first, and with a good deal of normal sensitiveness about the uterus and vagina. The preparation of the region and the application of the anæsthetic was the same as in case 1.

No pain was felt till the lapse of about twenty minutes, then it was so acute as to require an application of the solution of cocaine, making in her the fourth. In three minutes the operation was continued and soon completed without further pain. This last application was made directly to the cut surfaces, first freeing them from blood.

The patient, who three years ago had had the same operation performed under ether, was asked which method she preferred, that with ether or this last without; she promptly replied, this last.

In the first case the effect of the drug seemed to be, that it not only blunted sensibility, but it appeared to retard the first appearance of blood upon the cut surface.

These cases I offer as a contribution to the solution of the question now so prominently before the profession—the place to be held by hydrochlorate of cocaine as a local anæsthetic. With a view of testing its value in obstetric practice a series of observations are being made in the Emergency Hospital, the solution being applied to the cervix and upper part of the vagina during the severe pains of the first stage of labor. The result I beg leave to communicate to you when the number of cases is large enough to make the report valuable.

Reviews and Book Notices.

Notes on Current Medical Literature.

——Dr. C. W. Dulles has performed a useful task in discriminating between hydrophobia and the disorders which are mistaken for it. He has routed a piece of popular superstition among the profession, for good and all, we hope. (Reprint from the *Trans. of the Pa. Med. Soc.*)

——An instance of obstinate cough due to nasal polypi forms the subject of an instructive paper by Dr. John N. Mackenzie, of Baltimore. (From the *Trans. of the Med. and Chirurg. Faculty of Md.*)

The same writer, in a reprint from the *Medical Record*, urges a treatment of hay-fever by operative procedures, which, he claims, "will relieve all and cure a large proportion of the patients."

——The pathology of the diseases of the nerve centres, especially epilepsy, and their proper treatment, is the topic of a thoughtful essay by Dr. J. M. Gaston, of Atlanta, Ga., in a reprint sent us. His views are evidently the result of a thoughtful study of the subject, and merit close consideration.

——G. P. Putnam's Sons will shortly publish, by arrangement with the Vienna publisher, a translation, prepared by Dr. Barney Sachs, with the authorization of the author, of Dr. Meynerts Treatise on Psychiatrie. The first part of the work, devoted to the anatomy and physiology of the brain, the publishers hope to have ready by the beginning of the new year. The work will be fully illustrated.

——In a paper before us, Dr. H. v. Sweringen, of Fort Wayne, Ind., condemns the use of post-partum intra-uterine injections of carbolic acid as dangerous and needless. His arguments seem to us forcible and worthy of acceptation.

——An article read by Dr. Mary H. Stinson before the Pennsylvania State Medical Society on the work of women physicians in Asia is replete with facts showing what a wide field of usefulness is there being opened for those of the sex who wish to devote themselves to the nobler activities of the healing art.

——Two reprints on vivisection are on our table, one by Dr. James Macaulay, of Edinburgh, the other by Dr. A. Leffingwell, of this city. They both in effect condemn it as useless to medical art, and of small importance in physiology. They are both well written, and as special pleas on one side of a debated question, are good examples of argumentation.

——Dr. James Craig, of Jersey City, in a reprint from the *Transactions* of the State Medical Society of New Jersey, describes a number of cases of note. Among other matters, he details an original method of ligating the umbilical cord by a small band of India rubber, such as the stationers sell for holding papers together. He passes it four times around the index and middle fingers of the left hand, he then seizes the cord with the index finger of the right hand, stretching it with the index fingers of both hands, and slipping the funis through, withdraws the fingers and allows it to contract upon the cord.

——In a pamphlet of 23 pages before us, Dr. Richard Mollenhauer, of New York, describes a singular case of vertebral disease. It will be found of interest to specialists.

BOOK NOTICES.

Sanitary and Statistical Report of the Surgeon-General of the Navy for the year 1882. Washington, 1884.

We have never seen a more complete and satisfactory report from the Navy Medical Department than this; we may say none equal to it. The volume contains 622 closely-printed pages, and not much of it is padding. The statistical tables that constitute the bulk of it are of great value to the student of climatological medicine, setting forth as they do the results of varied surroundings, on subjects of the like ages and constitutions.

The medical descriptions by the various surgeons of the ports and coasts they visited are so instructive that we wish this feature were made more prominent.

Many maps and diagrams are inserted, which add to the value of the volume. That it is sent forth without any table of contents, and with a wretchedly meagre index is neither more nor less than a discredit to the bureau, and is wholly without excuse.

The Lock-jaw of Infants (Trismus Nascentium). By J. F. Hartigan, M. D. 12mo., pp. 123. New York. Birmingham & Co.

The fatality of this disease, and the appalling mortality due to it, led the author to study its pathology with close attention. The result was that he adopted the theory of its causation advanced many years ago by the late Dr. Marion Sims, to wit, that it is induced by pressure of the occipital or parietal bones on the brain, through the intervening dura mater, finally expending its force on the pons, medulla oblongata, and the nerves issuing therefrom.

A number of illustrative cases are recorded, the literature of the subject is well worked up, and the prophylactic measures set forth with emphasis. It is a monograph that cannot fail to be of great benefit.

A Manual of Obstetrics. By Edward L. Partridge, M. D. New York, Wm. Wood & Co.

This is of the order of "vest-pocket" manuals, its recommendation being that it can be carried with one without inconvenience, and will serve to employ time usefully while waiting. It is a well-prepared epitome, and has a number of illustrations.

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MURIATE OF COCAINE: THE NEW LOCAL ANÆSTHETIC.

Local anæsthesia has been produced by the following agents: Alcohol, carbolic acid, chloral-hydrate, chloroform, ether, carbon bisulphide, carbonic acid, ice and snow, morphia, gasoline, rhigoline, and the faradic current of electricity.

Recently, a new article has been brought to our notice by Dr. Koller, of Vienna, which seems to promise much. It is the active principle of coca or cocaine, and this agent is produced or extracted by displacement with hot water on the leaves of the erythroxylon coca (nat. ord. erythroxylaceæ), a shrub indigenous to the mountains of Peru and Bolivia. The leaves are chewed by the natives. It is said to satisfy hunger, strengthen the weak, and to solace man under misfortune.

The leaves of the coca have been employed in the form of tincture and wine administered as a tonic to the muscles of the throat and larynx. Dr. Koller, of the Vienna General Hospital, was the first to discover and apply cocaine for the production of local anæsthesia. He found that the introduction of one to three drops of a two per cent. watery solution of muriate of cocaine into the corneal chamber rendered both the conjunctiva and cornea completely insensitive, so that, for instance, the cornea could be partially gouged without any reflex action or sense of pain. At the meeting of the Ophthalmological Congress at Heidleberg the same fact was confirmed and demonstrated by Drs. Brellaur and Becker. Koller, in his first report, mentioned the employment of the same agent in the production of anæsthesia of the larynx.*

Long before Koller's observations or experiments were made, the physiological property of cocaine of lowering—even of destroying—the sensibility of the sensory nerves has been noted by Morenoy Matz, who published a monograph on the erythroxylon coca in Paris, 1868 (*Die Pflanzensloffee*, pp. 91–93). The latter states that cocaine has the power of impairing sensibility when locally applied (*Ibid.*, p. 93), and he is entitled to having made this important discovery; but he failed to

* London Lancet, October 4, 1884.

make it applicable to practical medicine, for Dr. Koller was the true discoverer of its valuable anæsthetic properties; for even the laryngologists only limited its use to diminish the sensibility of the larynx, but not one of them discovered its power of producing local anæsthesia, so that the parts could be cut or lacerated without giving pain. A two per cent. solution has been chiefly employed, and even a one-half per cent. has been employed with success in the ophthalmic clinic of Jefferson Medical College Hospital in two operations for strabismus by Dr. William Thomson. On October 31, 1884, we witnessed the two operations, which are perhaps the most painful in surgery. The cornea could be rubbed with the hook, and the eye speculum gave no pain, even the grasping of the conjunctiva with the forceps was borne with the slightest evidence of pain, and in the cutting twice of the tendon of the straight muscle of the eye there was not the slightest movement or evidence of distress. It proved a true mydriatic by dilating the pupil even with this weak solution of two drops every four minutes. The dilatation of the pupil began in fourteen to fifteen minutes after the solution was instilled into the eye, and reached its maximum in from thirty to forty minutes, remaining stationary for one hour, and gradually declining in twenty-four hours. In the same eye of the patient atropia in solution had been introduced, and the cocaine after, but they did not interfere with each other.

We have also seen this agent used by Dr. Shakespeare, of this city. He dropped a four per cent. solution into the eyes of two patients, with cataract, with the result of producing very complete anæsthesia in the eye so treated, so much so that he was enabled to perform iridectomy without eliciting any evidence of pain.

It has been used by Dr. Charles S. Turnbull, who, on November 2, operated upon the eye of a patient from the iron district of Pennsylvania, who two weeks since had one of his eyes badly injured by a piece of steel. The operation of making an artificial pupil was required to restore the sight. A drop of a four per cent. solution of the drug was dropped into the injured eye every five minutes for half an hour, at the end of which time the finger could be rubbed over the eye-ball without any sensation other than a touch. The apparatus to hold the lids apart and the forceps with which the skin of the eye-ball was grasped caused no pain.

This anæsthetic has also been used in a few cases within the past two weeks by one or two eminent oculists in New York. This material is costly at present, and as it has not been made in this country, it will be some time before it will be cheap enough to be used in ordinary practice. It was used on Monday, October 27, for the first time at the Mount Sinai Hospital. A woman, fifty years of age, who was totally blind, was admitted to the hospital. She was suffering with double cataract.

On the afternoon of October 27 she was taken to the operating room and laid flat upon her back upon the operating table, in order to retain the liquid in her eye. The hospital staff and a number of physicians were present. The attending physician had a small quantity of the new anæsthetic, and used in the operation some that he had previously obtained. It is a colorless fluid, without taste or odor. The eyelids being held wide open, four drops of the liquid were cautiously dropped upon the surface of the eyes. It produced a slight anæsthetic effect upon the external coating. After an interval of five minutes four drops more were applied, which caused the insensible condition to extend deeper, and after waiting another five minutes, four drops more were used. After the last application had done its work, the sensation of the eyes was tested and they were found to be entirely anæsthetized. A pair of fixation forceps, the application of which no healthy eye can stand without causing a visible shrinking, were then applied and adjusted without any sensation being felt by the patient.

It is to be noted that the tincture, fluid extract, and wine of coca have been tried as local anæsthetics, but that they only produce a slight obtunding influence upon the surfaces to which they are applied, while the alkaloid of coca or cocaine would seem to have a decided anæsthetic effect.

While our experience with this agent is yet too limited to enable us to formulate any definite laws, yet our own observation would incline us to believe that in muriate of cocaine we have a valuable local anæsthetic, applicable to mucous surfaces, but having little if any effect upon the skin. It has been used in gynæcological practice.

MASSAGE IN STRICTURE.

There is no doubt that many an old product of chronic inflammation has been absorbed in consequence of skillful massage. We have seen several cases, when cause and effect in this respect were too plain to be denied. In one case, where a false anchylosis was due to infiltration of the soft parts surrounding the knee-joint, and where the disease, having followed an accidental contusion, had lasted for over three years, the best surgeons in the city had tried in vain every possible remedy and remedial procedure, to cause absorption. No drug, that by external application might induce absorption, had been left untried, every known counter-irritation had been applied, the actual cautery been made use of, and the joint been stretched under ether, but all to no purpose. Finally, one of our most eminent professors of surgery handed the case over to a manipulator, and within six weeks every residue of the disease had disappeared.

We mention these facts to show that we have confidence in manipulation. But we doubt somewhat the following, though we report it that others may try it. Dr Géza v. Antal (*Cbl. f. Chir.*, 1884, No. 23) has published six cases where the stricture of the urethra was cured by massage. The applications lasted eight to ten minutes, and were made daily; in case of stricture of the cavernous part the manipulation was done over the skin, while in affections of the deeper part it was practiced from the rectum by simply passing two fingers, with slight pressure, up and down the diseased part of the urethra. It is said that very few applications were necessary to insure a cure. It is not said whether the strictures were callous or not, though we suppose they were dilatable. It is mentioned, however, that no other treatment was pursued. Certainly, such an effect is possible, and we would recommend a more extended trial, as the result will pay for the labor if successful.

NOTES AND COMMENTS.

Muriate of Cocaine.

As of interest in connection with our editorial on this subject, we append the following experiences with this new local anæsthetic:

From the *London Medical Times*, October 25, 1884, we note that before the "Ophthalmological Society of the United Kingdom," Mr. Arthur Benson (Dublin) contributed some observations on the action of hydrochlorate of cocaine on the eye. He had experimented with a 2 per cent. and a 4 per cent. solution on himself and about twenty-five others, and found that anæsthesia of the cornea and conjunctiva was produced by a drop instilled into the conjunctival sac; that this anæsthesia came on almost immediately after application, and lasted only about five or six minutes, when it gradually but rapidly faded away. So far as his experience went, the drug was of no appreciable assistance in operations, the anæsthesia being too imperfect. In most cases, it produced slight paresis of accommodation, with partial dilatation of the pupil for about half an hour, followed by contraction of the pupil and spasm of accommodation, which again gave way to the normal condition of parts in about one and a half or two hours. He had extracted cataract, done iridectomy and some minor operations with its aid, but found no appreciable benefit except in the most trivial cases. The anæsthesia was very transitory, and it was therefore necessary, in order to obtain the best results, to use the drug very shortly before operating.

Mr. Marcus Gunn had used hydrochlorate of cocaine in three cases, scraping the cornea, tattooing, and needling, and had come to the same conclusions as Mr. Benson.

Mr. Nettleship had tried it in two cases it had produced marked anæsthesia, without any inconvenience, and he suggested that, if the drops were frequently instilled, so as to maintain the effect, the drug might be practically useful.

Dr. E. S. Peck, of New York, writes to the *Medical Record:* "Of the three uses of the drug —one physiological, two clinical—at my hands, only one deserves special mention at this time, while all corroborate its anæsthetic properties. A

laborer received a clean wound of the lower lid, cutting through the conjunctiva, tarsal margin, and integument. A stitch in the conjunctiva and two in the integument of the lid were taken after six instillations of a four per cent. solution, covering twenty-five minutes. Patient experienced no pain, either from the forceps or needles, and stated that the sensation was as if something had been pressed against the parts involved."

We give the above for what they are worth. At the same time we ask our readers to let their judgment hold their enthusiasm in check. As we say in our editorial on the subject, it would seem that in muriate or hydrochlorate of cocaine we have a valuable local anæsthetic, but so many remedies are being constantly blazoned before our attention as possessing wonderful properties, that it behooves us to *wait* until the claims of enthusiasts are demonstrated to be the facts of clinicians. However, from personal observation, we are constrained to say that we believe that this new local anæsthetic promises much.

Internal Urethrotomy for Stricture of the Urethra.

It is universally admitted that it is dangerous to neglect urethral stricture, as retention of urine, perineal fistulæ, cystitis, and suppuration of the kidney are the most serious, and at the same time the most common consequences. Dr. Walter Coulson describes in the *Brit. Med. Jour.*, September 20, 1884, the operation of internal urethrotomy, as performed at St. Peter's Hospital, London:

A fine flexible guiding bougie, equal in size to No. 4 or 5 F. is passed into the bladder. The staff or sheath of the urethrotome is then screwed on to the guide, passed through the stricture into the bladder, and held in position by an assistant. The operator, with his left hand seizes the penis just behind the glans and draws it forwards; with his right hand he pushes the stem of the sheathed knife down the urethra until the obstruction is reached; the knife is then protruded, and all resisting tissue in front of it is divided. The incision is thus made in the roof of the urethra. The knife is then withdrawn into its sheath, which is pushed along the urethra in order to ascertain that the division has been complete. If it be so, the instrument is immediately withdrawn. A full-sized silver catheter is then passed; the bladder is emptied, and the catheter is at once withdrawn.

It occasionally happens that some difficulty is experienced in the introduction of the catheter after the operation. In some cases, this is due to the staff having been held too far out by the assistant, so that the stricture is not completely divided. But this difficulty will not be experienced if the sheath be found to pass freely through the stricture after division. If it meet with an obstruction, the incision must be repeated. The passage of a full-sized silver catheter suffices to prove that the calibre of the urethra has been restored to its normal dimensions.

With regard to the after-treatment, the ordinary course is as follows: Immediately after the operation, the patient, of course, remains in bed; hot bottles are applied to the feet, and three grains of quinine are given with half an ounce of brandy. A little warm beef-tea is also given from time to time. If no rigors occur, the patient has a hot bath at night, and forty-eight hours afterwards a French bougie, corresponding in size to the catheter used after the operation, is passed along the urethra. The patient is then allowed to get up. The bougie is passed every three or four days, and, at the end of ten or fourteen days, the patient is taught how to use the instrument himself. When he is able to do this satisfactorily, he is discharged and attends as an out-patient, with instructions to use the catheter once a week. He is kept under observation for as long a period as he can be induced to attend.

After observations upon 206 cases, Dr. C. believes that a permanent and radical cure will result, provided that the stricture has been sufficiently divided to allow the introduction of a full-sized instrument, and the patient has learned the art of passing the bougie himself.

A New Treatment of Strangulated Hemorrhoids.

From the *Med. Press*, September 24, 1884, we learn that M. Charles Monod has written to the *Gazette des Hopitaux* an article on a new treatment of strangulated hemorrhoids which he has put in practice with the greatest success. This treatment consists in forcibly dilating the anus, as in case of fissure. M. Verneuil had already recommended this method for the cure of simple piles, and has been followed by most of the young surgeons, who have entirely abandoned every other treatment. To effect the dilatation, M. Verneuil employed specula of different dimensions, and only in the case, as has just been stated, of the ordinary condition of hemorrhoids. On the contrary, he says that "when the piles are the seat of sphacelus, he always waited until the complication disappeared." M. Monod, who has imitated M. Verneuil with the best results in those simple cases, goes still farther, and instead of regarding strangulation as a counter-indication

to the operation, considers that this fact renders it the more necessary. He cites a case in point. Being called by one of his *confrères* to see a gentleman who had been suffering excruciating agony for two days from strangulated piles, and on whom ice fomentations, narcotics *intus* and *extra* were tried without effect. Local examination showed no more than is ordinary in such cases—a ring of tumefied external hemorrhoids surrounding a packet of internal turgescent hemorrhoids, with a dark spot in the centre, announcing the commencement of sphacelus. The least touch was painful, and the patient demanded relief at any price. A partisan of the treatment of hemorrhoids in general by dilatation, he thought that he would be doing right in employing it in the present case, knowing that by suppressing the action of the sphincter the pain would cease. Accordingly, the patient was put under the influence of chloroform, and the hemorrhoidal tumors reduced, and then M. Monod largely dilated the anus with his fingers. A few minutes afterwards the patient awoke free from all pain, and in a few days he had the satisfaction of not only feeling that the strangulation had entirely disappeared, but that he was for ever quit of his piles. This case of M. Monod's proves that the hand dilates just as well as the speculum, and consequently the operation is reduced to its simplest expression.

An Operation for the Removal of Gall-Stones.

The *London Medical Press* tells us that the *Independence Belge* mentions a great surgical operation which has just been performed in Brussels by Dr. Langenbusch, of Berlin. The subject of this daring and successful proceeding was M. Eugene Anspach, the Deputy Governor of the National Bank of Belgium, who has been for many years suffering from a collection of gall-stones, which have kept him in a state of aggravated suffering (*douleur atroce*), and have latterly defied all measures of relief. M. Langenbusch, summoned specially from Berlin, proposed to lay open the gall-bladder, with antiseptic precautions, admitting, however, that he had only performed this operation four times, and that but one of these cases recovered. M. Anspach's family and friends were much dismayed at this announcement, and begged that the operation should not be performed. M. Anspach was firm, and reflecting that without it he would not live long, and that in the meantime his life would be worse than death, decided on the operation. Even at this supreme moment the banking mind asserted itself, and M. Anspach remarked: "After all, one in four is twenty-five per cent., and that is a fine dividend." "You have had one recovery already, doctor," he remarked, "and I will be the second," an element of confidence which no doubt had something to say to the result. The operation was performed on the 19th of September, and 125 calculi were extracted from the gall-bladder. M. Anspach suffered a good deal after the proceedings, but is now out of danger and in complete comfort. We trust he will long live to enjoy the reward of his own pluck and of the skill of his surgeon. It is a curious circumstance that this operation has to a certain extent been anticipated here. The late Sir Timothy O'Brien suffered from gall-stones, and the late Sir Dominic Corrigan worked down into the gall-bladder by means of a potash issue, and removed them. Sir T. O'Brien's recovery was complete.

The Treatment of Ruptured Kidney.

After a severe fall, fracturing the seventh and eighth ribs, with pain on the right side of the abdomen and loins, but no evidences of external injury, the urine of a young man, about whom Dr. H. A. Reeves writes in the *Lancet*, October 4, 1884, contained blood. The pain diminished, and there was only a sense of discomfort in the abdomen. On the tenth day he became suddenly faint, and passed a pint and a quarter of nearly pure blood, which he continued to pass during the next four days. The abdominal and lumbar tenderness increased, and the hæmaturia appeared from time to time. He fell into a low, typhoid condition, peritonitis set in, and he died one month after the injury. The autopsy revealed a broken down condition of the right kidney. Dr. Reeves formulates the following treatment for similar cases: Directly it is found that bleeding is not controllable after trial of every known means, and before the patient is too weakened by hemorrhage, and also before septic phenomena have been allowed time to develop to an uncontrollable extent, a lumbar incision should be made over the kidney, and all clots, effused blood, and débris removed, and the cavity thoroughly cleansed. Then if it be possible to make out the remains of the kidney and to find the renal vessels and ureter, these should be tied and the renal remnants removed; but, as in a case like the present, such a proceeding would be tedious and dangerous. The better plan would be to introduce a drainage-tube into the loin and perform anterior nephrectomy by incising the linea semilunaris. This being completed, the abdomen and pelvis can be cleansed

if there be need, and the peritoneum on the posterior wall closely stitched up to shut off communication with the external opening into the loin. The abdominal wound is then to be closed and bandaged, and external urethrotomy or lateral cystotomy performed, so as to empty the bladder of all clots, to wash it out, and to drain it.

Formic Acid as a Germicide.

In the *Lancet* we read that the conditions of animal life vary immensely; the introduction of a single influence, not apparently of a powerful nature, may determine the death of some organisms. M. Schnetzler, a few weeks ago, communicated some observations to the Académie des Sciences, which serve to illustrate the above general principle. He has found that *bacterium subtile*, one of the most difficult micro-parasites to kill, dies when in the presence of formic acid. Even when this bacterium has resisted the action of boiling water for one hour, it may be instantaneously killed by formic acid; a drop of water containing $\frac{1}{1000}$th part of formic acid, added to a drop of water teeming with thousands of the bacteria, is sufficient to effect the purpose. The swarming fluid so treated may be introduced into the digestive tract with impunity. The author recommends the trial of formic acid on the cholera bacillus, and it may be suggested that its action on bacillus anthracis is equally deserving of experiment. If formic acid should be found capable of destroying the dried virus of charbon, provided this chemical agent does not injure imported wool, and in such a diluted state injury seems impossible; the suggestion that all imported wool be washed in a weak solution of formic acid might be of value in preventing the occurrence of so fatal a disease as malignant pustule and its allies.

Large Tumor Enveloping the Heart.

In the *Lancet*, Dr. Park relates a case where a child, aged seven, was brought to hospital suffering from great dyspnœa; pulse 150; respirations 40; temperature normal; a bulging forward was noticed on the left side of the chest; this bulging looked like an aneurism, but there was no bruit; superficial vessels greatly dilated over the prominent part, dullness over the same area. First cardiac sound very weak, second inaudible. Death took place in a week, during an attack resembling angina pectoris. Necropsy showed a large tumor completely enveloping the heart, which was "embedded in it as a fruit stone is in its fruit." The large vessels ran through the mass, and were diminished in size from pressure; great general emaciation. The origin of the tumor could not be traced; it was of the size of a small child's head, and proved to be a round-celled sarcoma; other organs healthy.

The Heart and Liver as Affected by a Fall from a Height.

To the Medico-Chirurgical Society of Edinburgh, Dr. Littlejohn presented the liver and heart from a case illustrating the effects of a fall from a height. A heavy woman, aged about fifty, threw herself from a window in Allan's Close. The distance to the ground was measured and found to be eighty feet. She sustained injuries to her head, compound fracture of one of the thighs. The liver had sustained rupture. The appearance of the heart was interesting. The base, as not unfrequently happened, was ruptured, but in addition to that there were two very marked lesions, one on the right the other in the left ventricle. These were made out to be caused by two ribs which had been fractured and driven in upon the heart.

Special Report.

PROGRESS OF OTOLOGY.

BY LAURENCE TURNBULL, M. D.,

(*Concluded from page* 489.)

In destroying *erectile tissue tumors* of the posterior aspect of the inferior turbinated bone—Wookes advises first the snare and second the galvano-cautery. Another plan is to touch the growth with some caustic applied through a shield, glacial acetic acid being the best. To remove polypus, Jarvis' instrument, or some modification is the most generally useful one, inasmuch as in it piano-wire is employed, which does not kink—when polypus has existed for a considerable length of time, and in some other cases of only short duration, the new formation will be found to conceal a stratum of exposed or necrosed bone. *Simple deviation of the septum* seldom calls for surgical interference.

Perforation of the cartilaginous septum will result when there is a strongly marked divergence of the septum associated with the growth after removal of the latter. A necessary precaution is observed in operating with the galvano-cautery, through the ordinary dilating speculum, with metal blades, the latter is apt to get heated by contact with the electrode, and to burn the vestibule and the skin around the orifice of the meatus, the surgeon being

meanwhile quite unaware of the fact. To avoid this unnecessarily painful and possibly disfiguring result, he has had his operating speculum fitted with ivory blades (like those of Bosworth of New York), in place of metal ones, which do not conduct the heat. Further to avoid this contre-temps, he has had electrodes covered with a thin plate of ivory up to the commencement of the platinum end, by which means the heat is further cut off from the chance of contact with the adjacent parts not included in the operation. Surgical procedures within the nasal cavity are generally succeeded by sharp febrile conditions—the temperature begins to rise on the second day and rapidly reaches 102° or 103°. For this reason he usually continues the quinine for two or three weeks, adding thereto iron, etc., as indicated. As regards local treatment, it suffices to spray the anterior nares with a simple detergent lotion. The following answers well:

℞. Sodæ sulpho-carbolat., ℥ij
Boric acid, ℥ss
Aquam, ad ℥viij.

S.—Warm, and apply with spray apparatus two or three times daily.

After each application of the above a light plug of boric wool may be placed against the injured surface, and under any circumstances the patient should be kept in bed for a few days.

(6) A few remarks on Politzerization and new form of Politzer's bag for auto-inflation of the tympanum with respired air, by H. M. Jones, M. D.*

No one can doubt the theurapeutic value of Politzer's plan of ventilating the tympanic cavity and of opening the Eustachian tube. After an experience of fifteen years with the use of the Politzer bag, our author has found it to be a safe, most efficacious, and often permanent mode of relieving deafness due to closure of the Eustachian tube or collapse of its walls, etc.; and having practiced every proposed modification of Politzer's plan, both as regards appliances and mode of application, he finds that the plain bag, with a piece of tubing attached, or the olive shaped nozzle of "Weber Liel," gives the best practical results. Simple as is this procedure, both surgeons and patients often fail to efficiently practice it. In his own practice he has had a patient to be affected with frontal purulent catarrh, after the use of Politzer's bag, and was consulted by another patient, with a similar affection attributed to violent Politzerization. Struck with his experience of the ill effects, or at any rate the probable consequences of inflating by the bag, if held vertically, he has always cautioned students and patients to insert the nozzle in a horizontal direction, directing the current of air towards the orifice of the Eustachian tube, and not towards the frontal sinus and the delicate ethmoidal cells.

A new form of bag for the patient's use in auto-inflation he had made under his direction by Mr. Kerr, of Messrs. Godfrey and Cook, London. In selecting a bag, the nasal pieces should be fitted to the nostrils; or if the bag be sent for from a distance, be ordered in sizes, say Nos. 1, 2, 3. With the simple action of swallowing a little saliva, or the prolonged pronunciation, in nasal fashion, of the vowel *a*, the patient, even a child, can himself inflate the tympanum. It is better, however, if the act is performed, to use a little water. Each bag is made of the finest rubber, and is most compressible, the slightest pressure driving out the air contained.

Bag No. 1 has a tube and mouth-piece attached for filling the bag with respired air, or chloride of ammonia vapor. There are two ball-valves. When the bag is filled by the patient through the tube, the air is prevented escaping by the valve, and on compression, the bag remains empty until it is again filled by the tube.

Bag No. 2 has attached to it a reservoir, which is connected by a tube and valve with the bag for inflation. Another outlet valve is placed at the tube. The reservoir is filled in the manner already described, previous to its attachment to the bag. By compressing the bag, it can be filled from the reservoir, and the further action is similar to the small bag.

The following are hints which he has ventured to give practitioners when adopting Politzer's method:

1. Let the patient be seated.
2. Incline the head to one side and try inflation through either nostril; do this for both ears.
3. Direct the current as horizontally as possible.
4. Experimentally ascertain whether any form of nasal phonation, or act of deglutition, best dilates the aperture of the tube. Adopt this method with the individual patient.
5. If phonation, compress during the pronunciation; if deglutition, observe while the head inclines, the elevation of the larynx, and compress the bag at the commencement of its ascent.
6. In children, phonation is the best act to take advantage of, but direct inflation through the naso-pharynx may be sufficient. We can always inflate when the child cries. Most children, how-

* The British Medical Journal. May 3, 1884, pp. 850.

ever, if treated properly and gently, are apt to learn to assist, and to submit to Politzerization. With this bag he states there is no difficulty. He has several children at present using this small bag. The little patients use the single nasal best.

According to Von Tröltsch,* when we desire that the patients should treat themselves, it is not sufficient to place an India rubber bag in the hands of the patient, but he should be taught not to rarefy the air in the middle ear after it is made dense, as is done by many, and even by physicians, by not closing the air-bag when withdrawing it from the nose.

The sensation of pressure in the neck (Prellung) sometimes experienced in the use of Politzer's method is extremely unpleasant. This sensation has been felt by children after the operation, causing them to prefer the introduction of the Eustachian catheter.

A more important disadvantage of Politzer's method is that we cannot localize the effect. If the resistance in both tubes or tympanic cavities be exactly the same, the air rushes into both, but when the conditions are unequal, the air always takes the course where the resistances are the slightest. This effect is more disturbing where one membrana tympani is perforated or partially atrophied, because the compressed air enters one ear alone, or chiefly so, no matter in which nostril it is introduced. In all such cases we must necessarily use the catheter. Lucae and Hinton state that they overcome this objection by compressing the air in the naso-pharyngeal space, by blowing through an elastic tube for some seconds at a time, allowing the patient to swallow the water at the instant he may choose.

The writer has never met in his experience with the Politzer bag the difficulties spoken of by Dr. Jones, with the exception of one case, a lady to whom it always gave pain in her stomach, and of another who had a slight bleeding from the nostril, which may have been from too roughly compressing the nose during the operation, as it only occurred *once* in many applications of this method. When there is a perforation or atrophy of the membrana tympani, we never resort to the use of the Politzer air-bag, but to the Eustachian catheter, so as to limit it entirely to one ear. In one or two instances perforation of the membrane has followed the too forcible use of the air-douche.

These three pamphlets, numbers 6, 7, and 8, are well and carefully written by the nephew of Dr Mackenzie, of London, and show talent in the way of research, as well as carefully-conducted experiments. In the first he makes it clear, both from history and personal clinical observation, that excessive indulgence in lust or secret habit has a tendency to aggravate existing disease of the nasal mucous membrane. This may be either from reflex action or the repeated stimulation and congestion of the turbinated erectile tissue of the nose.

In this second pamphlet, the title of which we do not like, the treatment is only practically given, being devoted to the surgical removal of the hypertrophied nasal inflammation, and he recommends the removal of these hypertrophied masses by the cold wire snare, by his modification of the original instrument of Dr. Jarvis, of New York.

After describing most carefully the operation with the aid of the rhinoscope, the nostrils being first dilated with the speculum, and the wire loop passed, under the guidance of a strong light, through the slit between the turbinated bones and the septum, into the naso-pharynx. The after-treatment consists of spraying the nostrils with a soothing disinfectant and detergent spray.

The advantages which may be claimed for this operation, apart from its comparative painlessness and simplicity, may be briefly summed up as follows:*

1. It fulfills in the simplest and most radical manner the chief and absolute indications in the treatment of hypertrophic nasal catarrh, viz., the removal of the obstruction.

2. It restores the respiratory current to its normal channel, thereby avoiding the irreparable injury with which the organs of respiration, vocalization, audition, and olfaction are necessarily threatened.

3. It removes the most prolific source of the discharge in nasal catarrh, and favors the return of the mucous membrane to its normal state.

4. In the majority of instances, it causes the various complications, and especially those of reflex character, to disappear.

5. By the depletion of the cavernous cells and the turbinated bones, it exercises a beneficial effect upon the whole area occupied by the erectile tissue.

For post-nasal and pharyngeal inflammations, he has also used the *tincture of galanga* with excellent results. He has had an alcoholic tincture of the root, diluted according to circumstances, prepared for use in spray behind the soft palate. This

*Von Tröltsch "On Disease of the Ear," pp. 237, 241, 242.

*Page 17 of pamphlet on Naso-Aural Catarrh, and its Treatment. Dr. John M. Mackenzie.

has an aromatic, not unpleasant, odor, and produces a sharp, pungent, peppery sensation, which subsides, however, almost instantaneously, and generally affords immediate relief. The application leaves an agreeable astringent sensation in the throat, which lasts for some time, and is not open to the evil results which follow the use of nitrate of silver and similar substances in that locality.*

The use of powder in the nose will often do more harm than good *unless the substance be reduced to an impalpable state.*

One word in regard to the treatment of hypertrophic inflammation of the middle ear. Let us take an illustrative case. The drum-head is gone, a chronic otorrhœa has been established. The ossicles have long since been swept away in the discharge. Over the promontory the hypertrophic membrane appears as a swollen, thickened mass, smooth or granular in appearance, or projecting outward as a well-defined tumor, which every one at the outset of his aural studies has mistaken for polypus. This hypertrophic mass encroaches on the cavity of the drum, and is the most prolific source of the discharge. The principle which governs us in the management of hypertrophic nasal catarrh is equally applicable here. If ordinary methods fail, or if it be an excessive projection outward, like a polypus, it should be snared, or excised, with the ring knife, or destroyed by caustic applications, the galvano-cautery, etc.

The third pamphlet is "On the Deflection of the Nasal Septum and Its Treatment."

The influence of nasal obstruction in the evolution of morbid conditions of the lower respiratory tract and middle ear, is at present engaging the attention of special workers throughout the world, and the day is not far distant when the general body of the profession will find in the treatment of pathological states of the nose, a prime factor in the therapeutics of the throat and aural disease.

Among the causes of acquired deflection, the most frequent is, doubtless, traumatism. It is possible that injury to the nose, and consequent deflection of the septum, may occur during difficult parturition.

Localized spurs and projections are best removed, when their form permits it, with the cold-wire snare, the growths being seized with forceps and the wire passed over them ; or, still better, by previously transfixing them with a glover's needle, as suggested by Dr. Jarvis,† of New York. Compression should be made slowly to prevent hemorrhage, which in some cases is otherwise excessive.

The most satisfactory operation for the restoration of the septum is that which is generally known as "Steele's," and which has been recently brought before the profession by Dr. Glasgow,* of St. Louis.

"In passing to the management of the deflection of the bony septum, let me say one word in regard to the operation of perforation of the cartilaginous septum by means of the punch. This method, first performed by Blandin,† consists in connecting the two nostrils by punching out a portion of the cartilage with a forceps, devised for the purpose, resembling a ticket-punch. ‡ The opening thus made may further more be enlarged by cutting the cartilage with a knife or scissors. Apart from the creation of a condition which disturbs the physiological relations of the air current, the tendency to scabbing, and the difficulty of thoroughly cleansing the nostril after the operation, this procedure must be looked upon as, at best, only a palliative measure. When deflection takes place at or near the lower border of the vomer, occlusion of the corresponding inferior meatus results, and the nostril ceases to functionate as an organ of respiration. The general counsel of the more conservative is to let such deviations severely alone.

In the course of some remarks made at the last meeting of the Medical Society of Va., Dr. Mackenzie proposed as a substitute for the operation on the septum in certain cases especially when deflection occured in the deeper portions of the nostril, the removal of the inferior turbinated body of the *obstructed* side. This proposition he since carried out in a case with success.

The fourth pamphlet is "On the Galvano-Caustic Method in Nose and Throat."

We notice this pamphlet on purpose to make some remarks upon the wholesale use of this method which is now practiced by so many so-called throat specialists to the detriment of the patient's nose and pharynx and to the injury of the profession, as honest men. This gentleman is very eulogistic and enthusiastic, he desires to "widen its use," and he submits *his experience*, which consists of a report of only one of his one

*Page 17 of Pamphlet.

†Archives of Laryngology, October, 1872, vol. i., p. 44.

*Refer to Pamphlet, "Deflection of the Nasal Septum," etc.

†Compend. de Chirurgie, vol. iii., p. 33.

‡This instrument has been variously modified by Ruppert (Wien Med. Wochenschrift), 1868, p. 1157, Med. News, Philadelphia, 1882, p. 295, and others.

hundred and fifty cases. We would have been better pleased for him to have given a table with at least a few cases which were not "much improved," for we have known a number of such cases which have passed from one specialist to another, nothing better, but rather worse.

Is the galvano-cautery a dangerous agent ?*

If not employed with caution and great care. Its incautious use in the *nose* may be followed by inflammation there and in the various contiguous organs, even to erysipelas of the head and face. Lennox Browne, of London, cites as unfortunate results in his practice several cases of purulent otitis media, and mentions as a safeguard, after intra-nasal operations the injection of warm alkaline solutions, and coating the burnt surface with oiled cotton wool, to protect the charred surface. Permit me to quote his recommendations as to the degree of heat to be employed: a "black heat often answers for all that is required; a dull red heat is seldom needed, and by me never exceeded; a bright red heat is quite unnecessary; anything like a white heat is absolutely to be avoided as dangerous."

We find that simply splitting up these hypertrophic enlargements by the knife answers a good purpose, also touching the surface with caustics, such as chromic acid, glacial acetic acid and nitric acid or with a mixture of tincture of iodine and glycerine, and in syphilitic formations a solution of nitrate of mercury with the internal use of iodide of potassium. This mode of treatment has been more successful in partially removing and absorbing them in my hands, than their entire removal, which is at times attended in the galvanic cautery with contraction, and imperfect cicatrization, or by a patch of sclerosed mucous membrane which is never destroyed. The snaring by Jarvis' instrument is a much safer method. The ordinary enlarged tonsillar follicles are numerous and can as a rule be relieved in a great measure without surgical interference; but they must not be confounded with adenoid growths found behind the soft palate, which when operated upon require great care in their removal as the hemorrhage is sometimes so profuse as to require prompt plugging of the posterior nares, and the application of pressure with persulphate of iron by the finger to the spot. Fortunately the latter form of tumor, although much discussed and treated, is more rare than we would anticipate.

The following accidents have occurred in the use of the galvano-cautery, even when employed with care by competent and able advocates of the cautery electrode. It is recorded that in destroying a growth upon the turbinated bones with the cautery it accidentally burned the opposite part of the septum nasi, which nearly resulted in permanent agglutination of the nasal passage.

Also accidentally burning the rim of the Eustachian orifice with the cautery electrode, while removing a growth from the vault of the pharynx, causing otitis media of a serious character, and in another case otitis media purulenta was caused in the ear opposite from the nostril in which the operation was performed, and was attended with symptoms of so serious a character as to threaten the life of the patient. In another instance, a slight cauterization of hypertrophied mucous membrane upon a turbinated bone, caused facial erysipelas that nearly proved fatal. Almost all good authorities admit that patients have fever the day after the operation, and must go to bed. It is stated* that a strong young man on whom the galvano-cautery had been used, had within two hours violent earache and headache, and in a few days perforation of the tympanic membrane and purulent discharge from the ears. It is noted apologetically for this method that "Meyer and Wendt" had inflammation of the middle ear, followed by suppuration in a patient operated on by them with the modified galvano-tonsillitome.

In conclusion, it is my candid opinion from long experience that the indiscriminate use of the galvano-cautery is apt to injure, unless great care is taken by practitioners, and the proper class of cases selected for operation.

There are a few cases where we use the galvano-cautery with advantage that the thermo-cautery or Jarvis' snare cannot be used, there not being room enough in the narrow channel of the nostril for the introduction of the latter instrument. We would refer those who are interested in the special branch of aural medicine and surgery to the following valuable papers published during the year 1884.†

"The Temperature of the External Auditory Canal," by A. Eitelberg. Translated by Edward Fridenberg, M. D.

"Two Rare Cases of Mechanical Injury to the Organ of Hearing." By S. Moos, of Heidelberg. Translated by Charles J. Kipp, M. D.

†Page 2 of Pamphlet. "Galvano-Cautery Method on Nose and Throat," by I. C. Malhall, M. D., St. Louis.

*St. Louis Medical and Surgical Journal, January 5, 1880, p. 95.

†Archives of Otology, Knapp and Moos, vol. xiii., No. 2. G. P. Putnam & Son, New York, 1884.

"Three Rare Cases of Ear Affections as a Consequence of Syphilis." By Moos, of Heidelberg.

"Fourteen Cases of Chiselling of the Mastoid Process Performed in the Polyclinic for Diseases of the Ear, during the Year 1883." By Dr. Hartmann, Berlin.

"Bougieing the Eustachian Tube." By V. A. Eitelberg, of Vienna. Translated by Dr. Cornelius Williams, of St. Paul, Minn.

"Report of the Twentieth Annual Meeting of the American Otological Society." By H. Knapp.

"Normal and Pathological Anatomy and Histology of the Organ of Hearing," by H. Steinbrügge, of Heidelberg.

"Physiology of the Ear and Physiological Acoustics, in the year 1883." By Oscar Wolf, of Frankfort-on-the-Main.

"Pathology and Therapeutics of the Organ of Hearing." By A. Hartmann, of Berlin.

"Hœmatoma Auris." By Samuel Sexton, M. D. *New York Med. Record*, July 5, August 2, 9, and 16, 1884.

"Does a Chronic Discharge from the Ear Make Life Insurance Hazardous?" By Charles S. Turnbull, M. D., Aural and Ophthalmic Surgeon, German Hospital, Philadelphia. *Transactions* of the Medical Society of the State of Pennsylvania, 1884.

Correspondence.

A Case of Gastric Ulcer or Cancer.

Eds. Med. and Surg. Reporter:—

Having had under my care for the past eight months a case of considerable interest to me, and thinking it might be of some interest to your numerous readers, I will send you a report of the same for publication in your journal.

On the sixteenth of last February was called to see Mrs. M., a native of Wales, 42 years of age, widow, mother of five children, the youngest ten years of age. her weight 235 pounds, and height about five feet three inches. Her health, to the time of the beginning of the present illness, had always been good. For about one year previous to my first visit she had symptoms of indigestion, such as acidity of the stomach, pain in the epigastric region, which was increased after eating, and not relieved until the stomach was emptied either by an emetic or spontaneous vomiting; she also had constipated bowels, and loss of strength and appetite.

Her symptoms at this time (my first visit) were pain of a sharp, lancinating character, over the region of the stomach, extending through to the back, tenderness on pressure over the epigastric and hypochondriac regions; her tongue was slightly coated, bowels constipated, pulse and temperature normal; her stomach would not retain any food whatever. If the smallest quantity of any food was taken, the pain and uneasiness would be greatly increased until it was all ejected.

The skin had an earthy, jaundiced appearance, and there was considerable loss of strength, but not much emaciation. She stated that menstruation was normal in every respect.

As regards the pain, there seemed to be no distinct remission, only that it was not so severe when the stomach was entirely empty. On account of her obese condition no tumor or enlargement of any kind could be detected in the region of the stomach. Here, then, was the question: Was this a case of chronic ulcer of the stomach, or one of pyloric cancer? That it was one or the other I felt confident, and concluded that the subsequent symptoms and course of the case would decide that, and waited for future developments. There was no history of hereditary cancer, no cancerous cachexia, not even loss of flesh to any great extent; yet the persistent and lancinating character of the pain, its unremitting nature, with the extreme acidity of the stomach, would point in that direction. The vomited matter had at times the peculiar coffee-ground look, said to be characteristic of cancer.

It is now eight months since my first visit, and during that time she has had all the symptoms presented when first seen, but in a more aggravated form. In addition, she has on several occasions vomited two or three ounces of blood; has passed blood from the bowels, has emaciated considerably, but not rapidly enough for cancer.

During the first five months her stomach would not retain any food whatever, not even water at times; and during most of this time she was confined to bed, the pain has been excruciating at times, at others more of a dull gnawing character. She was seen at different times by a number of my professional friends, but no one would be positive in his diagnosis; it was either ulcer or cancer, not likely the latter, *because* they could not detect a tumor through two inches of adipose tissue on the abdomen.

About four weeks ago she began to improve, the pain and uneasiness gradually proving less, vomiting very rarely, gradually returning strength, remaining out of bed most of the day, and on several occasions walked several squares away from home.

As regards the treatment, which is I think the most interesting part of this case, in the way of medication my first endeavor was to quiet the stomach and control the pain by sulphate of morphia, Subnit. of bismuth, dilut. hydrocyanic acid, Fowler's solution, wine of ipecac in drop doses, nitrate of silver, etc., in fact the whole list of medicines calculated to control such a rebellious stomach; but one was as good as another, and none did any good.

As regards food, she was given beef tea, peptonized milk, milk and lime water, raw beef juice, etc., all of which increased the pain and uneasiness and were rejected almost as soon as swallowed.

It was then decided to give the stomach an entire rest from all food or medicine, to control, if possible, the pain by the hypodermatic injection of morphia, and to sustain her by rectal alimentation. For *three months* she received four injections during every twenty-four hours of four ounces of

beef essence, milk with raw egg and mutton broth, changing from one to the other in the same manner as if it were taken by the mouth.

To sustain the life of a patient for a period of three months by rectal feeding alone, under any other circumstances, would hardly have been possible; but in this case the absorption of adipose tissue and the feeding combined would, I think, have sustained her even longer.

Under this treatment the stomach would not become entirely quiet, the retching, vomiting, and pain continued, although not as severely as when food was taken by the mouth; so that even this could not be considered a success.

About two months ago my attention was directed to the beef peptonoid manufactured by Reed & Carnrick, and I concluded to see what it would do for my patient. She was directed to take two teaspoonfuls of the peptonoid in a cup of hot water, four times a day, and discontinue the rectal injections.

She has taken nothing but the peptonoid since, has retained nearly every portion taken; states that it produces an agreeable sensation in the stomach; the pain is growing less, vomits rarely, and is beginning to have a little appetite for other food; the appearance of the tongue is natural, color of the face much better, sleeps well most of the night, requires very little morphia, and is gaining strength—in fact, is apparently recovering—all of which would go far towards excluding the question of cancer, and confirming the diagnosis of gastric ulcer. D. A. Hengst, M. D.

Pittsburgh, Oct. 21, 1884.

News and Miscellany.

Micro-Organisms—Organisms Associated with Diseases of Animals.

In continuation of our report of the micro-organisms oxhibited at the International Health Exhibition (page 493), we, this week, give the following from the *Brit. Med. Jour.*, September 27, 1884:

Micrococcus Tetragenus.—In the sputa of phthisical patients, in whom rapid destruction of the lung is in progress, there occur sarcina-like groups of micrococci, which, on staining, are seen to consist of groups of four, enveloped by a hyaline capsule. The micrococci are at regular distances from one another, and the diameter of the group is about one-third that of a red blood-corpuscle.

A cultivation of the organism in gelatinized meat infusion has well-marked characters, the colonies being large, and the growth especially abundant at the upper part of the needle-track. Guinea-pigs and mice inoculated from the cultivation, die after an interval varying from two to ten days, and the characteristic groups of micrococci may be found in the capillaries throughout the body, often forming large masses which, when they occur in the spleen, may burst through the peritoneal coat, and set up peritonitis (Gaffky, Langenbeck's *Archives*, vol. xxviii).

Bacillus of Mouse Septicæmia.—This bacillus is frequently present in putrefying blood and meat-infusion. When several drops of such fluid are injected beneath the skin of a mouse, the animal at once becomes ill and dies, poisoned, after an interval of five to eight hours; a drop of its blood inoculated into another mouse is harmless. If a quantity of the putrefying fluid insufficient to cause poisoning (one, or at most two, drops) is inoculated subcutaneously into a number of mice, no such immediate effect is produced; but, after about twenty four hours, some of the mice (one-third of them on an average) become ill, and die in forty to sixty hours after the inoculation. The blood of mice which have died in this manner is highly infective, one-tenth of a drop being sufficient to bring about the same process in another mouse. Such blood is found to contain numerous small bacilli, which measure 0.8 to 1 μ in length, and are especially abundant in the interior or the white corpuscles. When cultivated in gelatinized meat-infusion, the bacilli form a very delicate cloud, extending out into the material from the line of inoculation. Though house-mice are so profoundly affected by this bacilli, field-mice, which belong to an allied genus, are quite proof against it. On rabbits and guinea-pigs, only a local effect is produced. When the ear of these animals is inoculated, redness and swelling appear, which spread over the ear, and disappear after five or six days. After this, the animal is, for some time at least, unable to be affected by the bacillus (Koch on *Thh Etiology of Traumatic Infective Diseases;* Gaffky, *Mittheilungen aus dem Gesundheitsamte*, vol. i).

Bacillus of Chicken-Cholera.—Poultry are liable to an infectious disease, which has received this name. The affected birds become very sleepy and inactive, and after death enteritis of the duodenum, with hæmorrhage, is found. Inoculation of the blood into a healthy bird is followed by the appearance of the disease. The blood abounds with minute bacilli, which have the peculiarity of staining deeply at the two ends. These may be cultivated in chicken-broth or gelatinized milk-infusion, and in the latter small colonies form along the track of the inoculating needle, with very little extension of the growth on the surface. The pigeons or fowls are inoculated from the cultivation, they die in seventeen to twenty hours, and the characteristic bacilli are found abundantly in the blood. (Pasteur *Bulletins de l'Académic de Médecine*, Fevrier, 1880.)

Bacillus of Rabbit Septicæmia.—This disease was induced by Koch by injecting putrid fluids beneath the skin of rabbits. The bacillus which he obtained may be readily cultivated in gelatinized meat-infusion, and forms colonies which, like the bacillus itself, closely resemble those of the chicken-cholera bacillus. The smallest trace of a fluid containing the organism is sufficient to set up the disease when inoculated into another rabbit, death occurring in sixteen to twenty hours. The bacilli are found in great numbers in the blood. (Koch, Gaffky, *Mittheil. aus dem Kais. Gesundheitsamte*, vol. i.)

BACTERIA AFFECTING MILK.

Bacterium Lactis.—This bacillus occurs in great numbers in milk. It is small, oval, and actively moving. In gelatinized meat-infusion, it forms a thin transparent expansion on the surface of the cultivating material, with concentric rings marking the stages of growth. In the interior of the

mass, the growth is rather slender. When a flask of milk, which has been plugged with cotton-wool and sterilized by steaming, is inoculated with this bacillus, the milk "turns sour," and curds and whey are formed. No further change takes place in the milk which has been so affected, so long as the cotton-wool plug remains in place. (Lister, *Pathological Transactions*, 1877; also see Hueppe, *Mittheilungen aus dem Gesundheitsamte*, vol. ii.)

Bacillus Butyricus.—This is an actively moving bacillus, about three to ten μ in length, and less than one μ in breadth. It sometimes grows out into long, apparently unjointed, threads. It is the cause of the butyric acid fermentation in solutions of starch, dextrin, and sugar, which results in the formation of butyric acid, carbonic acid, and hydrogen. It may be cultivated in gelatinized meat-infusion, and causes it to become liquid, the bacilli accumulating on the surface as a thick, corrugated scum. (Hueppe, *Mittheilungen aus dem Gesundheitsamte*, vol. ii.)

Bacillus of Blue Milk.—This is the bacillus which causes the blue color which is sometimes seen in souring-milk. It may be cultivated in gelatinized meat-infusion, and causes a color-change to appear in it. By reflected light, the color is often a bright blue-green; but, by transmitted light, it appears smoky brown. The color appears in the infusion at some distance from the growth itself, which forms a thin film on the surface of the mass of cultivating material, and is insignificant along the needle-track.

Organisms Producing Colors.—Certain organisms, in addition to their microscopical characters, and the peculiarities of their growth in cultivating media, possess the feature in addition that they cause special colors to appear round about them. The color produced in this way by an organism does not vary, but is always the same at the same stage of growth.

The organisms of this nature cultivated in the Laboratory are the following:

Micrococcus Prodigiosus, producing a deep crimson color.

Micrococcus Indicus, producing a bright rusty-red color.

Violet Bacillus, liquefying the gelatinized infusion, and forming a deep violet layer at the bottom of the liquid part.

Fluorescing Bacillus, causing a curious greenish-yellow color.

Bacilli of Green and of Blue Pus, and a species of *Sarcina* causing a yellow color.

There are also three kinds of Torulæ, two of which produce colors in contact with the air—namely,

Red Torula, producing a beautiful coral pink color.

Black Torula, producing a black color.

Moulds.—*Tinea*, or *Favus Galli*, which causes a remarkable affection of the skin in fowls.

Four species of *Aspergillus* are cultivated in bread-infusion: *A. albus*, *niger*, *fumigatus*, and *flavescens*, the two latter causing the death of rabbits when injected into the veins.

Profits on Drugs.

George J. Manson says in *St. Nicholas* for November: "There have been two important changes in the drug business within the past few years. In the first place, the scope of the drug store has been enlarged. In old times the term "drug store" indicated an establishment where simply drugs were kept. Now you can go to many drug stores and purchase cigars, tobacco, canes, umbrellas, tea, coffee, stationery, confectionery, and many kinds of fancy articles. Some say that druggists have been forced into selling these goods on account of the competition they have had to contend against in the sale of patent medicines by dry goods establishments and book stores, and because some of their own number sell patent or proprietary medicines below the regular marked price. There is much truth in this statement, but I think there is another reason to account for the practice, and that is the increased rate of rent. In former times the item of rent was not so great as it is now, and the druggist could make a good living by confining himself to drugs proper. Now the expense for rent is a matter for serious financial consideration. It is true that the business yields a large percentage of profit, but the total sales are comparatively small. At one time, when the calling was confined to its legitimate sphere, the profit was fifty per cent. Now the average rate of profit is probably twenty-five or thirty per cent."

A Reminiscence of the Late Prof. Gross.

In the course of a memoir by Dr. Walter Lindley, published in the *Pacific M. and S. Jour.*, we note the following paragraph:

"Prof. Gross was a grand man in appearance as well as in fact. One picture is indelibly impressed on my memory: It was during the winter of 1871 or '72 when the students to the number of five or six hundred were assembled in the amphitheatre of Jefferson Medical College. Two students got to fighting about a seat, others began taking sides, and there were bloody noses and men falling over seats on every hand, when in the midst of all this great confusion Prof. Gross stepped into the arena, and with an imperious gesture said, 'Gentlemen, for God's sake remember where you are and who are!' All was still as death before he was through speaking. Oh! the grand old man! I can see him now as he stood there with his flowing white locks, his noble forehead, his piercing eyes, his uplifted hand, the incarnation of majesty; such a man needs no crown to make him king among men."

Items.

—The death of Professor H. von Zeissl, the distinguished syphilidologist, is announced as having taken place at Vienna on the 23d of September, at the age of sixty-seven years.

—The contagious pleuro-pneumonia of cattle now prevailing in several of the Western States is said to have been traced to a herd of cattle sent west from Baltimore. All the affected cattle west of Ohio are stated to be thoroughbred Jerseys.

DEATH.

SCHENCK.—October 10, 1884, Dr. C. F. Schenck, of Reading, O., aged 76 years.

THE

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Communications.

TREATMENT OF CHRONIC DISEASES, WITH SPECIAL REFERENCE TO INDIGESTION.

BY W. M. HEPBURN, M. D.,
Of Freehold, N. J.

(*Concluded from page* 515.)

In acute cases strong drugs may be used in large doses or in small doses frequently repeated, with most marked effect, but with few exceptions—such as opium in cancer, potass. iodid. in syphilis—chronic diseases not only do not call for such treatment but are often aided in their course by the reckless use of medicines in the hands of thoughtless, incompetent, or criminally guilty M. D.s. Take for instance morphine in "sick headache." Well, would you forbid a hypodermic to a patient suffering excruciating pain? The question presents itself in another form, Can I conscientiously give morphine to this patient, who has been, and will continue to suffer until the cause is discovered, and, if possible, removed? Can I give morphine, knowing that in all probability the habit will be formed which, in its evil effects, far exceeds the disease? Of course I can relieve this attack, the sufferer and the family will be grateful, but soon I will be called again to do the same. The disease is not necessarily fatal, and by proper diet, protection of the body, exercise, occupation, etc., I have known cases wonderfully benefited.

Yet the cure will be slow; but knowing that, by persevering efforts, I can and ultimately will relieve the patient, also knowing the telling effect of sudden relief, and the unwillingness of people to control and regulate their actions, am I guilty if I bend to the wishes of the patient and family, and use anodynes when the pain calls for them? I think we all believe I would be doing wrong.

In giving morphia and kindred drugs, we give not with the expectation of curing the disease, but relieving the pain. If I give pepsin I simply add to the amount of gastric juice. Iron but increases one of the normal constituents of the blood. Cod-liver oil, being the most digestible fat, but adds to our combustible material, and so adds to the warmth and vigor of the body. But when I give morphine, I am giving a drug which ultimately will destroy the healthiest digestion, the brightest mind, and wreck the most vigorous constitution, which destroys all pleasurable living to the patient, and to the family.

Do I use opiates? Most assuredly; in acute cases in any dose indicated. But do I use them in chronic diseases? Yes; for example, take the following case: Mrs. N., married, two children, had all her adult life suffered to some extent during her periods, and was troubled with what is commonly called "sick headache." Treated by various western doctors, she at last sought advice of Dr. Thomas, of New York. He came to the conclusion that the only possible relief was to be obtained by removal of the ovaries; that she was then too much broken down for the operation; but that after a trip to Europe had set up her health he would, on her return, operate. Dr. Jack saw the patient in June, 1883. She was then in the second day of the period, and under one of her headaches. These began in one side of the head, and the pain gradually increased until the patient lost consciousness, the limbs becoming rigid, the

hands clenched, the eyes half open and turned up, and shivering fits came on every few minutes. Dr. Jack introduced his hypodermic needle, and injected $\frac{1}{6}$ grain of morphia. Left the needle in, and in a few seconds relief was obtained; but as it was not complete at the end of five minutes, he gave the same quantity and withdrew the needle. Pain subsided, and did not return during that period, but she suffered from severe sickness. In a few days *ordered iron and quinine, with shower-baths, good food, and early hours.* When next period *was expected* he gave belladonna and potass. brom., and when the period *came on, kept the patient in bed,* applied small blisters over each ovary, and ordered a morphine pessary at night. *Afterward the tonic treatment was resumed,* and soon with entire relief of the patient. Had the morphia failed except in larger and continuously repeated doses, to accomplish the end for which it was used, the surgical operation would have been far preferable. I have not the slightest doubt but that the reason why the morphine was continuously decreased was the *tonic* treatment, food, rest, etc., thus assisting nature to supply nourishment, good food, etc., and so, at last, to throw off these wretched attacks.

My experience in my own practice, and the accumulated experience of others, teach me that it is only by careful attention to *all* the necessities of the *whole* system that we really benefit our patients.

It is simply remarkable how the attention of the profession is more and more turned to the effects of food, rest, etc., and the consequent reduction in the amount of medicines used. For illustration, I quote from two celebrities, one on the treatment of brain exhaustion, and the other on epilepsy, both of which are certainly tedious and intractable enough in their usual course, to discourage the most enthusiastic. The doctor, giving his treatment for brain exhaustion, says:

"The subject is secluded in a dark room from ten to fifteen hours at a time, according to the amount of sleep which it is desired shall be had during the twenty-four hours. The amount of sleep is progressively increased by *habit, moderate* medication, and hydrotherapy, and *no attempt is made to produce a sudden state of stupor by the reckless use of sedatives.* When the patient awakes, as is usually the case two or three times during the hours set apart for rest, *nourishment is given, but always in a fluid and easily-digested form.*

"Where difficulty is experienced in again falling asleep, resort is had *in the beginning* to *limited* medication.

"The few hours of wakefulness are devoted *exclusively to some forms of amusement*—reading, writing—even the mildest forms of mental concentration being absolutely prohibited. This in brief is the method from which I have already seen most happy results, and from the employment of which I hope and believe much good, in the future, will be derived.

"Rest, however, for those cells, the function of which is the evolution of mind, can only be obtained by a prolonged period of absolute unconsciousness; and this, as a matter of course, will often tax the patience and resources of the physician to the utmost."

As regards epilepsy, I quote the following: "I wish to speak a little further in regard to the influence of diet in cases of epilepsy, for it is one of the *fundamental features of the scientific treatment of this disease.*

"In some cases in which the irritation of the stomach and bowels is manifestly very great, you will find *remarkable results from placing the patient on a really rigidly restrictive diet.* I have had under my observation for several years a young man who had evidently overworked himself at his trade, and had become an epileptic. Many members of his family had exhibited nervous phenomena of various kinds. This young man was delicate, and after he had worked at his trade (plumbing) for some time, he began to have spinal tenderness, and then vomiting occurred frequently after eating. He was at this time 18 years of age. He grew anæmic, his work became laborious to him, and then he began to have convulsive seizures which were quite severe, and were frequently repeated. This patient also suffered from gastro-intestinal catarrh, and he was put to bed, his diet restricted to milk, and minute doses of nitrate of silver and belladonna administered. This treatment was used simply with the view of improving the gastric symptoms, and not with any expectation that it would influence the convulsions: *and yet these convulsive seizures which had lasted two years, and which I had treated with a number of remedies without decidedly improving them, gradually grew less frequent, and in a few weeks stopped entirely.* The treatment which I have mentioned was then kept up for a number of months, and *the result was a perfect cure.* * * * I think, therefore, we may say that there is no successful treatment of epilepsy without careful attention to diet, and that in a limited number of cases *a cure can be effected by prolonged rest and an absolutely restricted diet.*"

This same writer speaks of another case of a

boy 10 years of age, an epileptic, of whom he says: "A short time ago I took the boy from school, and ordered him to stay in bed until eleven o'clock in the morning, when he gets up and *walks about or plays* for a couple of hours, and then goes to bed. *His diet is carefully restricted.* He is taking cod-liver oil with lacto-phosphate of iron, *but no bromides or other remedies* to check the attack, yet under this treatment decided improvement is, for the *first* time, reported."

Speaking of certain symptoms from *continued* use of bromides, he says: "When these symptoms are produced the bromides are *doing more harm than good, even if they control the attack.* The use of large doses of bromides under these circumstances may produce *secondary trouble more serious than the original.*"

My first consultation brought with it a lesson which has been of such inestimable good to me, and is so appropriate to the subject, that I feel compelled to relate the case: A child about thirteen months old had always been delicate, and was at the time of which I speak prostrated with chronic diarrhœa, and the attending physician thought malaria. I cannot recall all he was giving the child, but will tell what I remember: Quinine by suppository, Fowler's solution, opium and astringents for the diarrhœa, and brandy as a stimulant, besides large quantities of milk. I say it was my first consultation, and though I believe in many medicines, these struck me as being a little too much; but, as the physician in attendance was double my age, I mildly suggested stopping Fowler's and quinine, and reducing the amount of brandy. The child, however, grew worse, and the mother, and doctor, too, giving up all hope of its recovery, the child was placed on a pillow and taken by its mother to her old home, intending, if it lived to get there—some ninety miles by railroad—to put it under the care of a homœopathist—a graduate of a regular school—in whom she had great confidence. The child had some fifteen passages the day it was taken home, and looked about worn out. To-day that boy is a robust, hearty little fellow. What medicine did the homœopathist use to cure such a desperate case? As I happen to know, I will tell: he used white of an egg, cup of cold water, sugar to sweeten, and teaspoonful of port wine, given ad libitum.

Before closing this article, let me recall a remark I made in regard to the use of drugs in acute cases. I said: "In acute cases strong drugs may be used in large doses, or in small doses frequently repeated with most marked effect."

Now, that is so, but if we continue the medicines too long the "marked effects," may not be what we wish for. I had, one year ago, a case of puerperal fever, and a most discouraging case it was. At last the disease had spent itself, but what a condition it left the woman in! Nauseated, purged, emaciated, weakness itself, death seemed hovering over her ready to grasp his prey. The consulting physician said she could not live twenty-four hours, ordered brandy and milk, quinine, opiates, and astringents for the diarrhœa.

Now, that the woman apparently needed all these could not be disputed, but she could not take them. A few more retchings and purgings, and her last gasp would have been taken.

What then did I give her? What common sense dictated. "I gave her a rest," heat to the body, mustard to the stomach. After some hours teaspoonful doses of a mixture of milk, lime water and brandy were given. The woman, at present, is in most excellent health.

I have, perhaps, become prolix in my effort to enforce my "points," but it does seem to me that we should study earnestly to know the true place medicines should have in our treatment of these discouraging, chronic cases; and *the more we study the more we will be convinced of the necessity of carefully and watchfully administering strong drugs; and of the wonderful aids, if rightly used, we have in rest, diet, exercise, pleasant surroundings, protection and support.* I hope in my next paper, in studying indigestion in its various forms, pathology, and treatment, to make a practical application of my theories.

FOREIGN BODY IN THE INTERIOR OF THE LEFT EYE, OF THREE YEARS' DURATION, CAUSING SYMPATHETIC OPHTHALMIA OF ITS FELLOW—REMOVAL OF THE FOREIGN BODY—FULL RECOVERY OF THE RIGHT EYE—MARKED IMPROVEMENT OF THE LEFT EYE.*

BY M. LANDESBERG, M. D.,
Of Philadelphia.

I have the honor to exhibit to you, Mr. President to-night one of the most interesting cases I have ever had the good luck to meet with in my practice.

This gentleman, 41 years of age, had the misfortune of being struck by a splinter of metal in

*Read before the Philadelphia County Medical Society September 17, 1884.

his left eye, July 13, 1881, about six weeks after he had come to this country. Blindness set in within ten minutes after the accident. He applied on the same day at Wills' Eye Hospital, where he was advised to have the eye removed at once. Not quite relishing this prospect, he went to the Jefferson Medical College, where he was admitted for treatment after he had refused the enucleation, which was also at first proposed to him. There he remained for six weeks, during which time the incident inflammation passed off entirely. The globe was preserved, but vision was not restored. He enjoyed good health, until March, 1882, when the first symptoms of sympathetic disorders began to develop in the right eye. Asthenopic troubles made their appearance, followed by sensitiveness to light and photopsies. The acuteness of vision gradually diminished as well for distant as for near objects.

And now he began his wanderings from one oculist to the other; he hardly spared one, if I have to believe his testimony. Nothing was done for the benefit of the right eye, which changed from bad to worse. Enucleation of the left eyeball was pronounced by all authorities as the ultimate ratio by which the condition of "nervous irritation" in its fellow might possibly be checked.

When I saw the patient for the first time, September 5, 1883, I ascertained the following condition:

No irritation whatever in either eye. Vision of the right eye was 10–20; with convex 40, 10–15. Pupil of normal shape, but of somewhat sluggish reaction; accommodation is impaired in consequence of paresis of the accommodative muscle. With naked eye patient reads Jaeger 13 at about fifteen inches distance; with the help of convex 10, Jaeger 3 at eight inches. Field of vision and tension are normal. There exists an eccentric positive scotoma, outside of the point of fixation. The subjective complaints are of photopsies and scintillations. Ophthalmoscopic examination reveals no morbid changes.

Left eye counts fingers at two feet peripherically outwards. The cornea shows a linear horizontal cicatrix on its lower third, running from the outer corneal margin towards the pupillary region. The lower half of the iris is disorganized and presents in its middle a funnel-shaped depression, and close to its temporal border a mound-like elevation. The pupillary margin of this segment of the iris is connected by three blackish filaments, with the dense opaque whitish membrane, which stretches across the whole pupillary plane, filling up the latter to the greatest extent, even after the pupil had been dilated by a mydriatic.

The presence of the above described "*depression* and *elevation*" in the lower half of the iris, which were situated just opposite the corneal scar, aroused my suspicion that the foreign body might possibly lay imbedded in this region. An operation for the removal of the foreign body seemed to me to be a matter worth trying at first, by which nothing was risked and everything might be gained. The enucleation of the eyeball I regarded as the last expedient, to which I would resort if I should be baffled in my intentions.

I spoke with the patient to this effect, telling him that I must have full liberty to act according to my best judgment, and to be allowed to enucleate the eyeball if I should fail to extract the foreign body.

He took time for deliberation and reflection until May 19, 1884, when he returned in the following condition. In the meanwhile he had repeated and completed his circuit among the specialists:

"Vision of the right eye 10–30; with convex 60, 10–20; complete paralysis of the muscle of accommodation. With the naked eye he reads Jaeger 16 at eighteen inches distance; with the help of convex 10, Jaeger 5, at ten inches. The shape of the pupil is normal, its reaction sluggish. The visual field is somewhat limited in the upper sector, and its outer upper quadrant is occupied to the greater extent by the eccentric positive scotoma. Patient sees all objects as through a veil, and is greatly annoyed by photopsies and scintillations, and by the perception of a bluish flame, which constantly occupies the centre of the visual field. He complains besides of the most various abnormal sensations in and around the globe, of a feeling of pressure in the depth of the orbit against the eyeball, of pains in temples and forehead, of sensitiveness to light, etc.

"The ophthalmoscopic examination reveals venous hyperæmia of the retina. Optic disk is pinkish red, of somewhat indistinct tints.

"The condition of the left eye has not changed."

I operated upon the left eye in the following manner:

I made a section at the sclero-corneal border, just within the limits of the morbid changes in the iris, introduced Liebreich's iris-forceps, grasped the whole segment of the iris, which contained the "*depression* and *elevation*," drew it out and cut it off. No foreign body was found in the excised piece of iris. Now I again introduced a pair of forceps, caught the membrane, which covered the whole pupillary region, and managed to

remove it entirely. On inspection, a small oblong piece of metal was found imbedded in the posterior surface of the lower end of the membrane. Considerable hemorrhage followed the operation, and a few drops of vitreous escaped from the wound.

A compressive bandage was applied on both eyes.

No reaction whatever followed the operation, and the healing process took place most favorably. The bandage was removed on the third day.

When I examined the patient on the eighth day, the condition was as follows:

"Vision of the right eye 12–15; with convex 72, 12–12; Jaeger 12 is read at fourteen inches distance, with the naked eye. Subjective complaints greatly abated. No photophobia and lachrymation. Scotoma somewhat more transparent.

"The left eye shows a very fine artificial pupil. The hemorrhage in the anterior chamber is only partly absorbed. Vitreous contains blood and dense floating opacities."

This remarkable improvement in the condition of the right eye had taken place without any other influences having been brought to bear upon it but the extraction of the foreign body. I abstained from all therapeutics during the eight days, and no more forcible proof of the sympathetic nature of the affection can be adduced than the spontaneous recovery after the cause of irritation had been removed.

An alterative and derivative treatment, which I now instituted, had the following effect:

"Vision of the right eye is at present 12–8. The pupil is of normal reaction, the accommodative paralysis has greatly improved. His punctum proximum is at fifteen inches, and he reads, with the help of convex 10, the finest print (Jaeger 1) at six inches distance. The visual field is normal, and the scotoma has contracted to an oblong rod of about two inches in length and of one-eighth inch in diameter. This scotoma is transparent, and does not interfere with vision. All subjective complaints and perceptions have vanished, with the only exception of the bluish flame, which, however, but faintly and only occasionally appears in the visual field. Background of the eye is normal.

"Vision of the left eye is 1–16, and may possibly improve still more in the future. There still are large floating opacities and some bloody streaks in the vitreous. The background of the eye can only dimly be seen. There are morbid changes in the retina and choroid, due to inflammatory processes which had taken place in these parts."

You have, gentlemen, before you a case in which a foreign body had penetrated into the eyeball, causing traumatic cataract and consequent morbid changes in the ureal tract and retina. The lens is absorbed, and a thick, opaque membrane (secondary cataract) obstructs the whole pupillary region. The foreign body remains imbedded in the posterior surface of the lower end of this membrane for nine months, without doing any harm. Then the right eye begins to show symptoms of sympathetic trouble. Amblyopia and paralysis of the muscle of accommodation develop. And while these morbid changes of the most serious character take place, no inflammation proper, no objective irritation, can be observed in either eye. The injurious influences, which have continued to work for two years, are checked at once by the removal of the foreign body. The secondary affected eye makes a marvelous recovery, which far surpassed all my hopes and expectations. Such a vision as 12–8 is only met with in very rare instances; and the primary injured eye, which was not considered worth while being preserved, improves to such a degree as to enable the patient, should he have the misfortune to lose his right eye, to find his way in the streets, to recognize faces, to distinguish features, and eventually to gain a living by peddling, etc., if need should be. This case may justly be called a triumph of conservative surgery.

COLD WATER IN LABOR.*

BY J. WILLIAM TRABERT, M. D.,

Of Annville, Pa.

Among the different methods to expedite labor we find very few that can really be called oxytoxic. What appear to be successful in the hands of one are failures with another. Ergot had its day; in like manner came chloral and quinine, both of which have oxytocic properties ascribed to them. I have tried both. The former very often produces emesis, and in no case did it assist in dilating the os uteri; and with the latter I had not the success of Dr. Bardell, of Colorado, who pronounces it the safest and most reliable oxytoxic at our command.

The only reliable oxytoxic that I have found in my obstetrical practice is cold water. The attention of the profession was first called to this in 1871 by Dr. H. Garvin, of Louisville, Ky. He reported a number of cases where in the absence of ergot cold water was used with the best results; yet it appears the profession paid very little at-

*Read before the Lebanon County Medical Society.

tention to it, for since then it is not mentioned in any of the writings or discussions on this subject that I have seen or heard.

Its efficacy in exciting contraction of the uterus in post-partum hemorrhage is well established, and its superiority over other agents in hastening labor with less danger is shown by the cases reported by Dr. Garvin, and also the following cases which I have selected from others.

Case 1. Mrs. L., aged 20, primipara. Was sent for at 11 p. m. On examination, I found the os uteri high up, hardly dilated the size of a quarter. There was scarcely an interval to the pain. I gave her chloral, which she vomited. At 7 a. m. I found no change in the os. I now resorted to cloths wrung out of cold water and placed on the abdomen, which were changed every five minutes. This immediately brought on contraction, and in fifteen minutes the os was dilated the size of a silver dollar. Labor now progressed rapidly, and at 9 a. m. she was delivered of a child having a hydrocephalic head.

Case 2. Mrs. D., aged 27, primipara. Was called in consultation at 12 p. m.; had been in labor about forty-eight hours. I found the os uteri dilated about the size of a dollar, the parts soft, the pains, although severe, seemed only to annoy her. Ergot had been given *ad libitum*, before I arrived; tried to bring on contraction by artificial means, but failed. At 4 a. m. cold water was applied to the abdomen; labor now set in in full force, and at 5:30 a. m. she was delivered of a male child. This was a case of dry labor; no liquor amnii whatever escaped.

Case 3. Mrs. B., aged about 22, also first pregnancy, under the care of another physician. Had been in labor about twelve hours. I was sent for, and found the os uteri dilated about one-fourth, the parts very rigid. Cold water was at once applied to the abdomen, which immediately brought on contraction, and in one hour she was delivered of a fine healthy child.

I think if this method was more employed we would have less rupture of the os uteri or perineum, and less post-partum hemorrhage.

I cannot better explain the action of cold water to the uterus than in the language of Dr. Garvin: "Cold, when brought in contact with the surface, though locally depressing through its communication with the nervous centres, acts as a stimulant, affecting the whole system or only certain organs, accordingly as it is generally or locally applied. All are familiar with the effect of cold water sprinkled upon the face in attacks of syncope, also its more powerful stimulant influence upon the brain in narcotic poisoning. It does not act as ergot, producing by its toxical influence on the nervous system an abnormal and dangerous stimulation of the parts which are affected by it, but the reverse; the dormant or flagging powers are, as it were, awakened and revived to renewed action, a normal state of affairs is re-established, and the functions are carried on as they were previous to their failure."

The following is the method to proceed: The water should be *cold;* it is not necessary always to have ice water, as Dr. Garvin suggests, but if convenient is preferable. A towel should be dipped in it and wrung until only sufficient water remains to wet the parts to which it is applied; this should be quickly placed on the abdomen, so that as much of the cold will remain as possible; the cloth should be changed every five or ten minutes, or as soon as it becomes warm.

A CASE OF FRUHJAHR-CATARRH.*

BY HOWARD F. HANSELL, M. D.,
Of Philadelphia.

Michael Wood, æt. 12, applied at the South-western Hospital, in the early part of July, on account of inflammation of the eyes. His father, who accompanied him, stated that every spring, as soon as the cold weather had gone, Michael's eyes began to grow red. This statement is indefinite, but, as far as I can learn, is strictly true, for its advent is simultaneous with the onset of warm weather, whether it be in March or delayed until May. The eyes slowly grew worse during four weeks, when the acme was reached. The patient should be seen in the middle of the summer; then the disease is at its height, and the eyes present a remarkable appearance. However, the fall is not yet far enough advanced to have obliterated all the characteristic signs of his affection. These peculiarities are described by Arlt in his "Klinische Darstellung des Auges," and by Saemisch in Graefe and Saemisch's "Handbuch der Augenheilkunde," in almost the same words. There is an elevation of the edge of the cornea, caused by infiltration of a gray, yellow, pulpy mass. On the limbus or margin are found small, gland-like, solid, light gray or yellow, somewhat transparent bodies, which appear on the nasal or temporal side, or both together, and slowly encroach on the bulbar conjunctiva. As they grow along the edge, they advance on the transparent part of the cornea, and are sharply lined from it, while they imperceptibly fade into the conjunctiva. They are

*Read before the Philadelphia County Medical Society.

tough, immovable deposits, and do not yield to the probe. The conjunctiva in pronounced cases has lost its transparency, and its enlarged vessels run into the elevations on the cornea. The color of the conjunctiva differs from that of inflammation, as well as from the normal; it is steamy, dull, pale red, wanting the freshness and liveliness of acute catarrh. This is due to the light serous infiltration of the part.

This condition of the conjunctiva is called by German authors, "Frühjahr-Catarrh," and is without a name in English. The title is a bad one, because the affection is not a catarrh, neither does it exist only in the spring. It is a periodic or annual hypertrophy of the conjunctiva and the neighboring section of the cornea. An acute catarrh may be associated with it, as it was in this case during part of July. This rapidly disappeared under treatment. The hypertrophy, however, resisted all treatment. For several weeks I kept the eyes under atropia, and three times each week I applied a crystal of sulphate of copper to the lids without the slightest benefit. Since August 1, the treatment has been stopped. The disease continues to appear regularly at the beginning of warm weather, reaches its maximum intensity in four weeks, and disappears after the first snow, leaving no trace. This is repeated for a period usually of four years, although it may run on many years longer.

Treatment has little or no effect; the only references which I have been able to find are the two mentioned above, although I have searched the works of Stelwag, Carter, Schweigger, Jacobson, and Soelberg Wells.

FRACTURES OF ARM THE RESULT OF DELIVERY.

UNFOUNDED SUSPICION OF BANDAGING BEING THE CAUSE OF SLOUGHING OF THE HAND.

BY JOHN J. REID, M. D.,
Of New York City.

It is important to put on record a case of sloughing of the hand occurring in a child having fracture of the arm, the result of delivery. Inasmuch as the evidence at first pointed directly to bandaging as being the cause. There was nothing of special interest noticed for several days after the injury. The arm was put up in a right-angled tin splint, and the usual means taken to keep it in place.

One morning it was found that the hand on the affected side was swollen, and immediatety the splint and bandage was removed. On the following day evidences of sloughing appeared on the back of the hand.

At this stage the feelings of the attendant were by no means pleasant, as there was but little chance left to defend the treatment of the case. But on the following day swelling occurred on the hand of the unaffected side, and on which there could be no means for any external mechanical obstruction. Within a few days the child died. There was no post mortem examination. There were no signs of swelling of the feet, or any other evidences of dropsy.

As was suggested at the beginning of the article, the record of cases of this class are very important as having a bearing on cases of malpractice.

It may be well to say that all cases of fracture of the forearm in infants are not as easy to treat as might be inferred from the reputed experience of some. The special difficulty is to obtain a splint that will prevent motion at the point of fracture. Often trying different methods, I found the only reliable way was to place a sufficient amount of cotton-wool between arm and chest to allow of the arm to rest in a slightly abducted way, and then bind the arm to the chest with a bandage. No matter what splint I used, I found that the child drew the upper fragment inward and thus caused angularity, but by packing the space between the arm and chest with cotton-wool this was prevented.

HOSPITAL REPORTS.

NEW YORK HOSPITAL.

CLINIC OF PROF. WILLIAM H. DRAPER, M. D.

Reported by W. H. SEELYE, A. M., M. D.

Fibrous Pleurisy.

Patient's name is H. V., thirty-seven years of age, a widower, a native of Germany, and a teacher by occupation. He gives no family history of any importance. Has never had rheumatism, or any pulmonary disease before this. Has never had gonorrhœa or other venereal disease. Does not drink to excess. Nine years ago he had an attack of fever and ague of moderate severity, which was successfully treated, and he has not been troubled with it since. He has never coughed up any blood. He was not taken ill until September, 1879, when he had an attack of pleurisy with effusion in the left side. For this he was aspirated, and seventy-two ounces of fluid were drawn off. He got better, but has never been entirely free from pulmonary difficulty since. But he has frequent attacks of dry, hacking cough, which come on and last for two or three weeks, and then they cease, and remain absent for about the same

period, and then return again. Sometimes this cough is accompanied by a mucous expectoration. For the last two or three months he has been gradually getting short of breath, and three weeks ago he suddenly became unusually so, and he suffered greatly from dyspnœa, and for the last two days these symptoms have become extremely distressing. During the last four days his feet, legs, and eyelids have become œdematous. During the first days of this last attack he had a diarrhœa, but since then his bowels have been regular. He did not notice anything unusual in the character of the urine. Has not vomited at all. He applied for admission to the hospital yesterday, because of his extreme dyspnœa. His pulse was at that time 112, respiration 40, and temperature 100.2°. The urine was of an amber color, an acid reaction, a specific gravity of 1.016, and contained a little albumen, but no casts, and some muco-pus.

The point, gentlemen, in the subjective history which especially interests us, is the attack of pleurisy which he had in September, 1879. That was evidently an acute attack of pleurisy, and it was relieved by aspiration. He then made a good recovery from his acute troubles, and went to work again. But the history since that time is the history of many patients who have suffered from acute attacks of pleurisy. He did not get entirely well, and ever since then he has had repeated attacks of cough, in connection with difficulty of breathing upon exertion; and the lung which was compressed by the effusion and the inflamed pleura never entirely recovered their functions, and the lung has been constantly more or less embarrassed, and this embarrassment was increased by such circumstances as exposure to cold and over-exertion, which tend to congest the lungs.

This attack, which began three weeks ago, was not accompanied by any chill or other marked symptoms. He was only unusually short of breath; but this had been coming on for several months. Since this attack began, he has had some new symptoms, showing that the pulmonary circulation has become so embarrassed as to cause some embarrassment in the return veinous circulation. This is shown by the occurrence of œdema in the feet, legs, and face. We will therefore go directly to the chest for the objective signs which will explain the subjective symptoms.

As I expose the chest the first thing you notice is a faint macular eruption scattered all over its upper portion. This is the peculiar eruption of a disease of the skin, which is called in the books pityriasis versicolor, an eruption which was formerly supposed to be the result of a constitutional disease, and therefore the patient on whom it was found was made the victim of an active course of constitutional treatment. But a few years ago it was found to be due to the development in the horny layer of the epidermis, of a parasitic plant or fungus called the microsporon furfur. It is a very difficult affection to get rid of, but it is not of much importance for it never invades the face, and is usually confined to the trunk.

Inspection.—There is marked flattening of the chest under the left clavicle. The left shoulder is a little lower than the right. On the back there is a distinct falling in of the chest walls at the outer side of the left scapula, and in the axillary line. There is a marked difference in the curve of the two sides of the chest, and the angle of the curve is much more acute in the axillary region on the left than on the right.

Palpation.—The movements of the chest as transmitted to the hand are much freer on the right side and under the right clavicle than upon the left. The abdominal muscles, the diaphragm, and all the accessory muscles of respiration are brought into play in breathing. The vocal fremitus is marked upon the right side of the chest, but not very distinct upon the left. It is more distinct in the upper portion of both sides, but is feeble low down. The apex beat can not be easily made out, but it does not seem to be much out of place.

Percussion.—There is comparative loss of resonance upon the left as compared with the right side. But in the precordial region the percussion sound is quite clear, while the dullness is marked above this area, and in the axillary region, and in the lower portion of the chest. Posteriorly there is dullness in the supra-spinous fossa upon both sides, but less marked upon the right. The pulmonary resonance is diminished over the whole extent of the right chest. The note is not full and clear such as would indicate a fully expanded lung. But still in comparison with the left side it is resonant. The left side is also resonant in the upper portion as compared with the lower. There is also appreciable a sense of resistance in percussing over the lower portion, which is not felt in the upper part.

Auscultation.—Over the lower portion of the left chest the breath sounds are absent, but they are to be heard under the clavicle, where they are modified by moist rales, both on inspiration and expiration. These sound like moist mucous rales. But let me tell you that what seem to be moist mucous rales are sometimes extra-pulmonary, and not made in the bronchial tubes; and where you think there is an excavation in the lungs because of the loud gurgling rales you obtain, you may be mistaken, for these rales are sometimes produced by dry friction sounds. It is not always possible to tell the true character of these sounds. But I am inclined to think that here they are extra-pulmonary, from the fact that he has had a pleurisy, and since then the lung has become more and more embarrassed by reason of the exudations which have taken place.

On the right side of the chest over the upper three inches I get puerile respiration, and this is very commonly found in the sound lung in patients who are suffering with pleurisy. For nature compensates, by increasing the capacity of the healthy lung, for the loss of power in the diseased lung, and hence we get an exaggerated respiratory murmur. And this is called puerile respiration, because you naturally get a louder murmur in children than in adults. As I listen lower down here, this puerile character is lost, and the respiratory sound is feeble and distant, and entirely different from that obtained above. The voice sounds are also quite distinct above, but are lost below. It is evident then that for some reason or other the expansion of the lung in its lower portion is embarrassed. Upon the back on the left side the respiration is feeble from above down to within one inch of the inferior

angle of the scapula, and below this there is distinct bronchial breathing. Upon the right side, over the upper part, the respiratory sound is somewhat exaggerated, but just below the inferior angle of the scapula it is lost, and the vocal sounds are in correspondence with these respiratory sounds. That there is no fluid in either side seems to have been proven by the fact that the doctor has obtained none by puncturing the chest. You remember that I told you the other day that puncturing the chest was a crucial test of the presence or absence of fluid in the pleural cavity. But to-day I must tell you that that statement is not always true. For in that very case, though puncturing the chest had failed to discover it, there was a pleuritic fluid, but it was confined between the meshes of an abundant fibrinous exudation which had thrown out trabeculæ between the pulmonic and costal walls, and these by contracting had not only caused compression of the lung, but had also included between its meshes a certain amount of fluid, which the needle had failed to reach. Or in such a case the fluid though present may be of a gelatinous consistency, so that puncturing the chest may fail, because it will not pass through the needle. In this case both sides of the chest have already been punctured, and I should have supposed from the physical signs that some exudation would have been found within the right pleural cavity. But there was none. It would seem, therefore, that this labored breathing is due to embarrassment of the left lung from the formation of pleuritic adhesions, which also account for the deformity of the left chest. And very likely we get embarrassment upon the right side from the same cause, but the pleuritic inflammation has been a more recent occurrence. We get here the usual signs of a pleuritic effusion. But you might ask if these may not also be signs of pneumonia. If they were, there would necessarily have been a history of acute symptoms. But there is none here. He has a bronchial expectoration of mucus which contains no coloring matter, and has nothing pneumonitic about it. It is due to a simple bronchitis; and a bronchial catarrh of some extent is an almost invariable accompaniment of a chronic pleurisy. I find that the heart sounds are normal. And now with the stethoscope I hear everywhere upon the right side, both in front and behind, pleuritic frictions, and therefore we have here probably a fibrous pleurisy, with thickening of the serous lining, and consequently compression of the lung tissue. And upon the left there is probably compression and condensation of the lung due to the contraction of the fibrous adhesions which bind it to the walls of the chest. And now the doctor says that in puncturing the chest the needle felt as though it was passing through a thick layer of fibrous tissue.

When this man came into the hospital he was very much distressed for breath, so he was immediately put to bed, and active measures were resorted to for his relief. Now what was the cause of this condition and of the dyspnœa from which he has suffered for the past few weeks? It was due to the fact that the lungs had become embarrassed by reason of the pressure produced by the contraction of the fibrous exudations, which caused a diminution of the capacity of the lungs. And what happened next was, that the right heart became over-distended, and so systemic, dropsy became inevitable. This had begun at the time of his admission, and though it has now greatly diminished under the influence of rest, yet if he should get up and walk about and return to his work, or do any vigorous exercise, he would again become more dropsical from interference with the pulmonary circulation.

Now on what principles would you treat a patient whom you should see in the condition in which he was when he was brought into the hospital? Rest is the first and most important thing. For this man without rest in the recumbent posture, or in whatever position is most comfortable or gives him most relief, medicines would be of no use. So the first thing to do in his case was to put him to bed. The next thing was to try and relieve the obstructed circulation, which was manifested in the rapid pulse, the great dyspnœa, the cold extremities, and the pale face. The right side of the heart was distended, and it could not drive the blood through the lungs, while the left side was nearly empty and collapsed. So alcoholic stimulants and morphia and digitalis were administered to increase the heart's power while dry cups were also applied to the chest to relieve the congestion. Under this treatment the man was made quite comfortable within a couple of hours.

After stopping the paroxysm, you are prepared to treat the malady itself which has brought on this condition. And it is important to consider here the limits of the power of medicines. How much can you do to restore this man to a healthy condition? You cannot do much in the way of promoting the absorption of the fibrous exudations which bind down the lung. But yet you may do something to get rid of a portion of the fluid, and to check the progress of the contraction; but you cannot restore the lungs to a healthy condition. You may assist the removal of the fluid by counter-irritation, and diureties, and by improving the nutrition; and proper exercise may then check the further contraction of the lungs. You will find that in cases of this sort an aggravation of the symptoms is often induced by a poor condition of the general system. So the patient should be well fed and nourished, and the heart should be kept as sound and vigorous as possible, and he should be instructed as to his manner of life. Therefore, it is that these patients improve under the diet and favorable conditions of the hospital. To increase the nutrition you should administer ferruginous tonics and cod liver oil, and give good food; and under this treatment they will improve faster than under diuretics, cathartics, and counter-irritants. Especially is this the case in children, where diuretics are of comparatively little importance. As you see this patient from week to week, I am sure you will note a great improvement in him, as the result of rest, food, and tonics.

—Haig (*Practitioner*) reports at length a peculiar case of migraine, which had long resisted treatment, and was finally cured only by strict adherence to a vegetable diet. Meat seemed to act upon the patient as a veritable poison.

Medical Societies.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

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Dr. Harris inquired about the danger of lighting up a former ovaritis by dilatation. The operation is successful, but that is its danger.

Dr. Goodell has not hesitated to operate, but always uses opium first, and by the time the operation is over the patient is under its influence. He keeps them in bed and under the opium until all tenderness has passed entirely away.

Dr. Wm. Goodell exhibited a

Dermoid Cyst of the Right Ovary.

A saleswoman, aged twenty-seven, was obliged to give up her situation, because she found herself unable to stand for any length of time. Her physician discovered a pelvic tumor, and called in Dr. Goodell to see her. The diagnosis was obscure, but he leaned to a fibroid degeneration of the right ovary. The woman was otherwise well, suffering no pain whatever, except when she was in the upright position. The operation was performed on September 8, and the tumor turned out to be a dermoid cyst. Being enveloped in the broad ligament, it was removed with difficulty. It is stuffed with hair and contains a plate of bone, the sharp edge of which was readily felt per vaginam; but it threw no light on the diagnosis, as it was mistaken for a fibroid spur. His patient did uniformly well, and is now out of bed. He stated that in his experience these tumors are very vulnerable and often resent even so slight an operation as aspiration; inflammation and suppuration quickly setting in. A physician had to-day brought to his office a young woman who had been tapped last June with a trocar. Long hairs and much sebaceous matter escaped through the opening, which had not yet healed up, and it was for this reason that he had been consulted. Upon passing in a uterine sound he struck a foreign body, which from its density and the sharp click it gave, he was disposed to think was a tooth. He advised dilatation of the fistulous track and the removal of the offending body.

Two Cases of Oophorectomy.

Dr. Goodell also exhibited the ovaries which he had removed on September 17 and 29 from two patients, who also were doing well. He stated that the amount of tissue change in these ovaries was very slight, and yet the suffering of each patient had been great. One had been an invalid for several years, and bed-ridden for the past six months. She had lost much flesh, and was always groaning from left ovarian pain, unless under the influence of large doses of morphia administered hypodermically. The left ovary was found to be undergoing cystic degeneration, but the right one was so sound that in its removal he was glad to have the backing of Prof. W. S. Playfair, of London, who was present at the operation. For he believed that in most cases needing öophorectomy the results usually showed failures unless both ovaries were removed and the menopause established. Convalescence after the operation had been retarded by great and painful swelling of both parotid glands, which developed without any marked rise in the temperature and without acceleration of pulse, and declined without suppuration—behaving exactly like mumps. This made his third case of parotitis following the removal of the ovaries. Not one had ended fatally, and from the very slight febrile movement, he thought that the complication was not symptomatic—as in blood-poisoning—but sympathetic, and that a strong kinship, recognized by laymen, existed between the sexual organs and the cervical glands. Since the operation, all pelvic pain had ceased.

The other patient was a poor woman aged thirty, the mother of seven children. She was sent to him by Dr. George S. Hull, of Chambersburg, Pa. Three years ago she began to suffer from double ovaralgia. The pain never left her wholly, but it began to increase in severity a week before the period culminated during the flux, and faded off afterwards. Large doses of anodynes were also needed in this case, and she was unable to work. The case was clearly one of ovarian dysmenorrhœa, and he believed she would be permanently cured.

Dr. Charles H. Thomas asked Dr. Goodell his experience of the result of oöphorectomy. What proportion of cases are relieved?

Dr. Goodell could not reply definitely. He intends to report his cases before this society at some future time. In the majority of cases, menstruation ceases; and that element of trouble being removed, the patient is to that extent always improved. The neurasthenia resulting from previous suffering may remain, but it is far more amenable to treatment after the cause has been taken away. One such case has occurred to him recently. Dysmenorrhœa caused a virtual insanity, with a mind constantly wandering. The removal of the ovaries at once cured the dysmenorrhœa. The patient is now able again to walk, and the mind is improving. The operation removes the major element.

Dr. Thomas has now in his care a case which he thinks typical. The patient is a literary woman, overworked and crushed by family anxieties and depressing emotions. He prescribed rest and feeding. Massage proved of but little use, and electricity yielded negative results. Forced feeding became impossible. During menstruation she suffered for two or three hours with moderate dysmenorrhœa. Signs of ovaritis developed, with swelling and hardening in the right iliac region. The patient was etherized, and a careful examination resulted in finding nothing materially wrong. As soon as anæsthesia was complete, all the induration and tumefaction disappeared. There was an ulcer of the rectum, and moderate flexion of the uterus. The ulcer has since been cured, but there is no sensible relief. She suffers from a violent pain in the right ovary, extending to the coccyx and across the abdomen; it is cutting in its character at all times, and terribly severe. Formerly it ceased at night, but does not now. Hypodermic injections of morphia, night and morning, are necessary. Riding increases the pain, which often extends down the right leg. She can not sit up long without increasing the pain, which is evidently getting worse day by day. She has been totally disabled for nearly ten months. Is this pain hysterical? Can it be relieved by oöphorectomy?

Dr. Goodell remarked that oöphorectomy is, in any case, a question requiring serious consideration. In the cases just related by him, the patients had neither the means nor the time for prolonged treatment. Whenever possible, everything should be tried before resorting to an operation. One bed-ridden case under his care, very analogous to Dr. Thomas's, had been relieved by the long-continued use of the constant current passed through the affected ovary. A feeble current was kept up for many hours, sometimes for a whole night at a time. The patient ultimately got well, bore several children afterwards, and is now earning her living by teaching.

Observations from the Study of 142 Cases of Hystero-trachelorraphy.

By Charles Meigs Wilson, M. D.

Though much has been written on this subject in the past two years, I trust a description of special instruments, and a summary of the history of 142 cases, will not be amiss. In view of the exhaustive treatment the subject has received in the hands of many observers, I hesitate to report my own limited experience. One hundred and four of these cases occurred in the practice of Dr. E. Wilson, two in my own, and the balance I witnessed as an assistant either in hospital or private practice. I regret that circumstances prevented me from obtaining a full history in all the cases. No one should hesitate in performing the operation, or be unable to recognize the lesion; yet very frequently gynæcologists have sent to them either for an opinion or operation cases diagnosed as eroding ulcers, fungoid vegetations, cancers, etc., which, when the patient is properly examined, prove to be cases of laceration. The touch alone is sufficient to establish the existence of the lesion. If corroborative evidence be required, the patient should be placed in the knee-chest position, and the uterus exposed with a sinus speculum. For in this position, if each everted lip be grasped with a tenaculum, by gentle manipulation the natural contour of the cervix can be restored. If this simple feat can be accomplished, the diagnosis is at once established; for in malignant disease, *ulcerations* of the os, etc., this cannot be done. Reeves Jackson considers this test infallible. Formerly, many cases of laceration were comprehended under the generic term ulcer. But the description of the lesion and the operation by Dr. Emmet has settled forever the "well-worn controversy which so long divided medical opinion concerning the etiology and pathology of the so-called ulceration of the cervix uteri." Oftentimes useless and injurious applications are made to the cervix, because the gentlemen having the medical care of the cases do not understand that the cervix is torn. The old-fashioned tubular speculum is still too frequently used. It is is now generally conceded that it is useless except where *harsh* treatment is to be applied to the cervix without injury to the vagina. The tubular speculum separates the already everted lips, and makes the laceration assume a more angry appearance. Thus faulty methods of examination often obscure the diagnosis. Another difficulty with many physicians is that the symptoms of which the patient complains are too apt to be regarded as the expression of some malady in which the uterus is not involved—unless indeed they complain of some vaginal discharge, a condition rarely absent.

Again, the train of symptoms which belong to laceration belong equally to many other uterine ailments, and nothing but a carefully conducted examination can demonstrate that such is the case. The anæmia, debility, and other results of laceration, like the results of many other pathological conditions of the pelvic viscera, are often treated by a course of tonics, whilst the underlying cause of all the mischief goes on with its destructive work. When a woman consults a physician, complaining of any of the more marked symptoms, such as cranial, rectal, vesical, or pelvic pain, a feeling of weight about the uterus, disordered menstruation, and leucorrhœal discharge, a vaginal examination should be considered an "imperative and essential prerequisite to treatment." The test of investigators is always at hand, namely, the index finger, which, says one of the masters of gynecic surgery, "When properly educated and used to the full extent of its capability, there is hardly any of the pathological conditions of the pelvic organs in woman which can escape its detective powers."

Simpson, in England, and Gardner, in this country, first called attention to lacerations of the cervix. Emmet, as he himself says in his book, accidentally discovered the lesion in 1862, and devised the operation for its relief. To him belongs the credit of revolutionizing gynecic surgery. Parturition is the chief cause of the lesion. The pressure of the child's head alone, especially if it be a large one, upon the os, may even in a normal labor be sufficient to lacerate it. If the os be rigid, or, as frequently happens, be both rigid and attenuated, the danger is of course increased. If the longitudinal and oblique fibres of the uterus have greater contractile force than the circular fibres of the lower segment of the uterus have expansive powers, the force of the contractions of the former exerted upon the fœtal body, which rests upon and is engaged with the latter, may lacerate them owing to their non-expansion. In premature labor, the circular fibres of the os not being ready for the dilatation necessary to permit the egress of the contents of the uterus, may give way, *i. e.*, there may be sufficient irritation of the uterus to expel its contents by contracting the fundus, but not enough to expand the os. Meddlesome midwifery is a prime cause—by which term I mean the practice of trying to force back from the presenting portion of the child the margin of the os, without waiting for it to dilate properly; the desire to expedite the labor in every possible way; the premature rupture of the membranes—the physician forgetting that nature's dilator, the "bag of waters," is the best of all. Experience teaches that all labors in which the membranes have been ruptured prematurely, either accidentally or purposely, are apt to be complicated by some laceration of the obstetric canal, especially of the cervix. Unnecessary and unscientific exploration of the forceps, and traction made with them without a proper knowledge of the pelvic canal and outlet, is another factor. That the forceps are responsible for many cases of laceration there can be no doubt. When applied high up or within the uterus, they

are exceedingly apt to produce tearing of the cervix.

Observations made by Dr. Munde at the Mt. Sinai Hospital, New York, showed 119 cases of laceration in 700 women examined. Dr. Hanks, of Demilt Hospital, found only eight per cent. troubled with laceration. The Mt. Sinai is a Jewish institution, and most of its patients Hebrews; these are generally attended by midwives. The Demilt is patronized by the poor of the city generally, and the patients are mostly attended by young graduates, who frequently use the forceps. As far as these observations go, they show that the forceps, even in inexperienced hands, do not do as much to produce laceration as the often untimely interference of ignorant midwives. Prof. Gross, in one of the last papers he ever wrote, spoke of the frequency with which the forceps were applied, strongly condemning this practice, and very justly attributing many of the cases of laceration of the cervix to it. He formulated his views in the words, "the principal causes of laceration are precipitate labor, labor attended with rigidity of the mouth of the womb, and *instrumental* labor."

Dr. Fundenberg, in an article which appeared in the *Pittsburgh Medical Journal*, makes use of this positive language: "I believe that the forceps, when properly applied, is a preventive of laceration of the cervix." * * * When carefully introduced for instance into a rigid os, dilated only sufficiently to receive a narrow blade, the waters being discharged, it preserves the cervix, by its inclined plane, from sudden impulse, and simulating the bag of waters in its wedge-like and outward action, it dilates with great and continuous power, with any desirable amount of slowness, and with very great safety. In the 142 cases seen by the writer, the forceps had been used in 49—presumably from the account of the patients at the labor, from which their distress dated.

Did space permit, I should like to quote from other papers in reference to this question. Suffice it to say that the maladroit use of the forceps is responsible for many cases of laceration. The breech presentation is another factor, because of the necessity of rapidly delivering the head. The cervix may also be torn by the shoulders after the head has passed safely through. The injurious practice of giving large and frequent doses of ergot prior to the expulsion of the fœtus is another cause. So too are abortions. The predisposing causes include the various forms of induration, whether caused by hyperplastic deposit or malignant disease; all affections of the cervix producing tissue softening, such as epithelioma, or any condition interfering with the natural elasticity of the part, as the cicatrices of previous surgical procedures, or as happened in two of the cases the writer saw, of cauterizations, and any syphilitic or strumous taint giving the uterus lack of tone. T. E. Wilson lays great stress on the "muscular depravity," the result of a constitutional syphilitic taint, and the consequent emaciated condition of the os. This muscular degeneration may be the result of many pathological conditions—for example, anæmia, malnutrition, phthisis, and the like.

Again, when the uterus is in a state of constant activity, owing to frequent gestation, it is liable to lose tone, and thus pave the way for the exciting cause to light up the trouble. Women are more apt to meet with this accident at the time of their first delivery than subsequently. It occurs, also, more frequently in rapid labors. Dr. Emmet believes that partial laceration takes place at the first delivery. Dr. Goodell, Dr. Pallen, and Dr. Munde, all record it as being exceedingly common. In two hundred women with uterine disease examined by the writer, nineteen had laceration of the cervix. The lacerations may extend through any portion of either lip. The writer has found the bilateral to be the most common—the rent being greater upon the left side—and laceration through the posterior lip the rarest form. The fact that a laceration has taken place is seldom noticed at the time of its occurrence. When an examination is made at the completion of the delivery, the parts are so enlarged, soft, and yielding, and the os so patulous, that it is difficult to detect a laceration. But if a tear has occurred, the woman soon begins to complain of symptoms which are well nigh pathognomic. Shortly after she rises from her bed and resumes her ordinary household duties she notices a more or less constant and generally increasing leucorrhœal discharge. This discharge is thick, viscid, and glairy, and sometimes tinged with blood. Sometimes, though rarely, this discharge is absent, or, after a time, disappears. Pain is a prominent symptom. It is generally of a dull and aching character. It is frequently referred to the lumbar region. Headache is a marked symptom. There is a peculiar sense of weight about the uterus, which is increased along with the pain after exertion. This feeling is augmented when the woman assumes the erect posture. The menstrual flow is, as a rule, increased. It is profuse, longer in duration, and comes on after shorter intervals. There is generally a nasty, glairy, and sometimes semi-purulent discharge during the catamenial intermission. My own observation has taught me that there is generally an increase in duration and amount. When the laceration is recent, the increase is so small that it is hardly noticed; but, as a rule, it increases steadily, until it sometimes assumes the character of a sudden and violent uterine hemorrhage. Patients generally suffer with a feeling of malaise. The general health soon becomes impaired. The digestive system is often the first to suffer. Sexual appetite is usually impaired, sometimes abolished, its gratification always attended with great pain. Insomnia is often present together with other symptoms of a nervous character.

The writer has seen one case in which hystero-epilepsy was a prominent symptom. The symptoms are usually commensurate with the extent of the eversion of the lining membrane of the cervical canal. This membrane when thus exposed loses its delicate epithelial coat, and it chafes against the posterior wall of the vagina. This irritates and inflames the raw surfaces. Hypostatic congestion and engorgement ensue. This prevents proper involution of the uterus, and the parts remain enlarged and soft. The heavy uterus, inadequately sustained by its supports, falls to the floor of the pelvis, dragging the upper portion of the vagina with it. This makes the cervix look elongated, when in reality it is shor

ened. Sometimes cicatrization takes place, and often this plug of cicatricial tissue gives rise to symptoms more distressing than when the parts remain ununited. The mental symptoms are sometimes very grave, amounting to such a degree of mental perturbation as to threaten the sanity of the patient. One of Dr. E. Wilson's patients was for some months in an insane asylum. After her cervix was restored her symptoms gradually subsided, and eventually, in the space of six weeks, entirely disappeared. This woman was deprived of her liberty because her friends refused to have the operation done. Another woman in his practice, a subject of melancholia, with uterine symptoms, came very near being splayed*; after her cervix was repaired her melancholia and other symptoms vanished entirely.

A very curious case of persistent salivation apparently due to laceration, at all events which was cured by restoring the cervix, is reported by Dr. Longyear in vol. xvi., No. 1, of the *American Journal of Obstetrics*. Did space permit, I might cite other interesting cases.

If the foregoing views in reference to laceration are correct, the indications for treatment are certainly clear. Having decided to resort to surgical means for the relief of his patient, the surgeon must consider whether the patient is in a proper state of health to operate. The same conditions which militate against other surgical procedures, are equally operative in cases of trachelorrhaphy. When the uterus is bound down by adhesions or severe inflammation exists, it is dangerous to operate. One case which came under my observation nearly perished from an attack of peritonitis, because forcible traction was made to draw down to the ostium vagina a uterus which was fixed and immobile, owing to adhesions, the result of a former attack of peritonitis.

For operating, the patient should be placed in the dorsal position, with her buttocks well drawn down to the edge of the table, an assistant taking charge of each limb. The cervix is exposed with a Sims' speculum, grasped with a volsella, and gently brought to the ostium vagina. The needle is passed through the cervix in the median line from above downwards. It is then armed with a stout piece of silk cord and withdrawn. A blunt-pointed tenaculum is then passed up the cervical canal until it engages the cord, a loop of which is withdrawn. This loop is divided and united to each free end, thus forming two loops, the one controlling the anterior the other the posterior lip. The margins of the tear are now freshened, care being taken to extend the line of incision beyond the angle of the rent, and to cut out any cicatricial tissue that may be present. The hemorrhage, which is never very profuse, and which by depleting the vessels of the uterus, tends to ameliorate the inflammatory conditions often present, is easily controlled by the application of hot sponges.

Any one who has seen many operations, must have noticed the sudden blanching and softening of the cervix due to the bleeding attending the operation. The late Prof. Gross thought that the benefit of the operation was largely due to this local depletion. I have seen the circumflex artery cut on several occasions, but it never required a ligature to control it. Care should be taken to make the posterior angle of the plug of tissue removed sufficiently acute to allow of the proper approximation of the lips without tension in the sutures. The lower lip should be denuded first, otherwise, the hemorrhage will obscure the field. Sufficient mucous membrane should be preserved in the centre to reform the canal. This is not always possible, and when it can not be done, a small piece of carbolized lint should be inserted to prevent union in the line of the canal. This should be removed at the end of twenty-four hours, otherwise the canal may be occluded. This accident happened in three of the cases of Dr. E. Wilson's series, and the occlusion was overcome with some difficulty. All clots having been removed, and exact hæmostasis having been maintained for some moments, the wound is closed by inserting the needle through both lips, arming it with a wire suture, withdrawing it, freeing the wire, and clamping it with a shot. The ends are then cut off close to the shot. The sutures should be removed by the tenth day; as they are difficult to get at, these scissors were devised for that purpose. The vagina should be syringed twice daily with a solution of the mercuric bichloride $\frac{1}{2000}$. A Sims' speculum should be used to remove the stitches, as there is danger of tearing the freshly united surfaces apart with a bivalve. In three cases I have seen excessive bleeding, all occurring on the third day after the operations. This, however, did not seem to come from the wound, but was regarded as the result of a passive congestion of the endometrium. If the operation is successful the relief afforded is speedy and sure, and what is more generally permanent. The operation is simple and free from danger. It often renders sterile women capable of child-bearing. Dr. E. Wilson has confined ten women on whom he had previously performed the operation. In two there was a slight recurrence of the tear. In many cases where coitus was impossible on account of the pain and hemorrhage it produced, the difficulty has been entirely overcome. In one case only did the operator fail to get a satisfactory result. The cervix was badly torn. It was repaired. The woman was afterwards found to have salpingitis. Though her health improved after the restoration of the cervix, she did not recover.

In a future communication to the society I hope to show her fallopian tubes. Allowed to run its course, the sequelæ of laceration are endless. Disturbances of the catamenia, dyspareunia, ovaritis, leucorrhœa, subinvolution, grave mental disturbances, and above all epithelioma.

In conclusion, gentlemen, permit me to quote the words of a distinguished gynæcologist, "These are no longer the chimeras and hobbies of the specialist, but grave and serious dangers." It is to be hoped that in time to come, a more scientific and certain knowledge of the dangers and difficulties of parturition, and the means for their avoidance, may enable physicians to avert the accident.

Dr. Baer inquires if the operations were done for the relief of sterility.

Dr. Wilson replied that they were for the relief of general symptoms. Ten of Dr. Ellwood Wilson's cases have since become pregnant.

Dr. Goodell remarked that he had no trouble

in removing the stitches. His method was to leave the two lateral upper stitches with long-shotted ends: by means of these each side of the cervix can be drawn into the field of his bivalve speculum and the stitches removed with case.

Dr. Montgomery bore testimony to the same, and to the value of the bivalve speculum over the Sims's for that purpose. He had used the double thread through the cervix, and had described its uses before this Society at the meeting of October 6, 1881, and published in full in the *Obstetric Gazette*, January, 1882. As regards the quantity of tissue to be removed in closing a laceration, the operator must be governed by the character of the injury, and it might not be possible to have a satisfactory result where there was an anteversion of the uterus, the flexion occuring in the lower part of the cervix, the anterior lip being elongated and hypertrophied, the posterior normal or even atrophied, for in such cases it was impossible to prevent the preponderance of tissue in the enlarged lip. He could readily understand that such a uterus becoming pregnant, in the subsequent labor the long anterior lip would form a segment over the child's head, which would almost certainly result in relaceration. In the case which Dr. Wilson cites of extensive laceration during labor, the proper treatment would have have been to perform a primary operation by the immediate introduction of sutures rather than permit her to be subjected to the necessity of a secondary operation. It would be necessary to introduce the sutures much deeper and then to make allowance for the subsequent involution.

It is not infrequent that multiple lacerations resemble epitheliomatous disease, and are accompanied by offensive discharge. He had given temporary relief in such a case by the use of chromic acid and tannin locally. The needle used in passing sutures should not be much larger than the wire that is to follow it.

Dr. Wilson questioned the propriety of primary operations on the cervix, and thought the weight of authority against it.

Dr. Montgomery remarked that the first case by Montrose Pallen was a primary operation, and was successful.

Dr. Chas. H. Thomas remarked that at the meeting of this society held October 6, 1881, he had reported a case of

Laceration of Cervix Uteri Simulating Cauliflower Excrescence,

which he had treated eighteen years before. The patient was exsanguine from hemorrhage, which had put her life in great danger. He used glycerole of tannin tampons and at the end of two weeks she had improved immensely, and the condition finally proved to be a deep laceration with ectropion. Before the treatment she had been seen by six experienced gynecologists, who declared the condition cancerous and one of them refused to be convinced that it was not so, saying within the last four years, that "it had been cancer, it was cancer, and she would die of cancer." When the case was reported, another of the physicians who had originally seen the case inquired of Dr. Thomas if he "proposed to cure uterine cancer by means of glycerole of tannin tampons." The menopause has since been established; the uterus examined within the past month was found atrophied, and the former patient has been for nearly twenty years a hard-working monthly nurse.

Dr. Goodell thinks it pardonable to make the mistake. With all his experience he had seen two cases in which he could not for some time make a certain diagnosis. There was no doubt about the existence of a laceration, but whether the angry-looking growths were merely coxcomb granulations or epithelioma was not so easy to decide. They eventually proved to be benign.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

Discussion on Fruhjahr-Catarrh. (*See p.* 546.)

Dr. E. O. Shakespeare: I have seen this affection a few times. It is one which I have supposed to be peculiar to the spring of the year, having in my mind two cases that so occurred, but I have seen one which appeared semi-annually. As to the pathology, I am at a loss to form an adequate understanding.

Dr. Sajous: I would like to know if there was much pruritus?

Dr. Hansell: These cases occur very rarely in this country. Dr. Harlan, to whom I sent the case, in his many years of clinical experience at Wills' Hospital had never seen a single instance of it. Neither have I been able to find any reference to it among American writers. In answer to the question as to its connection with hay fever, I may say that this disease has a different history and pathology, and in the reported cases has been associated with no other affection. It bears a closer resemblance to pterygium than to any other eye disease.

Discussion on Case of Removal of Foreign Body from the Eye. (*See p.* 543.)

Dr. E. O. Shakespeare: This is a case of more than ordinary interest from many aspects, and Dr. Landesberg has rightly called it a triumph of conservative surgery. It is well known that a foreign body may remain in place many months or years before showing symyathetic irritation. The whole case, while an illustration of the benefits of conservative surgery, also shows the advisability of gaining the patient's consent to enucleation, if necessary, before the search has been begun. These cases may, however, cause, in the minds of the laity and members of the general profession, erroneous impressions of the absence of danger from foreign bodies in the eye.

Dr. Roberts: We should give Dr. Landesberg great credit for his acumen in supposing that he could remove the foreign body. I always warn patients who come to me with lost vision from bodies in the posterior portion of the eyeball, of the danger of future sympathetic ophthalmitis, advise them to have enucleation performed, unless they live in the portions of the country where skilled ophthalmologists are found. This case will incline me to make exploratory procedures before enucleation.

Dr. W. S. Stewart: What was the nature and size of the body?

Dr. Landesberg, in closing the discussion, said: I take exception to the practice of all those surgeons who resort, without further delay, to enucleation in instances of injury to the eyeball with

loss of vision. In all cases in which there is no foreign body in the interior of the globe, we have to abstain from operative interference, and watch the eye with care. There is no danger in waiting. Sympathetic irritation is not likely to occur immediately after the injury. Enucleation itself is not so harmless as it is generally represented in text-books, It may sometimes give rise to sympathetic irritation, and I would impress this fact upon the general practitioner. It is not indifferent to the patient whether his blind eye is removed or not. A blind eye looks, in the greatest majority of cases, better than the artificial one, and we have to give to the patient the benefit, as long as it is compatible with the safety of the other eye. It is a matter of æsthetics. If a foreign body has penetrated the eyeball, the first indication is to remove it with an electro-magnet. If it cannot be found, and there is traumatic cataract, I would at once remove the latter—the body may be imbedded in it. Should this removal fail, I advise enucleation at the same sitting. The foreign body extracted in this case was about 3 mm. long, and of metal.

Discussion on Method of Curing Crooked Noses.
(*See page* 467.)

Dr. Jurist: I have been so unfortunate as to have operated on a few cases of divided septum, but generally found that after two or three months the septum had returned to its former position. I hope Dr. Roberts will state whether his cases remained permanently straight.

Dr. Roberts: If free incisions are made, the deviation ought not to return. If, after operation, the parts are held in place two weeks, the chances are that they will remain in the new position as surely as after the original accident.

Dr. Jurist: I would not like Dr. Roberts to understand that I did not fracture the septum. I do so in all cases—using the stellate punch—and do not rely simply on a plug.

Discussion on Case of Poisoning by Soothing Syrup.
(*See page* 469.)

Dr. Joseph D. Schoales: I remember a similar case—a child sixteen months old—with which I sat up a whole night. It recovered under a treatment for opium narcosis. In another child, five months old, the symptoms resembled those produced by a teaspoonful of laudanum. Fifteen drops of the syrup had been given. Neither case case resulted in death.

Dr. Hirsh: I recall a case in which trouble and annoyance had arisen from a physician's prescription being marked "poison" by the druggist. This occurred after the recent fiasco in which such notice was ordered in each case by the coroner's deputy, an interpretation of the State poison law since reversed by the court. An explanation was necessary before the patient consented to take the medicine and the physician back into the family.

Editorial Department.

Periscope.

A New Fever—"Abilene Fever."

Dr. Peyton Turner, of Abilene, Texas, thus writes in the *Texas Courier-Record of Medicine*, September, 1884:

About twelve months ago I began to meet with a peculiar form of continued fever in my practice, and after diligent investigation I was constrained to pronounce it a new disease. It was of so frequent occurrence I began to need a name for it, and in lieu of no name I began calling it the "Abilene Fever" last summer, not knowing it was prevalent in any other portion of the State. Numbers of cases of it have fallen under my observation lately, and by this time it is tolerably well known in this city as the "Abilene Fever." I was called several weeks ago to see a little girl who had been sick several days, and her parents told me they could not break the fever with quinine, and they were afraid she was taking the Abilene fever. It so happened that their fears were not unfounded, as it proved to be this fever and lasted several weeks. Her little brother has contracted the disease also, and is at present sick.

To all practitioners who are desirous of familiarizing themselves with this disease or its symptoms, I would advise them to peruse carefully the able article in the *Courier-Record of Medicine* (July number) by Dr. Wilkinson, of Galveston. He describes so faithfully the symptoms that I feel incompetent to add or take from. However, I humbly beg to differ with him and Dr. Stout, of Cisco, in regard to the term "catarrhal," as applied to this new fever, for I do not consider that name as throwing any light on its pathology whatever, and I am disposed to regard this term in the light of a misnomer. I would not like to have this disease called the Abilene fever, for obvious reasons, but I would be glad to have some appropriate name given it, as it is as likely to become a disease of the future as any other zymotic disease.

So far as my observation has extended, I claim now, as I have for more than twelve months, that it is a new disease; notwithstanding I get the name of being a *Smart Aleck*, as a result for promulgating my views on this important disease. I regard this new fever as being caused by a specific poison conveyed by means of the atmosphere, and like other specific diseases, self-limited. It is not contagious, or but slightly so. It has a predilection for the summer and fall. It prefers for its victims the younger class, and both sexes suffer in about equal proportions. The liability to the disease greatly diminishes after twenty years of age; from three to fifteen are the ages most susceptible to the disease. It is sometimes associated with malaria; this latter element is easily eradicated by quinia, but quinia has no influence on the disease *per se*. Sweating seems to be a permanent feature in some cases; the extremities are cold as marble, and yet have a temperature of maybe as high as 101°. Mildness of the attack characterizes some cases; and diarrhœa,

when present, is sometimes extremely hard to control ; in fact, it seems also self-limited, resisting such measures as opium, kino, catechu, bismuth, pepsine, iron sulphate, copper sulphate, etc., for several days, and then gradually getting better. Some cases are remarkably exempt from typhoid symptoms, even when the disease persists three or four weeks, though there are exceptions to this rule. It bears a tolerably close resemblance to relapsing fever. Its mean duration is about twenty-one days.

I regard the mild and persistent elevation of temperature, muscular pains, cold or cool extremities, sweating, etc., the most prominent diagnostic symptoms, naming them in the order of their relative sequence, and then if quinine proves of no utility I regard the diagnosis as highly probable. Dry, hot weather favors the production of this fever ; it has no important sequelæ, but convalescence seems to be rather tedious. As to whether one attack gives immunity from subsequent attacks I am unable to say, though it is more than probable, as in cases of zymotic or germ diseases. This is a highly important point yet to be decided, and it is to be hoped that physicians throughout the State will contribute articles on this fever for publication in the *Courier-Record* from time to time, that we may prove a mutual benefit to each other, and by this means become more thoroughly acquainted with the disease and its management ; and indirectly, to the use and benefit of mankind.

As regards its treatment I would humbly call the attention of the profession to the supposed value of arsenic in large doses. I administered 10 gtt. of liq. Fowleri three times daily (or its equivalent, according to age,) in four cases, with marked benefit as regards the general condition; and if the stomach is too irritable I give half the quantity, but twice as often. Quinine *does no good* in this fever, but I think arsenic is deserving of further trial ; in fact, I put another case on the arsenic treatment this day, after treating the case tentatively a week.

Bouton de Gafsa.

In *Lyon Méd.*, Ed. Boinet and Ch. Déperet tell us that this is an exotic cutaneous disease belonging to the same nosological category with the eruptions known as "Clous de Biskra, Laghouat des Zibans, Boutons du Nil, d'Alep, de l'Inde," etc. On account, however, of its comparatively harmless character and short duration, it will here be considered as simply a mild form of the latter affections.

Bouton de Gafsa recently made its appearance as an epidemic in the military camp at Sathonay, whither it had been imported from the south of Tunis by a battalion of returned soldiers. We thus, as army surgeons, enjoyed an opportunity—the only one hitherto afforded in France—of observing its progress and development in over forty almost simultaneous cases.

The course of the malady comprises the four stages of induration, ulceration, desquamation, and cicatrization. It commences with the appearance of a small, red, hard, and indolent tubercle, which never assumes the character of a vesicle or of a pustule, and lasts from one to two weeks. A process of exfoliation then begins at the apex of the tubercle, whence the epidermis is detached in large, white, dry, and very thin scales, and gradually extends, not only over its entire surface, but also downwards, as far as the deeper layers of the derma, where thicker scales are formed with a slight serous exudation. This period is usually very short, but in some cases may last two or three weeks. It is succeeded by an ulceration of the derma, producing large dry crusts of a deep-brown color. The tubercle now flattens down into the semblance of a turtle-shell, having an average breadth of three or four centimetres. As the ulceration proceeds, this crust loosens and falls off, leaving a perpendicularly excavated sore, with jagged edges and a livid base, which discharges pus or blood. This process may involve the subcutaneous cellular tissue, but never extends further. The duration of this stage is about five or six months. When healing commences, the discharge becomes less abundant; then the crusts fall off, leaving a granulated surface, like a simple sore, with slight tendency to cicatrization. At the end of five or six weeks the scar is fully formed. It is of a brown or purple color, with whitish streaks, and sometimes remains visible for over a year.

A spontaneous arrest of the disease is liable to take place at any one of the above-described stages, giving rise to peculiar symptoms, from which several varieties of more or less importance have been formed, such as the "abortive," the "desquamative," the "crusty," etc.

In the majority of our cases, only one or two tubercles were produced, and their number never exceeded twelve.

The parts chiefly liable to be attacked are those which are usually or most frequently uncovered, as the hand, wrist, neck, and face.

As to treatment, only one out of the many methods which we essayed proved of positive efficacy. This was the actual cautery, lightly and repeatedly applied, at a red heat, to the base of the ulcer, after the crusts had been removed by means of poultices or of local bathing.

The etiology of this disease, like that of its kindred affection, Bouton de l'Inde, is still involved in obscurity. Its contagious character was evinced in the case of a soldier at Sothanay, in whom the complaint was developed without his ever having quitted France.

With the view of testing its transmissibility by inoculation, we instituted a series of experiments in the medical laboratory at Lyons, whose results are briefly presented in the following conclusions:

1. Bouton de Gafsa, which prevails endemically in the south of Tunis, is probably contagious, and is certainly inoculable in human beings. In the cobaye, its inoculation produces a variety of morbid symptoms ; in the rabbit, and especially in the horse, the process gives rise to an ulcer, bearing some resemblance to the original disease.

2. This inoculation may be successful either with the lymph, the crusts, or the successive culture fluids.

3. The eruption is not caused by a dermophytic vegetation, as was asserted by Vandyke Carter in the case of the Bouton de l'Inde, and by Weber in that of the Clou de Biskra, but rather by a bacterium (micrococcus), which can be isolated by cultivation, according to the method of Pasteur.

A New Plan of Operating upon Meningocele.

Dr. Noble Smith thus writes in the *Lancet*, September 20, 1884:

Congenital hernia of the membranes of the brain has hitherto been a very unsatisfactory deformity to deal with. Almost every child so affected has died early, whether subjected to operative treatment or not. Injection of iodine into the sac has been the least unsuccessful operation tried, and Dr. Morton's iodo-glycerine fluid is doubtless the best form in which it can be used. The risk, however—one may almost say the certainty—of any fluid thus used passing into the cavity of the skull, is a serious objection to this means of treatment; and were it not for the fatal nature of the affection when left to itself, surgeons would probably seldom venture to operate upon the subjects of it at all. I have devised a plan by which the risk of the injected fluid passing beyond the sac is reduced to a minimum, and I will now describe the only case upon which I have yet operated in this manner.

C. H., aged fourteen days, was sent to me by Dr. Fancourt Barnes, from the British Lying-in Hospital, in January of the present year. The sac was formed of healthy skin, and could be emptied by pressing its fluid contents into the cavity of the skull, a proceeding which caused the infant to cry. I exhibited the child at a meeting of the medical society on February 11th. With regard to the treatment, I tried in the first place the effect of pressure. I made a cast of the tumor, upon which was moulded a piece of gutta-percha. From February 1st the pressure was gradually increased until March 31st, when, finding no improvement had taken place, I resorted to the following operation: The sac was emptied by pressure, and its two sides held together between my finger and thumb. My intention was not to inject into the cavity of the sac, from which the fluid would have free access into the ventricles of the brain, but if possible to inject into the wall of the sac close to the lining membrane. I used a hypodermic injection syringe and pierced the sac as it was held between my finger and thumb, directing the point *just to one side of the median line.* The latter line would, of course, represent the cavity of the sac, which for the time being was obliterated. I must have penetrated very near to this cavity, but did not pierce it, for upon injecting the fluid there was considerable resistance to its entry, although I had ceased to hold the sac, and the latter had refilled. If the needle had penetrated the sac, the resistance would have been certainly slight, and the after-effects might have been severe. I could only inject a few minims of iodo-glycerine (about eight); the child cried, and continued to evince symptoms of discomfort for the next two hours, when he fell asleep, and subsequently awoke seeming to be quite comfortable, and remaining so. Upon April 15th I injected the tumor again in the same way. On April 23d the child's general health was good, the tumor felt firm, as if it was consolidating; I therefore ventured to pierce it to the centre with the needle, and injected more iodo-glycerine. Upon May 1st I found that no bad symptoms had followed the last operation, the tumor was feeling firmer. I repeated the injection on May 14th, and again on June 15th; upon the last occasion I left at least twenty minims in the center of the tumor, which was a larger quantity than I had hitherto used. On July 14th the child was quite well, the tumor was contracted to a flattened, corrugated mass of skin, and the case cured.

By injecting into the walls of the sac we not only prevent the iodine from entering the cavity of the skull, but we also attack more directly the part which we wish to influence—namely, the sac, which we wish to contract.

A Case of Extra-Peritoneal Rupture of the Parturient Uterus.

Dr. G. E. Goodfellow reports this case in the *American Journal of Obstetrics*, September, 1884:

Mrs. C., aged 39, was taken in labor with her tenth child on Nov. 30, 1883, at 8 o'clock p. m.

I saw her first about one hour later. Examination disclosed breech presentation with feet down close to the buttocks, back to the R. acetabulum. Temperature not taken, pulse 100 to 110 and small. The pains were regular, between five and ten minutes apart, but, as the patient described them, of a peculiar lancinating character.

Her sufferings were apparently so great that the use of chloroform was commenced and continued until after delivery, which was accomplished with the blunt hook early on December 1st.

There was no hemorrhage—the placenta following the head immediately. She rested well until early on December 2, when symptoms of peritonitis supervened and death ensued on the morning of the 3d.

Post mortem showed a transverse rupture of the cervical portion of the uterus on the right side, above the vagino-uterine junction, about two inches in length and a large hemorrhage in the cellular tissue of that side extending into the iliac region beneath the peritoneum which only covered the upper half of the uterus.

There was no blood in the abdominal cavity, and the peritoneum was not torn. Near the fundus the uterus was thick and firm, but in the cervical region and near the os internum, the thickness was from one-quarter to one-half that above, and the tissues were softened.

The noteworthy points of the cases were the extreme rapidity and smallness of the pulse, 100 to 120 and more, from almost the beginning of labor; the apparent severity, and towards the last the length of the pains, with their regularity and inefficiency.

The child was a female, weighing over ten pounds. The position of the feet was, as stated, close to the nates, but not crossed, and the right foot was in a state of extreme dorsal flexion which might possibly account for the delay in the labor independently of the rupture.

During the night there was vomiting of a greenish-yellow fluid, particularly worse about the time of delivery.

The most difficult point to determine is the period of time at which the rupture occurred. From a consideration of the symptoms, I conclude that it happened or began shortly after the commencement of the labor, for then the pulse, rapid and small as it was, increased its rate, and the suffering from the uterine contractions was referred more to the right side. That it did not happen during delivery I am positive, though consider-

able force was used, still not as much as in many other preceding cases. The rapidity and character of the pulse, the intense and inefficient pains with the vomiting during the course of the labor, makes the diagnosis of rupture in the early stages certain.

I would add that while these symptoms were noted and commented upon, only a suspicion of the possibility of such an accident existed until after the post-mortem.

When the hook was applied the child was dead, and the breech just distending the vulvar opening, where it had been wedged for about three hours. No ergot was given until after the delivery.

A New Method of Treating Sprains.

Dr. Thomas L. Shearer thus writes in the *Lancet*, August 9, 1884:

Every one who has had sprains to treat in practice must have been at times annoyed by the slowness of recovery of the injured part. This is not so important in hospital patients, many of whom, enjoying the life, diet, etc,, of these institutions, do not object to prolonged treatment; but in the wealthier classes in private practice the surgeon must often hear complaints that the injury is so long in recovering. I have had a considerable number of sprained limbs to treat, and, after employing the usual plans of treatment, was led to adopt a new agent—clay. The clay is simply that used for making bricks, free from gravel, dried, and finely pulverized in a mortar. The powdered clay is mixed with water so as to form a thick and moist consistence. This is spread on muslin to the depth of a quarter of an inch, and applied entirely around the part. Over this is placed a rubber roller bandage, just lightly enough to keep the dressing from shifting and to retain the moisture. At the end of twenty-four or thirty-six hours the dressing must be renewed. It may be well to relate a few cases by way of illustration.

Case 1. Mr. T——, aged fifty-eight, was thrown from his carriage, and, in addition to other injuries, received a severe sprain of his ankle, completely incapacitating him from motion of any kind. The part was hard, swollen, intensely painful, and throbbing. The dressing, as above described, was applied, and in twenty-four hours the pain was almost entirely gone, and the swelling to a great degree had subsided. The dressing was renewed daily, and in eight days the patient was going about attending to his business. The part was free from pain and natural in every respect.

Case 2. Mr. McC——, aged sixty, slipped and sprained his ankle so severely as to confine him to bed. The treatment was the same as that employed in Case 1, and the patient was out and walking in the streets in ten days.

Case 3. Mrs. A——, aged seventy-four, in stepping from her carriage missed her footing, and twisted her left knee violently. In a few hours, the part was greatly swollen, hot, throbbing and painful; the least motion of the joint caused excruciating agony. Pressure over the ligament was especially painful. Next day, I saw the patient, and applied the clay dressing. The day after, the patient was much easier, the swelling rapidly subsiding. The pain was almost *nil*, and movement of the part was not followed by such distress. The lady was walking in her house in ten days after the injury.

Dr. Hewson, of Philadelphia, about ten years ago, introduced earth as a means of treating fibroid tumors of the uterus, and also sprinkled burns with the dry earth, claiming that the tendency to deformity in the latter cases was lessened. However, I am not aware of sprains being previously dressed with clay, and it was thought as well to lay the efficacy of the method before the profession. A number of other cases could be cited, but they would simply be a repetition of those already mentioned. While speaking of clay, it would, perhaps, not be amiss to state that the powdered dried earth sprinkled on the surface of an ulcer, and adhesive straps applied over it, is a capital dressing for cases which are so weak that even the weakest ointments tend to break down the granulations.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——The address on ophthalmology by Dr. W. S. Little before the Pennsylvania State Medical Society, makes a neat reprint of 20 pages. The subject is the value of pupillary symptoms in general disease.

——A thorough paper on branchial cysts of the neck, by Dr. N. Senn, of Milwaukee, goes very fully into the treatment of these troublesome and unsightly growths.

——The third number of the quarterly entitled *Drugs and Medicines of North America*, published at Cincinnati by the Lloyds, is on our table. We cannot but admire the painstaking thoroughness with which it is being conducted. No expense appears to have been spared in its production, and a deal of good enduring science is found within its covers; but there is on the other hand much that can have no scientific or practical value whatever. Pages of what has been written concerning hydrastis in this number, belong quite as appropriately to the region which produces it as to the drug itself. Workers, as a rule, may well be spared such portions. Life is too short for even what we are obliged to look over. The facts, however, as they bear upon the healing art are well stated. The illustrations are good, and those of Mrs. Stowell are especially valuable in this connection.

BOOK NOTICES.

Obstetric Aphorisms for the Use of Students Commencing Midwifery Practice. By J. C. Swayne, M. D. Eighth edition. Philadelphia, P. Blakiston Son & Co., 1884.

Swayne's *Aphorisms* has long been a popular manual with students, and it certainly must

meet their wants, for here we have the eighth edition, which is saying a great deal for a medical work. It owes this to the clearness and completeness of the author's instructions. He has the happy faculty of saying a good many things in a very few words. Hence, though his volume is small, the instruction it contains is extensive. It has a number of illustrations, and is well printed.

Lectures on Some Important Points of the Surgery of the Urinary Organs. By Sir Henry Thompson, F. R. C. S., etc. Cloth, 8vo., pp. 146. Price, $1.25. Philadelphia, P. Blakiston Son & Co., 1884.

The first of these lectures is upon the operation of internal urethrotomy for stricture of the urethra; the second on digital exploration of the bladder and its results; the third on tumors of the bladder; the fourth, impaired vesical function and its consequences; and the remaining two are devoted to lithotomy and lithotrity.

They are all, as we may expect from such a writer, of the first order of importance, and full of practical suggestions. In several respects the author's practice differs widely from that most in vogue. To take one example, he urges the habitual use of the catheter in vesical catarrh, contrary, as he acknowledges, to the opinion of many eminent surgeons.

The most important part of the book is that on the operations for stone. The author having operated more than 800 times speaks from experience, and an experience whose results have been most carefully collated. His selection of operations and defense of them will be found replete with information about this serious undertaking. In fact, there is no lecturer on surgery better worth listening to than Sir Henry Thompson.

Myths in Medicine and Old-Time Doctors. By Alfred C. Garratt, M. D. Cloth, 8vo., pp. 242. New York, G. P. Putnam's Sons, 1884.

It is a matter of regret that so little attention is paid in medical education in this country to the history of our science. The past of medicine is scarcely ever referred to by our instructors. In anxiety for the new, the old drops into unmerited neglect. Yet it could teach many a useful lesson, and guard us against many a folly.

The work whose title we give above is an exception to this too general neglect of the lessons of past ages. It comes to us with the flavor of thoughtful erudition, with the ripeness born of long acquaintance with the ancient masters of medicine, and with the wise sayings of the sages of yore. Those readers who hitherto have found no interest and no instruction in the study of the history of medicine should buy this book and read it, and we promise them they will discover both in its charming pages.

The author sets out to tell the history of medical schools in a series of true stories, in a few brilliant biographical sketches, and in the description of some of the delusions which at times have gained the credulity of the public. He tells of the eminent physicians between Hippocrates and Galen, of medicine in the Dark Ages and at the revival of learning, of the old notions about nervous diseases and their treatment, of alchemy, and winds up with a scathing review of the pretenses and origin of homœopathy. This last is about the most destructive to whatever claim it may yet have on scientific consideration which we have seen.

The literary finish of the author's style is most agreeable, and he may be congratulated in having developed the picturesque and captivating side of his subject, without sacrificing the accuracy of the historian of science.

Lectures on the Principles of Surgery. By W. H. Van Buren, M. D., LL. D., etc. Edited by Lewis A. Stimson, M. D. Cloth, 8vo,, pp. 588. New York: D. Appleton & Co., 1884.

Dr. Van Buren was a very eminent teacher of surgery, and what he wrote for the press always at once took the position of a standard authority on its subject. But these lectures he did not prepare with the intention of printing them, but solely for use in oral delivery. We do not think he would have wished them published, and we fear they will prove disappointing to his admirers. We say this, because we class ourselves among them, and they have disappointed us. They lack the freshness and individuality which stamp his other works.

It is true, as the editor says, that they present the doctrines of surgery in the manner he thought best for oral delivery, but for that very reason they are certainly not in the style he preferred for a treatise.

There is, of course, much in them which it is instructive to read. That goes without saying. Dr. Van Buren neither spoke nor wrote without imparting valued instruction. His lectures were far better than most that one hears. But on the whole we fear that most reader familiar with his other works will lay down the volume with a feeling of disappointment. The book has no index, and a very inadequa table of contents.

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THE NEW ANTI-PYRETIC, KAIRIN.

Many reports have of late been published concerning the anti-pyretic effect of kairin, and the most recent investigations have been duly recorded in this journal. Most of these researches, however, were based upon clinical observations alone, but Prof. E. Maragliano, an author who, by incessant toil and ingenious studies has obtained the reputation of undoubted reliability, has now thoroughly investigated 1, the biological effect of kairin; 2, its action in fevers, and the laws governing its effect in this respect; 3, its dose; and 4, its therapeutical value (*Centrlbl. f. d. Med. Wissensch.*, Sept. 27, 1884). M. gained the following results.

Even when administered in the dose of eighty grains, kairin does not only not cause a diminution in the arterial pressure, but increases it. The sphygmographic curve is not altered under its influence. The frequency of the pulse always diminishes by 6–18 beats per minute.

Half an hour after a dose of kairin has been given to a patient, the remedy appears in the urine; within eight hours most of it has been excreted in this way; but even after thirty-six hours some traces of it can still be discovered. During the action of the remedy the quantity of urine excreted augments.

The frequency of respiration diminishes, a peculiar burning is felt in the nose and in the eyes, the fall of temperature, caused by kairin, is accompanied by sweating and the increase of temperature, observed when the effect of the drug ceases is ushered in by a chill.

Nervous symptoms are but seldom noted; at times epileptiform convulsions appear, cyanosis is always noted in patients, to whom kairin is administered on account of its anti-pyretic effect, but never in healthy persons, and gastric disturbances show themselves only after large and frequently repeated doses, and even then they are rare.

In healthy individuals, even if sixty to eighty grains are given internally every hour, no decrease of temperature takes place. Concerning the effect of kairin in persons suffering from fever,

a large series of observations led to the following results:

Kairin can cause the highest temperature to decline to the normal, a fall of 6° to 8° being a common occurrence.

This effect commences in the first half an hour, reaches its height within from one to two hours, usually continues for two hours, and may last six hours. The anti-pyretic effect of kairin is proportionate to the thermal resistance of the patient. This law is explained by and based upon these facts:

a. In one and the same individual the same doses, administered on the same day, or on two different days, show different action upon temperatures equally high.

b. This difference in the action of equal doses evinces itself in individuals who are alike in weight and strength, and who suffer from the same high temperature.

c. In the same patients equally high temperatures are differently influenced by equally high doses of kairin at different times of the day, and experience has demonstrated that the effect of kairin is more decided in the forenoon than in the afternoon.

d. The same dose has an effect the greater, the higher the temperature at the time of the administration of the drug, and the less, the lower the temperature.

e. In different diseases the effect varies also with the same doses.

These observations prove that the antifebrile effect of kairin depends in its degree upon the greater or less power of resistance of the respective organism against the anti-pyretic action of the remedy, and that it is independent of the thermometrical height of the fever; the power of the drug is exerted according to laws not yet determined. By thermic power of resistance is understood the faculty of the febrile temperature to resist the action of an anti-pyretic. With reference to this thermic power of resistance the size of the dose has been determined.

. Single doses of five grains cause a decline of but one-half degree of temperature and no gastric trouble.

2. Doses of ten grains at the most reduce the temperature two degrees.

3. Doses of sixteen grains may depress the temperature from two to four degrees, and can, therefore, even in high fever, produce perfect apyrexia; they rarely induce gastric disturbances.

4. Higher doses highly irritate the stomach and are not advised.

The minimum dose may be said, therefore, to vary between five and ten grains; the maximum dose is sixteen grains.

To determine at what intervals the doses have to be administered, the accumulative effect of kairin had to be studied, and M. found that the highest effect is obtained by giving hourly doses until the full action is obtained. In longer intervals the temperature is not reduced to the normal. As a rule, if the temperature is more than 101°, sixteen grains; if below that, five to ten grains are administered. The temperature has to be measured every hour, for according to the effect obtained, the next dose is determined. As soon as apyrexia sets in, kairin is no longer given, until the temperature again ascends. Within fourteen hours 160 to 190 grains have been administered; even 280 grains have been thus given (in divided sixteen-grain doses) without any but favorable effect.

The best way of administering the drug is in wafer or cachet; if the stomach rejects it, it may be employed subcutaneously, for which purpose sixteen grains are dissolved in the same or in double the quantity (better) of distilled hot water; this solution must be used warm, and must not be permitted to cool. Hypodermically applied, the effect of kairin sets in earlier and lasts longer than when given by the mouth. Half the internal dose generally suffices for subcutaneous medication, though in very high temperatures the full dose may be needed. The remedy causes no more inconvenience, if hypodermically employed, than other drugs do; the only objec-

tion to this method being the necessity of frequent repetition, as the remedy has but a transient effect. And yet, how many a valuable life would have been saved if the temperature could have been reduced to the normal for but a few hours every day? In this respect, kairin is an invaluable drug. All observers agree that it never fails to bring the temperature down to the normal, if employed as above indicated.

There are no counter-indications against its use, except irritability of the stomach. In these cases it has to be employed subcutaneously.

The great value of Maragliano's work rests in the observation which he made that kairin does not diminish the arterial pressure. Had it done so, it would have become useless and dangerous, but as it is, it can be employed with safety in any case.

A NEW VIEW OF INEBRIETY.

A novel and curious study has been published in a late number of the *Alienist and Neurologist*, by Dr. T. D. Crothers. Assuming that inebriety is a disease, he inquires whether it belongs to the class of contagious disorders. More correctly speaking, he asserts that it does belong to them, and gives a number of cases establishing his views.

Certainly he renders such an opinion plausible, and thus offers new suggestions for the prevention of this melancholy condition.

The instances he adduces are such as have generally been set down to the evil effects of bad example and association. Dr. Crothers very pertinently asks whether they may not be the result of an actual contagion, resulting in pathological changes of the nerve centers, and leading to inebriety with as little volition on the part of the sufferer, as if he had an attack of measles or typhoid fever.

Any observer of men will have noticed how much more liable to excess drinkers are in some company than in others, and this by no means always in the company of those who themselves are given to excess. It is often seen that the presence of some individual will be the sign for moderate drinking to be pushed to intoxication, although such individual himself may not set the example, nor join in the drunkenness.

Whether this influence, the reality of which cannot be doubted, is mental or physical, or a little of both, may be disputed. Dr. Crothers considers it wholly physical, as must all that school of psychologists who refuse to discriminate between mental and cerebral action.

At any rate, the prolonged efforts of those who insist on following out the theory that drunkenness is a vice, a sin, that must be met by moral suasion, prayer, and sermons, have clearly shown themselves to be inadequate to meet and check this growing habit. It is therefore high time that it be encountered with other weapons and from a different point of attack. If it is accepted as a real disease, communicated like many other diseases, to be systematically treated like them, and those afflicted with it to be placed in the same category as others subject to a malady, in this instance a contagious one, then we have new resources at our command which may give us the advantage in the hitherto unequal conflict.

THE CHOLERA AT PARIS.

All the world feels a personal interest in the appearance of the cholera at Paris. At first it was as usual—concealed and denied. But the rapid increase of the plague in the past few days, however, has been so great that no further deception was possible, and the facts were at last reluctantly stated. Medical experts assert that they do not fear an epidemic during the winter months, but they now believe that the disease has been planted so deeply that it will live until the spring, when it will probably break out in its worst form.

Of course, business of all kinds suffers, and especially that dependent on tourists. The proprietors of the large hotels complain that their guests are leaving them so rapidly that they will shortly be without customers, and the wires are busy with telegrams cancelling engagements for apartments which have been secured. A general gloom seems to have settled over the usually careless and gay habitues of the boulevards, and con-

demnations of the inefficiency of the government are heard on all sides. A full realization of what a fearful epidemic next summer means seems to have taken possession of the popular mind, and a state of depression exists which can only be compared to that of the dark days of the Commune.

The disease appears to have been introduced by infected rags, and to have found a congenial nidus in one of the habitats of the *chiffoniers*. The chief centre is a vile little street running out of the Faubourg St. Antoine, about half way between the Bastile square and the Place de la Nation. The earliest deaths were almost entirely among the rag-pickers. In this little street there are fifty-eight rag-houses and thirty-three saloons of the lowest description. Thus far there has been no panic among the poorer classes, but it is said that many of the wealthy guests of hotels are leaving. The poor people are now suffering so much from want of work, low wages, and dear bread, that they will scarcely mind the added evil of cholera.

Now that it is once in Paris, we need not expect that it will be permanently checked by the winter cold. It will probably remain until next summer, when that great city will be lucky to escape the scenes of Toulon, Marseilles, and Naples.

Notes and Comments.

The Results in Some Surgical Cases.

Dr. H. S. Cunningham reports the following practical cases in the *Canada Medical Record*, September, 1884:

1. Gustav Jonas, æt. 12, was kicked over the left eye by a horse. The skull was crushed in. I removed the pieces, leaving an irregular opening about the size of a silver twenty-cent piece. The membranes were intact, the wound heals kindly. There was no elevation of temperature at any time or delirium. He was about in ten days.

2. Mr. J. F., a carpenter by trade, in a fit of emotional insanity cut his throat with a drawshave. I saw him three days after his attempted suicide; the trachea was almost entirely severed at the third ring from the cricoid cartilage, and the œsophagus was cut into on the right side, sufficient to admit of the spurting forth of a small stream of water at every effort of deglutition. I closed the wound with silver wire, and he completely recovered.

3. John Johnson, æt. 5, inhaled a grain of corn into the trachea. I operated upon him, assisted by my friend, Dr. Max Schiller. He recovered in three weeks.

4. Mrs. C. Hoffman, æt. 78, came under the care of my friend, Dr. Max Schiller, for strangulated femoral hernia. Taxis failed in reducing it. We operated, and returned the gut, but failed to return a large portion of the omentum. We cut off a portion, twisted the vessels, sponged it off, used carbolic spray, and returned it. The patient recovered in six weeks, and is well to-day.

5. Mrs. L. Hoff suffered from femoral hernia for some years, but never wore a truss; she finally had strangulation, and suffered from great distress and vomiting for twelve hours before calling for medical aid. Dr. W. B. Fletcher, present Superintendent of the State Insane Asylum, assisted me in the operation. She was attending to her household duties in three weeks.

6. Shortly after returning to the United States from Montreal, Canada, a young lady, Miss M., called upon me to remove an unusually long steel hair-pin from the bladder. She acknowledged having introduced it accidentally through the urethra while masturbating, she using the rounded end; the pin slipped from her fingers in her excitement. I was compelled to cut a small opening through the vagina and bladder to remove it. She recovered in two weeks.

7. Louisa Rapp, æt. 10, was accidentally shot, the calibre being 22; the ball entered the brain at the union of the occipital and parietal bones—crown of the head. She was shot whilst stooping, the ball ranging backwards and towards the cerebellum evidently, from the position of both parties. The membranes, as well as the tables of the skull, were perforated; she only remained in bed five days, and in-doors ten days. She never had any elevation of temperature, no vomiting or convulsions, and to-day—two years after the injury—she is enjoying good health.

Power of Absorption Possessed by the Stomach.

From a series of observations made by Dr. C. Quetsch (*Berl. Klin. Woch.*, 1884, No. 23), to determine the power of absorption possessed by the mucous membrane of the stomach, the following results were obtained. On account of the ease with which iodide of potash is generally absorbed and demonstrable in the urine, this drug was selected for the experiments.

The healthy stomach absorbs most readily when

empty. Very little of the remedy enters the circulation if administered at the time when digestion is going on. The longer a time has elapsed since the meal, the more active is the absorbent power of the stomach. In cases of gastric catarrh, especially if accompanied by dilatation of the organ, absorption is greatly diminished. Of any drug administered immediately after a meal, most of it passes off by the bowel, very little entering the circulation. Even if the stomach be washed out after a meal, the power of absorption is nihil. The least is absorbed if the drug be given immediately after breakfast, while before breakfast, therefore, if given fasting, the power of absorption is greatest. Remedies in general are absorbed the more rapidly the longer the interval since the last meal. In cancer of the stomach, the iodine appeared several hours later in the urine than is normally the case (when its presence can be demonstrated on an average twelve minutes after swallowing), while in ulcer of the stomach the rapidity of absorption was so much increased, that the urine passed five minutes after the administration of the dose already contained the iodine.

It may be that these observations may be of some assistance in the diagnosis of certain doubtful gastric affections. They surely teach us to administer any remedy, whose rapid absorption we desire, half an hour before a meal, and not, as is often done, immediately or one or two hours after a meal.

Icteric Typhoid.

Towards the end of June, 1883, in the city of Torre Annunziata, several cases of acute jaundice occurred. The cases became more frequent, and the local medical men differed as to the nature of the disease. The provincial Council of Health was, therefore, petitioned to name a commission to investigate the disease, which was described as *icterus gravis*, or as acute yellow atrophy of the liver, as icteric typhoid, or even as yellow fever. *Post mortem* examination of several bodies showed hæmorrhagic spots, acute tumor of the spleen, slight enlargement of the liver. Bile flowed easily into the duodenum; Peyer's patches were rather tumid; the cortical substance of the kidneys was somewhat congested and colored by a greenish pigment, pulmonary hypostasis, etc. Evidently the disease was an infective fever of not well-determined type, having as its prevailing symptom hæmatogenic jaundice, and probably typhoid in nature. The disease did not acquire a contagious or epidemic character. There were only twelve cases in the course of four months in a town of 25,000 inhabitants. Of the twelve cases, seven were fatal. According to Hirsch, this bilious typhoid has been often observed on the southern and eastern coasts of Europe, and in the islands of the Mediterranean. Dalmatia, Greece, Constantinople, and Asia Minor have at various times been visited by it. A few years ago a similar outbreak occurred in Ancona. As to the etiology, no specific cause could be found; but the unwholesome state of the town is enough to account for anything. The drinking water is brought to the city in an open aqueduct, into which is thrown every sort of abomination; the subsoil is saturated with filth; the houses are dirty; there are no means of isolating the sick; and no disinfection of places or dead bodies is practised.

Gastrostomy for Stricture of the Œsophagus.

Since it is not always an easy matter to decide when this serious operation will be advisable, it is well to note the following advice, which Dr. John Fagan gave the British Medical Association (*Brit. Med. Jour.*, October 4, 1884):

1. In cases where the obstruction is partial, it should not be entertained in non-malignant cases so long as a bougie can be passed, or a tube worn to enable the patient to take sufficient nutriment. But should the passing or wearing of an instrument cause great irritation, while the difficulty in overcoming the obstruction is increasing, the operation may, I think, with justice be undertaken; for by it the affected parts are placed in a state of physiological rest, which tends not alone to the improvement of the part, but renders it more amenable to other forms of treatment.

2. In cases due to malignant obstruction, where the dysphagia is becoming both painful and more marked, if the permanent wearing of a tube cannot be tolerated, there should be no time lost in performing a gastrostomy.

3. In cases where the obstruction is almost complete, and where in non-malignant cases bougies cannot be passed, and before the patient becomes too much exhausted and the digestive functions vitiated, the surgeon is fully justified in urging the operation.

4. In cases where complete obstruction has existed for a short time, the patient's strength being fairly sustained by enemata, and there is no malignancy, the operation may be undertaken with hopes of improvement; in malignant cases, at this stage, it should not be urged.

5. In the advanced stage of complete obstruc-

tion, no matter what the cause be, the operation should not be undertaken, for the patient, if he survive the immediate shock from it, cannot live more than a few days, that are passed in increased discomfort.

Specimens from a Case of Cut Throat.

To a recent meeting of the Medico-Chirurgical Society of Edinburgh, the president (Dr. Littlejohn) showed the parts from a case of cut throat. It happened in the person of a constable who had been troubled for about six months with insomnia. One morning he got up about four after a restless night. His wife, who was sleeping in another apartment, heard a heavy fall and a deep moan, and going in found her husband lying on the floor and blood flowing from the neck. Strange to say, he was able to articulate, and said he had cut his throat. His larynx was opened into, the epiglottis cut across. No important vessel was wounded, but there must have been considerable hemorrhage. He was taken to the Infirmary, but died on the way. The body was taken home after two days, when the widow consented to have a post-mortem performed, the reason for this being that the man was insured, and he (Dr. Littlejohn) was of opinion that if an autopsy revealed cerebral disease, the medical attendant was entitled to give such a certificate of death as would cause even those insurance companies who forfeited the policies of suicides to pay the policy. In this instance, he was glad to say, he found traces of chronic cerebral disease, great adhesions of dura mater to bone, adhesions in arachnoid cavity, a large amount of sub-arachnoid fluid, and roughness of the internal surface of the cranium, justifying him in giving a certificate of chronic cerebral disease with a wound in the neck, which was available in procuring the insurance money.

Oakum as a Surgical Dressing.

For burns and scalds, Dr. Robert Esler regards oakum as invaluable. It may be applied, he says (*Brit. Med. Jour.*, October 4, 1884), to the granulating surface with impunity, and it is more easily detached than almost any other dressing. The healthy effect of this tarry substance, when applied to the mucous membrane of the vagina, is most marked; unhealthy discharges are absorbed, and a tonic effect produced. In cases of prolapse and other displacements of the uterus, when it is difficult or impossible to get pessaries to relieve, you can secure twenty-four hours' respite to your patient by filling the vagina with oakum; and, by dipping your first plug in glycerine, you gain immensely in cases of subinvolution, from the quantity of fluid extracted from the parts.

"To briefly sum up," says Dr. E., "oakum is a clean, handy, healthy, and cheap dressing. It is easy of application, and I think it is antiseptic in the sense of forming a barrier to the ingress of germ-like bodies to the part to which it is applied. Tar is in itself a good, wholesome agent, a substance of complex composition. It contains creasote, turpentine, paraffin, and eupione, and is obtained by the destructive distillation of Pinus Sylvestris. Carbolic acid has largely taken the place of this cruder compound; but Dr. Whitla says that there are virtues possessed by tar which are not equally enjoyed by its more fashionable rivals. In oakum we have a form of tar-dressing which I heartily recommend to those engaged in hospital work."

Prophylactic Measures Against Diseases of the Respiratory Tract in Children.

From the *Archiv. f. Kinderh.*, we learn that Zinnis, who is the director of a hospital for newborn children at Athens, finds that the greatest mortality among children under his charge is caused by diseases of the intestinal tract, and next on the list come those of the respiratory. He considers that the cause is two-fold—the first having reference to the climate, and the second to faulty hygienic conditions by which the children were surrounded when with their parents. A series of rules which he published containing "advice to mothers," has the following directions:

1. During cold and damp weather children should not be taken out of doors; they should be suitably clothed, and should wear woolen shirts.

2. When in the house they should not be exposed to draughts of air.

3. The underclothes should be frequently changed.

Under the author's observation, the systematic use of woolen shirts among hospital children has effected a decided diminution of the mortality from diseases of the respiratory tract. He is not in favor of cold baths before the sixth year. Other vigorous hygienic measures involving a certain degree of exposure should be deferred even to a later period.

The Application of the Antiseptic Method to the Treatment of Croup and Diphtheritic Angina.

Renon (*Gazz. di Med. Publica*, April, and *Gazz. Med. Ital. Prov. Venete*, May 10) has been trying the use of inhalations of carbolic and salicylic

and benzoic acids in the state of vapor, and not as pulverizations. The latter are somewhat difficult of application, and often cause a harmful chill, and they probably do not reach the ultimate parts of the air-passages as is desirable. The author places the patient in a moderate-sized room, heated to about 26° C., with good ventilation. Over a fire or lamp a vessel, containing about two litres of water, is heated, and the antiseptic is added from time to time. The apparatus should be near to the bed, and the vapor kept near the patient by a suitable arrangement of curtains. The formula he adopts is the following:

℞.		
	Carbolic acid,	280 grammes.
	Salicylic acid,	56 grammes.
	Benzoic acid,	112 grammes.
	Rectified spirit,	468 grammes.

Every three hours a tablespoonful of this solution is added to the boiling water. This quantity generally suffices; in two cases symptoms of carbolic poisoning appeared, when, of course, the strength must be lowered. When tracheotomy has been performed, besides keeping the patient in the antiseptic atmosphere, Renon places before the cannula a loose bit of carbolized wool, fixing it with a carbolized bandage. His results are—angina diphtheritica and croup with tracheotomy, seven cases, seven cures; six cases without tracheotomy, six cures; three successful cases of diphtheria without laryngeal complication.

Stigmatum Maidis in Diseases of the Heart.

The *London Med. Record*, August 15, 1884, tells us that during the past three years Dupont (*Centralbl. für die Gesammte Therapie*) has employed this extract in heart diseases with very good results. The extractum stigmata maidis reduces the action of the heart and increases diuresis. It is, as a rule, well tolerated. As a rule, its diuretic action is manifest on the first day after it is administered, and not unfrequently this action increases until after the third day. The amount of water excreted often increases from 500 grammes to 1,500 and 2,000 grammes (Oj-iv). It is especially indicated in diseases of the heart with œdema of the lower extremities or general hydrops, in which class of cases it displays its power as a diuretic. As the œdema disappears, the blood supply throughout the system is better regulated; the pulse-beat is more regular, the heart's action is slower and more rhythmical. While the general condition of the patient improves rapidly, dyspnœa does not seem to be influenced by the medicament. In cases of hypertrophy, contractions, and insufficiency, the same results were always noted. The reason why this drug deserves praise is because it is well tolerated by all the patients. When compared with digitalis it acts more rapidly, while there is not so much difference between its action and that of convallaria majalis. In the beginning Dupont always administered the drug alone, until he had carefully studied its action, after which he combined with it bromide of potassium, iodide of potassium, and milk. With regard to the dose, the largest amount given was 3 grammes (45 grains), three times a day, one hour before each meal, with a little syrup. Generally half this quantity was sufficient to bring about a diuretic action.

Peculiar Effect of Thoracentesis.

After a small opening had been made into the left side of the chest on account of empyema, and after the pleural sac had been thoroughly washed, the patient, a man æt. 24, began to suffer from emaciation and paresis of the left arm (E. Weill, *Revue de Méd.*, 1884, 7). A year later the same individual underwent once more the same operation, and half a year later a third operation was performed, this time a part of a rib being resected. Two days after the last operation, chorea-like movements attacked the left arm, and ten days later also the left leg. Emaciation and paresis of both left extremities developed themselves synchronously, the left thumb and adjoining fleshy part became hyperæsthetic, and the rest of the left hand evinced paræsthesia on touch, while the leg showed no disturbance of sensation.

Similar cases have previously been recorded. As it is a common occurrence to observe emaciation and paresis in cases of localized chorea following an injury or a surgical operation, especially in the beginning of the disease, it is probable that the emaciation and paresis, which after the first opening of the pleural cavity attacked the left arm, were already accompanied by choreic movements, which were so mild as to escape observation. We incline the more to this view, as in these cases the chorea is generally very mild, and because emaciation and paresis alone have, as far as we know, not yet been observed to follow the operation of thoracentesis.

Rupture of the Sigmoidal Flexure During Birth.

In the *Wien. Med. Blatter*, 1884, No. 22 and 23, Dr. Ed. Zillner reports four cases of new-born children, that had survived up to fifteen hours, and where the sigmoidal flexure was found to be torn. The tear was nearly an inch long, the mar-

gins of the wound were swollen, and signs of peritonitis were noted. The place is too high up for the nozzle of a syringe to have reached it, and no force used in the extraction of any of the children could have possibly caused the rupture of the intestine.

Dr. Z. tries to explain the accident by contending that the parts of the mother exert a pressure upon the abdominal wall of the child, and fixate the sigmoidal flexure, which is filled with meconium and forced backwards into the pelvis. In case the pressure increases to such a degree, that the intestine is immovably compressed between the lumbar part of the spine and the abdominal wall, the meconium can neither pass to the descending colon nor escape into the rectum, and in such a case but a slight increase of pressure suffices to cause a rupture of that part of the bowels. Z. has demonstrated the possibility of inducing the rupture in this manner upon a number of dead bodies of infants.

The Dose of Potassium Iodide for Children.

In the *Archives of Medicine*, October, 1884, Dr. E. C. Seguin has a very valuable article on iodide of potassium, in which occurs the following :

"Influenced no doubt by the extraordinary susceptibility of little children to opiates, many practitioners give them altogether too small doses of many remedies. This is notoriously true of the bromides, and I am sure is also true of the iodide of potassium. For threatening conditions of cerebral disease, meningitis, syphilis, etc., if we decide to give KI we should administer it almost in adult doses. In cases of basal meningitis with neuro-retinitis, and in some other cases, I have given from 4. (60 grains) to 8. (120 grains) three times a day to patients between four and eight years old, not only with good results as regards the cerebral symptoms, but also without iodism or gastro-intestinal irritation."

The Treatment of Migraine.

In the *Brit. Med. Jour.*, June, 1884, Dr. J. K. Spender adds a few remarks to the treatment set down by Dr. Beale, in his book on *Slight Ailments* of "sick headache." Dr. Spender speaks from personal experience, and says that he always felt particularly well on the day before an attack ; this warned him, so that at bedtime he took a mild aperient of aloes and myrrh, and kept off sleep as much as possible, considering a long and deep slumber as most injurious. Starvation is a rule absolutely to be obeyed, but tea may be taken hot and strong at frequent intervals. With regard to medicines, Dr. Spender lays special stress on prophylactic treatment. A dose of Indian hemp and quinine, taken every night during the intervals of the attacks, gradually alleviates the disease. In several cases also, hyposulphite of soda has seemed to do good.

Iodoform in the Treatment of Gout.

Testa, in a preliminary note in the *Gazz. Med. Ital. Prov. Venete* for May 31, 1884, draws attention to the good effect of iodoform in gout. Moleschott has already employed it as a topical application in this disease with great advantage, but Testa recommends its internal administration, and this because iodoform, according to the researches of Fubini and Spallitta, accelerates tissue metamorphosis and increases the daily quantity of urea. Iodide of potassium they find, contrary to the opinion generally held, retards tissue-change and diminishes the quantity of urea. Testa, by experiments on a healthy man, confirms the views of Fubini and Spallitta, and finds moreover that, contemporaneously with the increase of the urea, the uric acid is diminished.

Phosphorus in Tubercular Disease.

Dr. Thorowgood, in the *Brit. Med. Jour.*, June, 1884, writes that he has employed phosphorus, as well as the hypophosphites of potash and soda, with much success in cases of pleuritic thickenings. The author states that old-standing consolidations of lung that have existed for one, two, or three months, begin to move and disperse as soon as the hypophosphite of potash is given. In cases of lung-disease which are of inflammatory or exudative origin, no remedy is to compare with the hypophosphites. It is the bacillus that seems to set the phosphorus treatment at defiance ; and Dr. Thorowgood notices at Victoria Park Hospital, that, just when he finds the hypophosphites most helpless, then it is that the clinical assistant finds "lots of bacilli."

The Treatment of Inflammation by Subcutaneous Injections of Morphia.

Dr. Kaczorowski (*Przeglad Lekarski* and *Vratch*) recommends hypodermic injections of morphia, made as nearly as possible to the part affected, and repeated several times daily, as an excellent antiphlogistic remedy, especially in cases of inflammation of serous membranes. For the sake of illustration, the author quotes a case of incipient *peritonite foudroyante* after an operation for hy-

datids in the liver, where a part of the purulent contents of the cyst found its way into the peritoneal cavity, and where the patient recovered, in consequence (as the author thinks) of the energetic use of morphia injection; at first two centigrammes every two hours, and subsequently one centigramme every four hours being administered.

A New Method for the Removal of Laryngeal Growths.

In the *N. Y. Med. Jour.*, August 23, 1884, Dr. William Chapman Jarvis highly recommends chromic acid for the removal of these growths, and he concludes that—

1. Trioxide of chromium, or so-called chromic acid, is valuable as an escharotic on account of its self-limiting action.

2. It affords a safe and reliable means for the removal of large and small soft laryngeal growths.

3. It not only removes the growth, but also prevents its recurrence.

4. It is best applied fused upon a probe.

5. Its application is facilitated by an instrument devised to act as a guide, protector, and regulator.

6. Its use in the larynx is not necessarily attended with pain or spasm.

7. It offers a substitute for tracheotomy and thyrotomy, in certain cases where these measures have been adjudged necessary.

Treatment of an Attack of Gout.

Prof. Dujardin-Beaumetz says in the *Medical News*, October 18, 1884:

To sum up then, when you are called to treat an attack of gout, you will first assure yourself of the integrity of the kidneys, then you will administer salicylate of soda in doses of from one to one and a half grammes, or, if you prefer, the tincture of colchicum seeds combined with quinine or strong tincture of aconite root. If, on the contrary, the kidneys are damaged, or if the heart seems to be degenerated, you will have to content yourselves with giving alkaline diluents and keeping the bowels open with saline purgatives; besides enswathing the affected member with wadding, around which is placed oiled silk.

Decoctum Limoni—An Antipyretic.

A decoction of lemons has been recommended by Tommasi-Crudelli and others in malaria, and now Dr. Lauchlan Aitkin, of Rome, in the *Brit. Med. Jour.*, Oct. 4, 1884, gives it a wider therapeutic action and says that he has had good results from its use in gastric and enteric fevers, complicated with a malarial element towards their termination and in cases that might be called typho-malarial throughout. He lays great stress on the mode of preparation of the decoction. A freshly gathered and unpeeled lemon, is cut into thin slices, which are put into three teacupfuls of water and boiled down to one cupful. This is allowed to stand over night in the open air and given the first thing in the morning, after the liquid has been separated from the rind, pulp and seeds, by careful filtration and compression just before it is drank.

The Rheumatic Origin and Treatment of Chorea.

It has been maintained by some observers that rheumatism is a prolific cause of chorea, and by others this view is denied. Dr. Octavius Sturges, who has made careful observations on the subject upon the cases of 219 children, tells us, in the *Lancet*, September 20, 1884, that the etiology of chorea must find some broader basis than any that rheumatism affords. He considers that rheumatism may be regarded as one amongst many agencies, predisposing to chorea. As to treatment, he seems to place very little reliance upon drugs, for he tells us that the treatment adopted was rest, bodily and mental, good food, country air, patience, and encouragement.

Prepuce Grafting.

The suggestion is made, in the *Lancet*, October 4, 1884, by Dr. R. Clement Lucas, that the skin removed in the operation of circumcision can be advantageously used for purposes of skin grafting, to fill large granulating surfaces left after burns. Owing to its suppleness, thinness, and vascularity, it seems peculiarly adapted for such purposes. He believes that this skin might be conveyed for some hours, without loss of vascularity, if placed in a glass bottle or wrapped in gutta percha. Of course, we must only use the prepuce from healthy children, and if a balanitis accompanies the phimosis, it must be cured before the circumcision is performed.

Defective Vision from Brain Concussion.

It will be of practical value to learn that in a case of defective vision traced to a concussion of the brain, from a fall on the ice, wherein many remedial measures were unavailingly tried, strychnia finally produced good results. Dr. James A. Hopkins, who reports the case in the *Virginia Medical Monthly* for September, 1884, ordered $\frac{1}{30}$ of a grain every four hours, to be continued through

one week, at the end of which time the improvement was marked.

Pin Swallowing.

This feat is not uncommon among children, and it gives rise to great terror on the part of the parents. A correspondent of the *Lancet*, October 4, 1884, tells us that a boy was recently brought to him who had swallowed a pin. He ordered plenty of bulky food, such as would tend to keep the bowels somewhat inactive, and carefully avoided any aperients. Three days later, the pin was passed in a mass of fæces.

CORRESPONDENCE.

The Opium Habit.

EDS. MED. AND SURG. REPORTER:—

I venture to offer for your consideration my experience in the treatment of the opium habit with digitalis aided by the terchloride of gold and sodium, and the fluid extract of coca.

Digitalis we know increases the force of the heart's action by stimulating the vaso-motor nerves, at the same time decreasing the number of the heart's beats.

The action of digitalis upon the circulation so nearly approaches to that of opium that the former furnishes an excellent substitute for the latter, without that overwhelming reaction which so often follows the effects of morphia upon the nerve-centres.

It sends the blood coursing through the brain, giving it nourishment which with care can be kept up until, with the exercise of a little will power, the patient may be enabled to discontinue the use of the narcotic. I have in a number of cases given tablespoonful doses of the infusion of digitalis every two to every four hours. The terchloride of gold and sodium in one-eighth grain doses, and fifteen to twenty minims of the fluid extract of coca. This brings the pulse down, making it full and strong, steadying the heart's action. I allow the patient to take his last dose in the usual quantity, and with these remedies can keep up the same stimulation for about ten days, when the patient will leave off the use of the opium with little inconvenience, aside from the weakness and lassitude incident to the cessation of the use of so powerful a stimulant. Here the usual difficulty of weak will-power in such cases, confronts us, but when the patient possesses an average amount of self-control he will conquer the habit, as several hypodermic syringes left in my office can attest. Respectfully yours,

Kansas City, Mo. J. D. GRIFFITH, M. D.

A Curious Diet in Texas.

EDS. MED. AND SURG. REPORTER:

An article of mine on "A Curious Diet in Texas," that appeared in the REPORTER a few months ago, has elicited quite a number of replies, one through the medium of your journal, and a number by personal correspondence. All are Texas physicians, and all deny that such a custom as I related is practiced in their state. They all admit that occasionally a mother mumbles the food—a cracker, piece of bread, or bit of potato, then feeds it to the babe. While defending themselves against any misstatement made, all but one have done it in a kindly, professional manner. This one has been so rude, ungentlemanly and unprofessional in his language, and taken so much pains through the columns of a journal he edits to amuse the vulgar that I feel it imperative to call upon the REPORTER to allow me to defend myself.

Boiled down, his *scientific arguments* are after this manner: My article is a "disgusting and infamous lie." I am a liar and no truth is in me. If he had me down there he would have my opinion on a coat of tar and feathers.

The editor of this only PROFESSIONAL!!! journal in the State of Texas then becomes exhausted, his cussing is completely used up, and he would like to hire an adept in profanity to help him out. He finally concludes that my article is another proof that the old fires of hate still smoulder, ever ready to break out on any pretext.

My replies will be short:

1. No *professional gentleman* would indulge in such language as this editor uses. Such language seems to be a poor recommendation for a Texas medical college which he desires to establish (doubtless to be one of its pillars), to keep their youth from coming north to study.

2. As to the smouldering hate ever ready to burst forth, I can say, my age is 33, the war broke out in '61, the hate was engendered years before that. The old hate must have taken deep root in a boy of my tender years. I have traveled in the South, and the warm-hearted, friendly reception extended to me, did not lead me to believe that the people were "half horse and half alligator," nor even mixed with the jackass breed, but as polished as anywhere.

3. Finally, the article under my name was largely not original, BUT THE COPY OF A LETTER OF A TEXAS DOCTOR. The truth not being in me, proof can be obtained from the editors of the REPORTER. A certain doctor—name withheld, he is too near the tar-and-feather brigade—wrote to the MEDICAL AND SURGICAL REPORTER to aid him in breaking up a disgusting habit of feeding babes chewed food. The letter was given to me to reply to. If I have erred, then I have been misinformed. Any extravagant statements made, I apologize for. But here are extracts from the Texas letter before me: "*I have observed on two or more occasions, but learn 'tis a common habit for mothers to chew the food for their children. In one instance in remonstrating, I made comparison to the bitch throwing up her vomit for her pups, and I must say I nearly lost my life.*"

He continues: "*I am held in such ill-favor here on account of my remarks and comparison, please help me in your* REPORTER *to vindicate myself.*"

Defend truth, correct errors, Texas friends; but the English tongue is full enough to do it in pure language, and in a cultured manner, without stooping to ranting, "cussing," and tar and feathers. C. C. VANDERBECK, M. D.

2246 *Ridge Avenue, Philadelphia.*

[Dr. Vanderbeck is entirely correct. The information about the habit came to us from a

highly respected Texas physician. That any Texas physician should demean himself to write profane and abusive letters is far more discreditable to his community than the habit referred to, which latter is not discreditable at all, but only peculiar, and of questionable hygienic propriety. —Eds. Reporter.]

The Dangers in Canned Goods.

Eds. Med. and Surg. Reporter:—

The denial of Gen. John P. Hawkins that canned goods are not poisonous as published in the papers for some time past, should be refuted by all authenticated cases of poisoning by such goods, as it will have a tendency to throw the public off their guard in the use of such goods which we are using for our every-day food.

We can readily account for the General's ignorance of the fact that such cases have occurred in his department, from the simple fact that an ordinary case of poisoning from canned goods, with the symptoms of purging and vomiting, would not likely be reported to the Commissary Department, even with the more aggravated symptoms of cramp both in stomach and muscles of the extremities, unless the case should have resulted in death; all of which the author of this article has experienced, except the latter. Last February, at the Ocala House, Ocala, Fla., caused by canned peas, three companions experiencing similar attacks, though less severe. How many more of the guests fell victims to the same poisoning I did not learn, as we left the hotel in the morning as soon as we were able to be moved on board of the steamer. The quality of the peas *appeared* good; as for quantity, we all know what the allowances are at our Southern hotels.

Since the preceding occurrence, I have had two families in my practice who have been similarly poisoned by canned vegetables put up in tin cans.

The trouble undoubtedly lies in the bad material used in the manufacture of the cans. The tin used, if tin at all, must necessarily be of the most inferior kind, on account of the very low price at which the goods are put in the market. My traveling companion, Mr. Smith, of Brooklyn, proprietor of a furnace there, informs me that they have been smelting these old cans. The fumes emanating from the furnace by the process have poisoned the people in the neighborhood to such an extent as to cause complaint being entered against them, compelling them to discontinue the operation. The reputed tin is a combination of lead, antimony, and tin, and probably some other equally poisonous conglomerations. There is no supposition about it: it is a known fact in the tin trade, and is sold cheap as such. Legislation is required to protect the public from this becoming a common every-day occurrence of poisoning by canned goods, both vegetable and animal—as much so, if not more, than to protect against adulterated food.

S. Rosenberger, M. D.
2260 *N. 7th street, Philadelphia, October* 27, 1884.

—The *Lancet* states that Prof. Huxley has been recommended to leave England, and to spend some months in perfect quiet and freedom from work. It is believed that he will go to Venice.

News and Miscellany.

Micro-Organisms and Disease.

From the *St. Louis Med. and Surg. Jour.*, Oct., 1884, we note as follows:

In an able paper on the formation of poisons by micro-organisms, considered especially in relation to the production of disease, read by Dr. Black, of Jacksonville, Illinois, in the section of Practical Medicine and Materia Medica, at the May meeting (1884) of the American Medical Association, the author arrives at the following conclusions:

1. All cognizable forms of life are dependent on the production of molecular change in matter for their continued existence.

2. Every cognizable form of life, capable of independent existence, must have the power of digestion for the preparation of food material for the nutrition of its material structure.

3. Each living cell must appropriate to its nutrition food material prepared by a digestive body of its own formation, or by the appropriation of material prepared for it vicariously by some allied living cell.

4. Every living cell must support its life and material structure by the continued imbibition, and remoleculization of matter within itself; except during the special provisions of rest, as in the seed, egg, etc.

5. Every living cell must, as the result of the remoleculization of matter within itself, form waste products of two classes; a respiratory waste product rich in oxygen, and an urinary waste product poor in oxygen. All waste products are poisonous to the form of life from which they emanate.

6. Natural organic poisons are uniformly waste products of the organisms in which they are formed.

7. Pathogenic micro-organisms, by their remoleculizations of matter, form poisons of the nature of the alkaloids, which are the active agents in the production of disease.

8. While I should not class the digestive bodies, and diastases, as organic poisons, they may act as irritants when applied to another form of life than that which produced them.

9. The normal tissues of the animal resist the invasions of micro-organisms by throwing out or forming a digestive body calculated to destroy them or dissipate and nullify their action; aroused thereto by the presence of, or the irritating agents given out by, the organisms.

A Germ-Proof Filter.

In the *Popular Science News*, November, 1884, we read that none of the filters ordinarily employed for the purification of drinking water are proof against the passage of microbes, or the minute forms of life that are now generally recognized as playing so important a part in the causation or transmission of disease. A device for straining out these infinitesimal organisms has long been a desideratum; and we are now indebted for it to M. Chamberland, the director of M. Pasteur's laboratory. He has found that the liquid in which microbes have been cultivated becomes absolutely pure if passed through unglazed porcelain. Its

purity can be demonstrated by mixing it with liquids sensitive to the action of microbes, such as veal broth, milk, and blood, in which it produces no alteration.

The tube of unglazed porcelain is enclosed in another of metal, and the water to be filtered is admitted to the space between the two by turning a stop-cock. Thence it slowly filters through to the inside of the porcelain tube, and flows out at the bottom. Under a pressure of two atmospheres, or thirty pounds to the square inch, a tube twenty centimeters in length, with a diameter of two centimeters and a half, will yield about twenty liters (five gallons) of water daily. For a larger supply, it is only necessary to increase the size or the number of the tubes.

In cleansing the filter, the porcelain tube is removed, and the microbes and other matter that have accumulated on the outer face of it are brushed off. The tube may also be plunged in boiling water, in order to destroy any germs that may be supposed to have penetrated beneath its surface; or it may be heated in a gas-jet or in a furnace. In fact, it can be more readily and more thoroughly cleaned than most of the domestic filters in ordinary use.

Vanderbilt and the Cripple.

We have already noted the munificent gift of $500,000 that has been made by Mr. William H. Vanderbilt to the New York College of Physicians and Surgeons. From the *Albany Journal* we learn that this act of generosity was caused by a small incident.

Vanderbilt stopped at a wayside inn in Upper New York, as is his custom of an afternoon, to rest his horses and take a glass of gin and water. The place is known to horsemen as Barry's, and is commonplace enough, except for being the favorite stopping-place for Vanderbilt, and for that reason a resort for the chronic roadsters. While he stood with his back to the bar, his elbow on it, and a glass of grog ("two fingers of Holland gin, two of hot water, and a spoonful of sugar"), a pitiable cripple entered—a little boy, with misshapen legs and back awry.

"How did you get into such a shape, sonny?" Vanderbilt asked.

"I was runned over," the urchin replied.

An accident on the road had special interest for the questioner, and he got the particulars. The little fellow had been overturned and trampled on by a fast horse. He was too poor to be doctored at home, and yet his mother had foolishly objected to his removal to a hospital, where he might have received proper treatment; but he had been taken to the College of Physicians and Surgeons, where applicants get inadequate attention, or only such as will serve as illustrations to the lessons which the students are learning, the facilities being so limited as to preclude anything further.

It chanced that Professor Doremus, the Professor of Chemistry, dropped into the bar-room at this juncture. In answer to the King of Mammon's question, he said it was a pity that this college had such limited quarters and scant facilities. He said that a big building would serve as good a purpose as he knew of in the whole range of New York charity. From that directly came Vanderbilt's unexpected $500,000.

The Climate of Canada and its Relation to Life and Health.

At the recent meeting of the British Association for the Advancement of Science, Dr. W. H. Hingston, of Montreal, compared the French Canadian with the French of France; he was taller, heavier, and stronger than his French ancestor; the race was the "most prolific on the face of the earth," and the people did not seem to suffer by early marriages. The climate of Canada was singularly healthy, and there was no disease peculiar to the country, though climate modified the diseases common to Canada and other countries. There was an Anglo-American cast of countenance in the United States, bvt not in Canada. They were forming another type.

Items.

—The Health Exhibition which was lately closed in London shows a profit of $150,000.

—According to the *Popular Science News*, to obviate hereditary tendency to disease in the young, "Wash them, air them, and *iron* them."

—It is announced that the Italian Government has ordered the building of a crematory, on the Gordni-Guzzi system, for the cholera lazaretto at Varignano.

—The *Medical Aye* lays the blame of a large proportion of "malpractice suits" upon the medical colleges, for conferring degrees upon the ignorant and incompetent.

—Dr. Joseph White, of Canajoharie, N. Y., died on October 27, in the eighty-fourth year of his age. He was one of the oldest physicians, and was the oldest Mason in the State.

—The first inquiry which the International Collective Investigation Committee propose to institute is in regard to rachitis, its frequency, and the physical condition of the district in which it is found.

—At the recent meeting of the British Medical Association in Belfast, Dr. W. T. Edwards, of Cardiff, was elected President for the ensuing year, and that city selected as the place for holding the next annual meeting.

—Dr. Bell, in the *Canada Med. Record*, reports a case of aneurism in the pericardium which arose from the lower and back part of the transverse portion of the arch. The aneurism was not detected until the post-mortem.

—A bill was introduced into the New York legislature, to compel the complainants in a suit for malpractice to give bond in surety for all damages that might occur to defendant in case the complaint was not sustained. The bill failed to pass.

—On the 1st of November the Court of Appeals of West Virginia delivered its opinion that the law regulating the practice of medicine and surgery was constitutional and valid. This decision at once places the State Board of Health on substantial legal ground.

—It is announced, in Vienna papers, that the daughter of Herr Smolka, President of the Austrian Chamber of Deputies, has died from taking a quantity of an anticholeraic disinfectant, called "Antibakterion," in mistake for a mixture which had been prescribed for her.

—The value of arsenic injections into goitres has been definitely decided by Dr. Dumont, of Switzerland, as related by Jonquierè in an abstract in the *Internat. Cedtralbl. für Laryngologie*, etc. He treated 26 goitrous patients thus, with no benefit whatsoever.

Professor Polk, of New York, has used hydrochlorate of cocaine successfully in two operations upon the cervix uteri. The results in these cases look toward an extensive usefulness of the new anæsthetic, not only in gynecology, but in many of the minor surgical operations.

—The *Union Médicale* learns that, in consequence of the death of M. Moreau, M. Jules Falret, physician to the Bicêtre, has been transferred to the Salpêtrière, and that M. Charpentier, adjunct physician to the Salpêtrière, has been appointed physician to the Bicêtre.

—Professor Widerhofer (*Allg. Wein. Med. Zeitung*) recommends traction of the tongue, and sprinkling the face with cold water, during an attack of laryngismus stridulus, and in the intervals bromide of potash—four grains night and morning, gradually increasing to eight grains.

—The *Lancet* learns that Professor H. Kronecker, of Berlin has accepted a nomination to the chair of physiology at Berne, succeeding Professor Grützner, who goes to Tübingen, and that Professor Hermann, of Zürich, is to take the same chair at Königsberg, succeeding Professor von Wittich.

—The Paris *Conseil d'Hygiene Publique* has determined to establish "Houses of Refuge," into which, on the appearance of croup or any other contagious disease in one of their children, parents who are not in a position to protect their other children from contagion, may obtain admission for them.

—Dr. F. W. Campbell, in the *Canada Med. Record*, says that while none of the epileptic patients whom he had treated with nitro-glycerine have been entirely cured, all have been relieved, and the attacks became milder and fewer. The dose he usually employs is one drop of a one per cent. solution three times a day.

—According to the *Medical Times and Gazette*, of October 11, the *Lyon Médicale*, of October 5, states that a statistical enumeration shows that from the 17th of June to the 15th of September there have been about 5,000 deaths, distributed over 200 communes, which presupposes at least 10,000 or 12,000 cases of the disease.

—M. Gibier (*Progrès Medical*) inoculated rabic virus from bird to bird, and there the virus augmented in intensity with every inoculation. Instead of removing a disk with a trepan, as in dogs, and injecting through this opening the virus, he makes an opening with a gimlet. The inoculation into the anterior chamber of the eye produces rabies in 10 to 12 days.

—M. Eloy and M. Huchard ("Union Médicale") state that, in a series of thirty-six experiments upon animals, conducted by them, it was proved that the alkaloids of quebracho (especially the one known as aspidospermine) exercised a powerful antithermic action. They have also employed hypodermic injections of aspidospermine successfully in cases of typhoid fever, where quinine seemed to exercise no effect upon the temperature.

—It is stated that the two patients from whom Mr. Lawson Tait lately removed the uterine appendages at Bellevue Hospital have both recovered, making a happy issue out of the doubt that Mr. Tait felt as to the safety of doing the operation in a large general hospital and in the presence of a great number of spectators.

—Dr. W. J. Sinclair, in the first number of the new "Medical Chronicle," gives a general *résumé* of the German contributions on the subject of corrosive sublimate as a disinfectant in midwifery during the past year. The substance of his remarks is, briefly, as follows: Corrosive sublimate has largely replaced carbolic acid in several of the German lying-in hospitals, but there seems to be considerable diversity of opinion as to the value of the former substance and the dangers incurred by its free use. Stadfeldt, of Copenhagen, reports a death, with all the symptoms of mercurial poisoning, after a single intra-uterine injection of a solution of the sublimate, 1 to 1,500. Taenzler, of Breslau, states that he has used this solution freely in 624 cases, in four of which he observed symptoms of poisoning. He does not deny that there is danger in intra-uterine irrigation with corrosive sublimate, but suggests a means of avoiding it by firmly compressing the uterus after each injection, so that there shall be no fluid left in the cavity.

MARRIAGES.

DAVIS—JOHNSON.—October 9, 1884, in St. Mary's church, Classon ave., Brooklyn, N. Y., by Rev. D. V. M. Johnson, D. D., Irenæus P. Davis, M. D., of Milltown, N. J., and Miss Sarah A., daughter of the late R. A. S. Johnson, of New Brunswick, N. J. No cards.

GANDY—GRAHAM.—November 6, 1884, at the residence of the bride, No. 1418 Hanover street, Philadelphia, by Rev. W. D. Roberts, Charles M. Gandy, M. D., Surgeon in the U. S. army, and Miss Emma R. Graham.

LEET—FARNUM.—In West Unity, Vt., by Rev. C. H. Leet, of Gilmanton, Dr. James A. Leet, of Marlborough, and Jennie M. Farnum, of West Unity.

LIVEZEY—DEERING.—September 30, 1884, at the Cathedral parsonage, by Rev. Father Gallagher, Dr. J. D. Livezey and Miss Mary R. Deering, both of Philadelphia.

MACY—DEVOE.—August 9, 1884, at the residence of the bride's parents, by Rev. John Chamberlain, Charles S. Macy, M. D., and Kate, daughter of Col. Thomas F. DeVoe.

PFEIFFER—FOLSOM.—In New York city, by Rev. Dr. S. H. Weston, of St. John's church, Dr. Oscar J. Pfeiffer, of Boston, and Annie Hale, only daughter of the late Samuel G. Folsom, of Portsmouth, N. H.

PHILLIPS—HOWELL.—October 30, 1884, at New York, in Grace Church Chantry, by Rev. Mr. Goodwin, John Leighton Phillips, Assistant Surgeon United States army, and Daisy Somerville, daughter of the late Thomas John Howell, of St. Louis.

SHULER—DAVIS.—January 31, 1884, in Raton, New Mexico, by Rev. J. McGaughey, J. J. Shuler, M. D., of Raton, and Mary K. Davis, of Memphis, Tenn.

DEATHS.

ARNOUX.—October 29, 1884, at Fort Lee, New Jersey, Edward F. Arnoux, M. D.

CLAYTON.—October 27, 1884, at Point Pleasant, N. J., Dr. William G. Clayton.

GARDETTE.—October 27, 1884, in Washington, D. C., Dr. Charles D. Gardette, only son of Dr. E. B. Gardette, of Philadelphia, aged 54 years.

HART.—October 30, 1884, in this city, Dr. Alexander C. Hart, aged 73 years.

MILLER.—November 1, 1884, at his late residence, 134 East 18th street, New York city, David B. Miller, M. D., son of Jane and the late John Miller, M. D.

METLER.—November 1, Dr. D. B. Metler, of New York city, aged 46.

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

PRACTICAL RECOMMENDATIONS FOR THE EXCLUSION AND PREVENTION OF ASIATIC CHOLERA.*

BY JOHN H. RAUCH, M. D., SECRETARY ILLINOIS STATE BOARD OF HEALTH.

A grave responsibility rests upon those charged with the protection of the public health at the present time. For the past six years—ever since the memorable fever-summer of 1878—the country has been free from any serious and widespread epidemic disease. Small-pox, which prevailed from 1880 to 1883, has been successfully combated, and its ravages confined to proportions which are insignificant when compared with many other epidemics.

However, there is a revival of public interest in these matters within the past few months, due to the spread of Asiatic cholera in Southern Europe; and it is our present duty, as sanitary officials, to utilize and direct that interest to the securing of adequate legislation and intelligent action for the prevention of the introduction of the pestilence to our shores, and its limitation, should it unfortunately effect an entrance. Much has already been done in the latter direction, by the action of State and local health authorities in pushing the sanitary education of the people through circulars, memoranda and other modes of appeal. Since the second of July last such circulars from sixteen States and from the Dominion of Canada have already come under my notice. In many instances, sanitary inspections of municipalities, public institutions, jails, almshouses, and kindred establishments, have been ordered and carried out, with the view of securing the abatement of nuisances and remedying defects in the sanitary conditions thence disclosed. An amount of sanitary work has been thus already accomplished, which, aside from any consideration of cholera, will be of great value in reducing sickness and mortality from the entire list of diseases which are caused or favored by filth and other unsanitary conditions. As a recent number of the *New York Medical Record* says: "There is no doubt that the extra cleanliness produced by the cholera scare will effect a saving of life from other filth diseases far in excess of the mortality from the cholera itself, unless, indeed, it should spread beyond all expectation."

This work should be continued, and the measures which have already been inaugurated, looking to improvement in general and local sanitation, should be pushed with unabated vigor during the favorable weather we may yet have; and they should be resumed with redoubled energy whenever climatic conditions permit. It is not necessary to go into details as to this work: we are familar with its requirements and its necessity. It is a work of continuous interest and importance, whether cholera should come or not.

With theories and speculation as to the causation of cholera, or as to its mode of diffusion and epidemic spread in the countries of the Old World, this Conference is not concerned. It is enough for us to know, as the basis of our action, and the foundation for practical recommendations and advice, that the disease is not indigenous to this

* Read at the opening of the National Conference of State Boards of Health at St. Louis, October 13-15, 1884.

continent; that it is an exotic, and has never yet visited us except by importation, and that only after ample warning.

It may be entirely true that, if all our food-supplies were wholesome, and our water-supplies not only unpolluted, but unpollutable; if sewage and refuse disposal were prompt and complete; if our cities, towns, and villages were all models of sanitary perfection, and their inhabitants free from predisposition or susceptibility, acquired or inherited—in short, that if there were no ignorance, nor poverty, nor filth, nor infirmity in the land, we might dispense with precautions against the introduction of disease.

But the sanitary millennium is not yet, and we are hardly likely to witness its advent before next spring or summer, no matter how earnestly we may labor for it. So, for the present, at least, as a practical sanitarian accustomed to deal with conditions as they actually exist, I think the wise thing to do in respect of cholera is to resist the first beginnings—obsta principiis.

That cholera *will* come, it is our duty to assume. Mindful of the history of every previous cholera epidemic, we must accept as beyond a doubt—if experience is worth anything—the certainty that the disease will be brought to our shores. It always has come, sooner or later, whenever, since 1832, the contagion has obtained such a foothold in Europe as it now has.

It is probable that we do not know how widely spread the disease is upon the continent, nor what places and ports are infected. The London *Lancet* recently stated that it has transpired that there were deaths from Asiatic cholera in Marseilles during 1883, and Dr. Albert Drysdale, health officer at Mentone, writes to that journal corroborating the statement from his own personal observation, having been taken to see a case in October, 1883, by a medical friend. Attendants, nurses and all others cognizant of the facts, were sworn to secresy. Still more recently French naval officers have frankly stated that cholera existed on their vessels at Toulon long before the fact was made known last spring. In 1873 the existence of cholera was concealed in Austria on account of the great Vienna exposition, and although the disease is now known to have been spreading from place to place from early in the spring, it was not until midsummer that any warning was sounded of an epidemic which caused 240,000 deaths in the Austrian dominions alone.

I repeat that we may not know how widely spread the disease now is on the European continent, and that we do not know how soon its arrival on our own shores may be announced. It is not probable, however, that it will reach us before next spring, and we may pretty safely count on some months yet in which to push our preparations to meet it and to resist its advance.

I began my remarks with the statement that a grave responsibility rests upon the sanitarian at the present juncture; but there is an equally weighty obligation resting upon the public and upon our legislators. I undertake to say, as a sanitary official of nearly twenty-five years' experience in the practical administration of sanitary matters in city, state and nation—and after more than a third of a century of study and observation of the disease, beginning in 1850—that Asiatic cholera may be practically excluded from the United States; that it is pre-eminently a quarantinable disease; that, with a judicious employment of agencies which have already been tested, Asiatic cholera may be quite as successfully dealt with in this country as small-pox, and probably more so than yellow fever.

Whether cholera shall be excluded—whether the means and agencies necessary to deal with it shall be supplied—are questions which the public must answer through their representatives in Congress, in State legislatures, and in their municipal councils; and I propose in the remaining portion of these remarks to endeavor to point out what means and agencies are necessary to the end in view; promising that, in their consideration, it should be remembered that sanitary science is comparatively modern; that the sanitary organizations of the present day had no existence in the days of the great epidemic visitations of cholera in this country; that within the past few years there has been a rapid and widespread diffusion of sanitary knowledge among the people; and that, even so lately as the last cholera epidemic in the United States, that of 1873, no organized effort was made to prevent the importation of the disease, and practically little or nothing done to prevent its extension; certainly, no such measures have ever been employed, either to prevent its introduction or to limit its spread, as we have recently successfully employed against small-pox and yellow fever.

Asiatic cholera—so far as this country is concerned—is pre-eminently a quarantinable disease. Unlike the virus of small-pox, unlike the poison of yellow fever, the morbific potency of the cause of Asiatic cholera—whatever that cause may be—is sharply limited as to duration. Failing to find suitable conditions for its growth and reproduc-

tion it *dies out*. No single case, no single shipload of cases ever succeeded in establishing an epidemic in this country. I know this is contrary to the received opinion and popular belief; but I ask you to follow me in a brief resumé of the facts concerning each epidemic, beginning with 1832. That epidemic is attributed to the ship Carrick, which arrived at the Grosse Isle quarantine station in the St. Lawrence river on the third day of June, 1832. But six days before that, the ship Elizabeth had arrived with 200 immigrants on board, and having had twenty cholera deaths during the voyage. Fourteen days before the Elizabeth the Robert had arrived, with ten cholera deaths; and sixteen days before the Robert—that is on the 28th of April, thirty-six days before the arrival of the Carrick—the ship Constantia arrived, having had twenty-nine cholera deaths during the voyage. These are all known to have been cholera-infected vessels, and their hundreds of passengers were known to be cholera-carriers; but these passengers are only a small fraction of the 30,000 immigrants who arrived in the St. Lawrence during the spring and early summer of 1832, from the same infected localities, and sailing from the same infected ports, as the passengers of the Constantia, the Robert, the Elizabeth, and the Carrick. And yet they failed to develop a single case in Canada or elsewhere until the 8th day of June. The introduction of the disease into New York is attributed to Canada; but the same class of immigrants from the same localities in Europe, were arriving in New York during the spring of '32, as those in the St. Lawrence. And yet no case of the disease occurred in the city or vicinity until June 13th.

No single case of cholera, no one shipload of cases, has ever yet sufficed to establish an epidemic of Asiatic cholera on this continent. It has only been after repeated importations of the contagion in the persons of thousands of immigrants and in their infected baggage and household goods, that it has effected a lodgment, and has reproduced itself and multiplied into an active epidemic agency.

Hence my first proposition, that, for this country, the disease is essentially and preëminently a quarantinable disease, and may be practically excluded. If it were true of the cholera poison, as it is of the small-pox contagion, that favorable conditions for its spread exist wherever a susceptible individual is found, without reference to the sanitary surroundings, we should have no such history as I have just recited—a history of repeated importations, extending over months and months before it succeeded in establishing itself.

It will not do, however, to construe this tardy establishment of contagion into an excuse for delaying measures of preparation—neither those for its exclusion, nor those for its limitation and suppression, should we fail to exclude it. Cholera is a capricious disease, and the history of its various pandemic extensions throughout the old world affords occasional instances of a single introduction sufficing to inaugurate an epidemic. Fortunately, the same conditions do not, generally, obtain with us, except in a few localities. Populations are not so dense, nor are dwellings so saturated with crowd-poison, nor is the soil so thoroughly polluted by long occupancy. Where these evils exist, they should be remedied forthwith to as great an extent as practicable, in order that, among other good results, the conditions favorable for the growth and multiplication of the cholera-poison may be destroyed or limited.

It is charged that quarantine is powerless to prevent the extension of epidemic diseases; that, in the language of John Simon, "a quarantine which is ineffective is a mere irrational derangement of commerce;" and that to be effective, it must be of such a nature as to absolutely prevent all intercourse with the infected country. All this may be true of Great Britain, owing to her geographical position, to her extensive commerce and its exigencies, to her dependence on other countries for her food supply, and to other conditions which do not obtain with us. It may also be true of Europe generally. There, a narrow strait or sea, a river, a mountain chain, or merely a territorial boundary line, with its custom-houses and passport system, defines the limits to be guarded, and forms the only physical barrier between the quarantiner and the quarantined. Here, the whole width of the Atlantic intervenes between us and the infected country. There, cordons and quarantines mean privation, misery and suffering, and, ultimately, starvation. Here, the nation is self-supporting, and could exist unaffected in almost all her material interests. There, it may be true, as alleged, that a quarantine of exclusion is impossible of execution, and that the attempt to maintain it does more harm than good, in leading to numberless contraband practices by which the disease may be introduced in unsuspected ways.

None of this is true when applied to the exclusion of Asiatic cholera from this country; while to accept the statements unquestioned would cause vigilance to be relaxed, would invite conta-

gion to our shores unimpeded, and would finally throw upon individual communities the burden and the responsibility of fighting the disease at an immense disadvantage—that is, of fighting it at home and from many quarters, instead of on the outer lines and from only one direction.

With the necessary agencies of an effective quarantine provided in due season, it would not require any very great degree of courage to promise the practical exclusion of the disease.

These necessary agencies may be thus stated in their natural order of sequence:

First.—Timely and trustworthy information of the existence of the disease in countries and at ports having commercial relations with our own, including telegraphic advices of the departure of vessels from such ports for ports in this country. Section 1752 of the Revised Statutes of the United States gives the President authority to use all diplomatic and consular officers for "the communication of information * * * conducive to the public interests;" and instructions have already been issued under this authority.

To properly utilize this information, in fact, in order to fully secure the information, there needs to be—

Second.—A national health organization, representing the natural sanitary divisions of the country; endowed with adequate authority; supplied with means commensurate with the duties imposed upon it; and with the power to call upon any other branch of the public service of the United States for legitimate assistance and coöperation. With some modifications the present National Board of Health would satisfactorily meet this indication. In my judgment, its membership should be enlarged so as to more perfectly represent the natural sanitary areas, and its members should be familiar, not alone with the sanitary features of their respective districts, but equally they should be identified with the commercial, business and industrial interests.

Under this national health organization there should be extended and perfected—

Third.—The system of refuge stations projected by the National Board of Health. With two or three exceptions, no port in the United States has adequate facilities for the proper administration of quarantine. Such a system as was inaugurated by the National Board of Health, and which is the only quarantine contemplated in these remarks, involves the removal of an infected or suspected vessel out of the track of commerce; the segregation of her sick from the well; the proper care and shelter of both these classes; the necessary disinfection of infected cargo, and the purification of the vessel; and the release of vessel, cargo, and persons, so soon as they have been rendered safe and free from the danger of communicating disease.

(*To be continued.*)

CATARRHAL OPHTHALMIA—ITS NATURE AND TREATMENT.*

BY JAMES BATES, M. D.,
Of Paris, Ohio.

There seems to be an inordinate desire among the medical fraternity, to confine their essays, debates, lectures, etc., to diseases and ailments which are of no practical interest to them as general practitioners. There are I take it, no real specialists in this society, hence as general practitioners it behooves us to look closely after our best interests, and to confine our councils to matters which comes under our "ken" more or less frequently every day. Does it pay to meet in society and spend several hours in discussing the best method of amputating at the hip-joint and of performing a cataract operation? Would it not be more to the purpose of our coming together to be satisfied with dissertations on less capital operations? We often hear M. D's. talk largely of amblyopia, glaucoma, accommodation, refraction, trichiosis, distichiosis, etc., etc., when they are unable to evert an eyelid painlessly, and (for we should be so) gracefully. In short, in the domain in which the general practitioner moves especially should he look up the minutiæ of his calling. Pick up any of our journals, and you seldom find mention of the simple diseases of the eye. Seeming to take for granted that every one knows all about them, even specialists deem it of more import to spend their time and talents over diseases which, although difficult to treat and dangerous in their nature, may have had their origin in some simple ailment wherein the general practitioner who perhaps first saw the case, was lacking in knowledge of treatment. Many an eye has been lost, from having been either clumsily or (pardon me) ignorantly handled when the ailment of the organ was of a comparatively mild nature. A case in point—purulent ophthalmia following catarrh. And although considered a small matter, many an eye has been lost, not from the direct inflammation of an undiscovered foreign body, but indirectly through the conjunctivitis, sub-conjunctivitis, purulent ophthalmia, and the like,

* Read before the Stark Co., O., Medical Society.

resulting either in opacity or ulceration with bursting and escape of the vitreous.

There have been such cases, and we have known of them. Isn't it better to teach the child his A B C's first, and put him into the Reader afterwards? Or, to put it differently, is it well to spend our time on civil engineering when we intend to shovel ballast for a living? Even this Society, at our last meeting, insisted that there were several varieties of catarrhal ophthalmia, showing their neglect and consequent ignorance of this very important disease. We know there are several varieties of ophthalmia, gonorrhœal, diphtheritic, phlyctenular, purulent, granular, and the like; but we do insist that there is but one catarrhal ophthalmia, called by the older authors simple conjunctivitis, but now very wisely placed among the catarrhal diseases as catarrhal conjunctivitis.

In opening a debate on a disease of this important organ we do so with diffidence, knowing, as we do, that several members of our Society have been identified more or less prominently with eye diseases. Nevertheless, we do not intend saying anything but that we are prepared to substantiate with sensible reasoning, and back it up with facts that at least combine research with common sense.

Inflammatory diseases are either traumatic, idiopathic, sympathetic, or contagious. Exposure to cold, sudden draughts of air, wet, the heat of the blacksmith's forge, the puddler's furnace, the cooking-stove, badly-ventilated rooms—either sleeping or living— close application to study, burning the "midnight oil," are as much traumatic causes as the foreign body imbedded in the folds of the conjunctiva. There are idiopathic causes of catarrh, although not so mentioned by authors, requiring not only local but constitutional treatment. We remember a case where the inflammation was very obstinate that subsided rapidly after a course of alteratives.

Again, weakly anæmic persons will have much happier recoveries with the chalybeates than without. Catarrh of the nasal fossæ, particularly of the lachrymal apparatus, has been known to give rise to very obstinate ophthalmic catarrh (although rarely) from sympathy, and frequently a sound eye will become affected from sheer sympathy of the other diseased one. There, however, can be no doubt but the disease can be propagated by contagion. And perhaps, after all, this is the most prolific manner in which it is contracted. Families using the same basin or towel, sleeping in the same bed; the surgeon examining a sound eye after treating a diseased one; constantly using sponges and camel-hair pencils without intervals of soaking in water or other antiseptic fluid. And here we believe, with a late author, "there can be no better antiseptic for general use than pure water."

With the weight of testimony our authors have brought to bear on the subject, no one can thinkingly doubt but that catarrhal ophthalmia is very contagious. And we might add, there seems to be so much extra sensitiveness about the texture of the membranes of the eye and surroundings, that all inflammatory diseases of the organ are contagious.

Catarrhal ophthalmia is essentially a conjunctival disease. If the deeper structures are involved, it must have progressed to sub-conjunctivitis, or further into purulent ophthalmia. There is not much difficulty in differentiating the diagnosis between conjunctivitis and sub-conjunctivitis. In the former we have large superficial vessels, large-meshed, over the ocular conjunctiva, which can be freely moved over the sclerotic; while in the latter, or sub-conjunctivitis, the vessels all radiate from the cornea, and cannot be moved over the surface of the sclerotic.

The invasion commences with congestion of the inner margin of the lids, usually called the tarsal or palpebral conjunctiva. In very mild cases it may go no further.

From here the disease usually spreads to the retro-tarsal fold, caruncle, semi-lunar fold into the ocular conjunctiva, even to the edge of the cornea, and in very severe cases the cornea is found to be opaque. As the disease abates the same course is gone over until at last we find the only remnants of the disease on the tarsal conjunctiva. There is of necessity a good deal of mucous or muco-purulent discharge, partly from the lachrymal apparatus, partly from the altered secretion of the meibomian glands, and lastly from the irritated conjunctiva itself. This discharge often produces marginal or ciliary blepharitis.

Catarrhal ophthalmia has been confounded with granular ophthalmia, owing to the swelling and enlargement of the papilla of the conjunctiva, giving it the semblance of granulations. Indeed, so similar are the two in this respect that the history of the disease must frequently be taken into account before a differential diagnosis can be made. Much difficulty is often experienced from gluing of the lids together with the secretions, especially in the mornings, giving the patient much trouble in opening the eyes. Fear of light or photophobia is not so great as in other eye

troubles. Although patients will often complain very much of artificial light; the sunlight, if somewhat subdued, will not give pain. This is explained by the sunlight being more diffused, while artificial light usually comes from one direction. In many subjects, especially if feeble, tumefaction often causes drooping of the upper lids, more from relaxed muscular tension, doubtless, than otherwise, for in such cases you find a corresponding condition of the lower lids. The patient usually complains that his eyes are filled with particles of sand or grit, from rubbing of the enlarged papillæ against the ball.

To sum up the diagnosis of catarrhal ophthalmia, we find conjunctivitis, both palpebral and ocular, more or less pronounced, but superficial, some photophobia, lachrymation, muco-purulent discharge, marginal blepharitis, œdema occasionally, as might also be said of ciliary neuralgia, a feeling of grit and sand in the eyes, particularly in the evening, in severe cases, impaired vision from corneal opacity, and an inordinate tendency to invade both eyes.

The patient notices muscæ volantes in the shape of strings of fine beads floating through the field of vision and caused by mucus and flakes of epithelium being washed over the surface of the cornea by the movement of lids.

Prognosis is favorable, very amenable to treatment, if treatment is early and judiciously applied. But a bungler is as likely to make bad work in eye diseases as if he were to try to make a wagon without knowing how. Mild cases under favorable circumstances run a course in a few days, while severe, if neglected, they often run into months and years.

Patients too often neglect seeking professional advice until the disease has become chronic, in the meantime trying everything they hear, whether injurious or not.

The treatment of catarrh might be divided into three kinds—prophylactic, abortive, and curative. Although apparently a small matter in itself, the duty of the surgeon is plain and imperative—when he has the opportunity of preventing the spread of eye diseases to do so. Families would often be saved the scourge, or at least have it isolated to a single member, if the attending surgeon would warn them of the danger of contact. Towels should be put in quarantine, the sponge, basin, even camel's-hair pencils, should be thoroughly cleansed before being used again. And, further, the pencil used for one eye should never be used for the other in case both are affected.

Abortive treatment, although possible, is not often practiced, from the fact that the disease has progressed too far before the surgeon sees the patient; but when possible, it is the most satisfactory. A thorough treatment of conjunctivitis in the earliest stage will almost invariably result in a cure.

Eye washes, as a rule, should be abandoned. Many surgeons can recall numbers of cases of failure from eye washes so-called. Dr. X. C. Scott, of Cleveland, Ohio, in all his treatment of eye diseases, has rigidly adhered to the above, and claims further, that the patient or his friends not understanding their use or what they are to accomplish, in nine cases out of ten do more harm than good. Many eyes have been permanently injured by the too free use of mineral astringents leaving a deposit which could not fail to act as a foreign body. Especially is this true of acetate of lead. Nitrate of silver, when carelessly used for a long time, will discolor the sclerotic. Copper, lead, zinc, silver, in fact any treatment which leaves the patient with inflamed conjunctiva, is wholly wrong, and should be abandoned, from the fact that while on the one hand we are guarding against dust, smoke, and the like, on the other we place deposits there which are fully as bad. Then, if not allowed to treat in the popular manner, how shall we treat?

The patient's eyes should be treated by a professional man. The conjunctiva should be actually brushed with a camel-hair pencil dipped into the medicated solution, and immediately after dipped into pure water, and all of the medicated solution washed from the conjunctiva; in this manner, and this only, can deposits be prevented. To accomplish this the upper lid must be everted, and everted very thoroughly—so much so indeed as to throw into view the retro-tarsal fold. By placing the forefinger of the left hand on the everted margin of the upper lid, and the thumb on the corresponding margin of the lower lid, nearly the whole of the palpebral conjunctiva is thrown into view. Then, with a *genuine* camel-hair pencil dipped into the medicated solution, the exposed conjunctiva can be carefully and thoroughly brushed, afterwards in the same manner using a plentiful supply of water to wash away any remains of the solution to, as before stated, prevent deposit—also directing the patient to bathe the closed lids with water until smarting ceases. When the lids are everted, so soon as the brush touches the inflamed surface, the patient will endeavor to close the lids, thereby bringing into view much more of the conjunctiva, and facilitating the treatment. Where the disease is

very mild, a light treatment every two or three days with zinci sulp. or acid tannic, gr. v. to aqua ℥j, will suffice; but what we prefer is arg. nit., gr. v. to aqua ℥j., repeated according to indications. Where the ocular conjunctiva is involved, much more active treatment is required; x. and even xv. gr. solutions should be used for a time or two, and where the cornea is somewhat opaque, and there is sub-conjunctivitis with much photophobia and lachrymation, insufflations of hyd. chlor. M. for 24 to 48 hours, followed by ung. hyd. oxidum flava, introduced at bed time, this (as the opacity disappears) in turn followed by the usual treatment for the simple disease. We are satisfied we have saved very bad eyes in this manner, after the cornea had become opaque. Where much lachrymation exists, occasional use of tannin gr. v. or x. to aqua ℥j., alternating with regular treatment as indicated, will generally suffice to relieve.

After treatment with the silver has continued for some time, the eyes will become accustomed to its use, then it would be well to change over for a time to cupri sulph. of the same strength, or even actually touching the conjunctiva with crystals of sulphate of copper. Powders dusted underneath the lids should be used with great care, and only for a short time as all foreign substances must do a certain amount of injury. The patient should be excluded from smoky or close rooms, should not smoke, or at least only in the open air, should not be much in the night air, should see that in other respects his system is healthy, in fact everything should be taken into account which will further and not retard a cure. All poultices, hot or cold, should be excluded. A cloth may be wrung out of ice water and laid on the eyes occasionally. Anything which overheats the eyes is bad, especially goggles, double eye-glasses, etc., and excepting single eye-glasses, with perhaps a slight tinge of blue, violet or green, the eyes should not be excluded from pure air and light.

THE NEW LOCAL ANÆSTHETIC, MURIATE OF COCAINE, IN OPERATIONS WITHIN THE NASAL AND LARYNGEAL CAVITIES.

BY CARL SEILER, M. D.,

Instructor of Laryngology and Lecturer on Diseases of the Throat and Nose at the University of Pennsylvania.

I have long felt the want of a local anæsthetic in operations about the nose and throat, which would do away with the necessity of the administration of ether or nitrous oxide gas in those cases in which the operation, though painful, requires but a very short time for its performance. It was, therefore, with great interest that I read the accounts of the action of muriate of cocaine on the eye, and after having obtained a small quantity of the drug at once proceeded to experiment with it on the mucous membrane of the nose, larynx, and naso-pharynx. The quantity of the drug at my command being very limited, only a few cases could be experimented with, but the results were so eminently gratifying as to far exceed my fondest expectations. I give a short account of the results so that the reader may draw his own conclusions:

Case 1 was a lady of light complexion and very nervous temperament, from whom I wished to remove a large posterior hypertrophy, situated on the posterior portion of the lower turbinated bone on the left side. The mucous membrane of the anterior nasal cavities was, however, so exquisitely sensitive that the introduction of the wire snare along the floor of the nose was impossible on account of the pain caused by it. I then instilled a few drops of a four per cent. solution of the muriate of cocaine into the nostril, the head of the patient being well thrown back, and allowed five minutes to elapse, when, without the slightest pain being experienced, I could introduce the snare and grasp the growth in its wire loop. The gradual constriction of the hypertrophy was at first hardly felt by the patient, but sensibility returned in the course of fifteen minutes, and the usual small amount of pain was felt during the latter stages of the operation.

Case 2. Chas. M., a boy 8 years of age, with very large anterior hypertrophies on both sides blocking up the nostrils was to be operated upon, and I decided to remove the exuberant tissue with the wire snare. Before proceeding with the operation I painted the mucous membrane with the cocaine solution by means of a camel's hair brush at intervals of about a minute until all sensibility was destroyed, which occurred after the 5th application. The curved needle was then quickly passed through the base of the growth and the wire slipped around, when the hypertrophic tissue was snared off without the slightest pain being felt by the little patient. After the one side was operated on I again painted the other nostril with the solution of cocaine and removed the hypertrophy in the same manner, also without pain. Without the aid of an anæsthetic under ordinary circumstances this operation is quite painful and its performance in children is

out of the question unless under the influence of ether. In adults I have often seen patients faint when the needle was introduced into the hypertrophic tissue.

Case 3. John S., aged 17, machinist, had made an engagement to have a small exostosis on the lower portion of the cartilaginous septum removed with the burr of the dental engine and had made arrangements to take ether. When he presented himself for the operation I concluded to try the experiment of producing local anæsthesia by means of the muriate of cocaine and to give the ether only if it should fail. A pledget of absorbent cotton was saturated with the 4 per cent. solution, and placed over the bony growth and allowed to remain in place for six minutes; a fresh pledget saturated with the solution was then placed in position and left for five minutes after which time it was removed and the parts tested with the sharp point of a needle. No pain or even sensibility being evinced by this test, I proceeded to remove the bony growth, which was of the size of a split pea and materially interfered with the respiration on that side of the nose, by means of the rapidly revolving burr, and found that I could do so without hindrance on the part of the patient, who when asked whether he felt any pain, said, "No, but the noise in the head is awful," meaning the transmission of the sound of the burr through the bones of the face to the ear.

The operation of removing bony excrescences from the nasal septum is a very painful one, and I have heretofore always given the patients an anæsthetic, without which, even if the patient is willing to stand the pain, the operator is very materially hampered in his manipulations by the involuntary motions of the patient, while if the latter is under the influence of ether, the operator loses his coöperation, and has to work in a more or less constrained position. Thus it will be seen that if we can employ a local anæsthetic like the muriate of cocaine in operations of this kind, not only will the patient be benefited, but also the work of the operator be materally lightened.

Case 4. Mrs. H., æt. 37, was one of those rare cases of irritable fauces in which it is impossible to introduce the laryngeal mirror or even the tongue depressor without producing gagging and even vomiting. The case being one of aphonia, I was very desirous of obtaining a view of the larynx; but after repeated trials, during which she vomited twice, I gave up the attempt, and told her that she would have to be educated to bear the mirror. The following day she came again, and although her throat was not quite as irritable, yet I could not obtain the desired view at the first few trials. I then decided to try the effect of the cocaine. Unfortunately, my stock of the solution was nearly exhausted, and knowing that I could not obtain any more of it in Philadelphia, I did not use it in the form of a spray, which method of application undoubtedly would have given better results, but carefully painted the fauces and pharynx with a camel's hair brush dipped into the solution. After the lapse of a few minutes, I introduced the laryngeal mirror and obtained a satisfactory view of the larynx and vocal cords, without the slightest reflex movement being visible.

As long as my solution lasted, I employed it in various other cases in which minor operations were required, and found the drug to act invariably as a local anæsthetic. I observed, however, that some persons are more susceptible to its influence, that is, in some a shorter time and fewer applications are required to produce insensibility of the part than in others, and those in my limited experience I found to be of light complexion, whose mucous membranes are as a rule more sensitive to irritation and pain.

1346 *Spruce street.*

Hospital Reports.

NEW YORK HOSPITAL.

CLINIC OF PROF. WILLIAM H. DRAPER, M. D.

Reported by W. H. Seelye, A. M., M. D.

Collapse from Freezing.

The patient is an elderly man, but nothing definite is known about him. Early this morning he was brought to the hospital in an ambulance in a pulseless and comatose condition. The only thing known about him is that he was found this morning lying on the cellar floor, near a door which opened into a hallway, in a house down town. Last night was an extremely cold one. His friends said that he was not a heavy drinker, but they think that he has had some kidney disease. On his admission at 5:45 this a. m. his pulse was 42, respiration 13, and temperature in the rectum 87°. The examination of his general condition showed that he was comatose, and that there was some œdema of both legs, and the surface of the whole body, but especially of the feet, was cold, and the elbow-joints were rigid. There was no odor of alcohol in his breath. His respirations were deep and slow. There was no radial pulse, and but a feeble femoral pulse. His pupils were narrow and equal in size, and did not dilate upon slapping him on the cheek. His eyes were wide open, and had a glassy stare. There were no evidences of there having been

any vomiting or involuntary evacuations. With the catheter there was drawn off a drachm and a half of dark amber-colored, turbid urine, containing albumen and casts. He was sponged over with mustard-water, and $\frac{1}{24}$ grain of digitalin was injected hypodermically, and also brandy and ether. He was then put in the hot-air bath, and hot-water bottles were applied to his feet. At 9 a. m. the respirations had improved slightly, and at this time there was a feeble radial pulse, and he could be aroused slightly. At 11 a. m. the rectal temperature was 87° and 85° in the urethra. At 1 p. m. he could be aroused sufficiently to answer to his name. More brandy and ether were administered hypodermically, and $\frac{1}{24}$ grain of digitalin was again injected. At 2 p. m. the temperature in the rectum was 93°. The same thermometer was used in taking all the temperatures. Patient has been kept constantly in the hot-air bath up to the present time.

Gentlemen, this case illustrates to you very well the effects of simple exposure to extreme cold. This man came as near freezing to death as he possibly could without perishing. From statements made by his friends, there were some suspicions at first of Bright's disease. But all the phenomena which you have heard described are those of collapse from cold. This case is of importance, as it shows you how from cold, as well as from other injuries, the vital signs may all become very much lowered. The pulse here was reduced in frequency, and the heart's action became very feeble, so that the temperature in the bowels was found to be lowered to 87°, and in the urethra to 85°, and the respirations were reduced in frequency. This condition of collapse is one which you may see result from a variety of causes. But it is moref requently seen in hospitals as a consequence of a sudden and great loss of blood, and as occurring after a severe injury, or in diseases which are accompanied by profuse hemorrhages. But in such cases you never see the temperature so much reduced as it was in this man from exposure to extreme cold during the last twenty-four hours. It is a useful case also because it shows you the proper means for restoring patients in this condition. He was immediately put in the hot-air bath, and he is now in it still. This was done in order to restore vital action; and in addition he was treated with stimulants and digitalin to stimulate the heart's action. He has had no food, and it is not probable that he could yet digest any of it were it given to him. The main reliance must be upon external warmth, alcohol, and digitalis. He has already been far enough restored to answer to his name, and to show some reflexes, and so it is quite possible that he will recover completely.

Medical Societies.

PROCEEDINGS OF THE KENTUCKY STATE SANITARY COUNCIL,

HELD AT ELIZABETHTOWN, KENTUCKY, OCT. 1–2.

Reported by Allen Kelch, M. D.

The Kentucky State Sanitary Council opened its third semi-annual session in Elizabethtown on the morning of Wednesday, October 1st.

A HEALTHY HOME.

Dr. Dudley S. Reynolds, after a few introductory remarks, said:

"The subject of a healthy home involves too much that is important to all mankind to permit anything like a just consideration in the brief time allotted to a single address. In providing a home, the simple necessities, the comforts, nor the luxuries of life form a suitable basis for the sanitarian. The questions of light and air are quite as important as those which involve protection from the storms and vicissitudes of climate. Unfortunately it is not sufficiently known to the public generally that warm air is thin air, light air, air which rises, and cold air is heavy, compact air which descends; and the contact of the cold air let in from above upon one side of the house with the volume of tainted warm air in the chamber will, if the warm air be permitted to pass out near the top of the opposite side of the room, constantly replace those highly important elements which man must have for comfortable breathing to sustain health. The question of atmospheric poisons is one of great importance, and may be generally considered as pertaining to the soil or lying upon the surface of the ground. The question of keeping out those germs which cause infectious disease involves the consideration of the source and character of the water supply, and this is often directly connected with the question of drainage, and the disposition of excrement and garbage. The diseases mostly to be feared are to be known as malarious and filth diseases, the former entering the system through a tainted atmosphere, the latter being swallowed in the contaminated water or food.

Many other references to the relations which a neglect of these points sustains to the causation of disease were introduced, after which the questions involved were discussed as follows:

Dr. McCormack, of Bowling Green, said an excellent authority had written that the style and architecture of the school-houses and churches of the people marked their advancement in civilization. He thought it might better be said that the home life of a people was the true test of their advancement. This is a broad question. Lately the State Board of Health had been engaged in making a sanitary survey of Kentucky, inquiring on a large scale into the home life and habits of the people. The result is not flattering to our vanity; carelessness in regard to the location, construction, and ventilation of our houses, and in regard to the disposal of house refuse and kitchen slops are reported from all sides, and the results of these neglects—typhoid and other fevers, diphtheria, and other filth diseases—are widely prevalent. He pointed out the absence of all systematic attempts at ventilation of dwelling houses and of the relation of impure air to scrofula and consumption, as another evidence of home neglect. This survey showed that only about one-third of the people of this State had been vaccinated. Thousands of dollars were paid from the county treasuries in Kentucky to treat and stamp out small-pox, which properly applied in vaccination would entirely prevent this dis-

ease. Cleanliness and carefulness in every home would make Kentucky what it should be—the healthiest and greatest of the States.

Dr. Breyfogle, of Louisville, thought the address of Dr. Reynolds was timely and most excellent, but that it did not go far enough into the subject of a healthy home. That the suggestions contained in the address applied more especially to people of the higher classes, those able to own and construct their own homes. That more attention should be paid to those poorer classes who are under the influence of landlords who care less for the physical than the financial condition of the tenants. We should teach them that these are not the only requirements for a healthy home; teach them that they swallow disease as often in stale vegetables, impure milk, and diseased meats, as from the emanations from garbage and cesspools. Teach them to look into their culinary department oftener, and then if the poor laborer, who goes to his work early, leaving his wife with the cares of a large family, should be unable to fully conform to the modern sanitary regulations in the removal of offal from his premises, they can at least remove some of the predisposing causes of an unhealthy home. Again, some reference should be made, in treating of a healthy home, to the moral influences, which contribute so often to debility, nervous prostration, and insomnia. In this we often find the secret germ which undermines the constitution and prepares the field for reception of the infinitesimal germs so learnedly discussed by my predecessors.

Thursday Morning.

The session opened with a large attendance of ladies and gentlemen, residents of the city. The first paper read was on the "Physical and Other Dangers of Alcoholic Beverages," by Hugh D. Rodman, M. D., of New Haven, Ky.

After entering minutely into the subject of alcohol itself, and having something to say concerning the probable date of its discovery, he proceeded to speak of the evil effects of this poison upon the system.

"Possibly," said he, "when alcohol is imbibed a part of it may be oxidized in the organism, but it is a well-established fact that the major portion of it retains its distinctive nature and qualities unchanged after its mixture with the blood, and is expelled from it unchanged and unaltered through different emunctories.

"Perrin asserts that he never found alcohol in the human body thirty-two hours after its absorption. Parker and others maintain that they found it there 124 hours after. Its presence in the system, retaining, as it does, its own nature and properties and power to cause mischief, even though it last but thirty-two hours, cannot but prove detrimental and dangerous. The blood, passing to every portion of the body, even the most remote, in accomplishing its purposes of nutrition, when carrying another substance having a distinct nature and separate existence and different effect, is bound to be interfered with in the performance of the function it is designed to fulfil. This applies to every part, but there are special parts of the system upon which alcohol exerts a specific effect. The nervous system is particularly susceptible, and for it this substance seems to have a special affinity. It affects the organs concerned in digestion also, but not in the same manner. The stomach is its receptacle when it is taken into the body and thus is exposed to its influence. So, likewise, the organs concerned in excretion, though possessing no affinity for the substances, must, by virtue of their function, have it brought into contact with them. The immediate effect of its absorption is elevation of temperature. This, however, is temporary, and soon gives way to depression. This being true, the consequent effect of it upon the system is to increase the susceptibility of the individual to the development of those serious internal inflammations recognized as having their exciting causes in lowered temperature and depressed vitality. A continued use of the substance leads to destruction of various organs, sometimes by softening of its structure and dissolution of it into small particles or detritus, and sometimes by the progressive degeneration of its substance, or deposition into its substance of fat. By its action, the tendons supporting various organs receive a superabundance of nourishment; and thus their function is subverted, and they displace by their increased bulk the parts they are intended to support.

"When alcohol is used as a beverage the stomach is the first organ to feel its baleful influence. One-half of the cases of gastritis and enteritis have their origin in the excessive use of alcohol.

"Its effect upon the liver is even more disastrous. Besides congestion, jaundice and ordinary inflammation, two other far more grave and hopelessly irremediable affections have their origin in its too free use, viz., steatosis and cirrhosis. Affection of each individual part of the respiratory apparatus may likewise be enumerated among the diseases which its use entails.

"Of all however, the brain suffers most severely and constantly from its absorption. Step by step its functions are impeded until one by one they are lost. The climax is insanity—silence of the intellect in a ruined organism. That form of acute insanity known as 'delirium tremens' is followed by death once in five times. 'Out of 1000 insane patients who have been subjected to my special observation,' says Dr. Morel, '200 were deranged through the action of alcoholic liquor. In St. Petersburg out of 997 demented persons admitted to the asylum in ten years, 837 were hopelessly mad through the direct action of brandy.'"

Following Dr. Rodman, Dr. P. C. Sutphin, of Canmer, Ky., read a paper on Alcoholic Beverages in Relation to Health Regulations.

Dr. Sutphin said, in substance;

"Deeply affecting the interests of sanitation we have the use of alcoholic beverages. The extent to which they affect those interests stands fully demonstrated in the deleterious effects of these liquors upon individual human health. It is known that 60,000 die every year in the United States alone from the injurious effects of this agent. To reflect that so many people lose their lives every year from this pernicious and hateful influence must awaken in every virtuous mind the deepest desire for their suppression or permanent removal. Their deleterious effects are more vividly apparent to the medical man who recog-

nizes in every vitiating influence upon the system one of the most potent predisposing causes of disease. As one of its effects he will recognize the peculiar susceptibility of those addicted to the use of these beverages to epidemic diseases and the horrible mortality that prevails among them.

"During the epidemic of yellow fever which prevailed at Memphis a few years ago, marked emphasis was placed on the fact that those who were habituated to the use of these liquors were the earliest as well as the most constant victims of the disease. This being true of yellow fever the same may be said with even greater force in regard to cholera.

"In Glasgow, Scotland, in 1832, during the cholera epidemic at that place, says a physician, only 19° of the temperate perished, while 91° of the intemperate fell victims to the disease. In the same year it reached Montreal, and of 1,000 persons who died there of the disease only 2 were teetotalers. At Albany we are informed that it carried off 366 above 16 years of age, all but four of whom belonged to the drinking classes. In New York of 204 cases only 6 were temperate and all of these recovered while 122 of the others died.

"It has been ascertained by the investigations that the general death rate of all the population of England is 23 per 1,000 per annum, while that of drunkards, males and females, is 118. While a study of the effects of moderate drinking shows it at best to be of a highly deleterious nature. Moderate drinking tends to produce that condition which we term 'plethora,' so favorable to local congestions and inflammations of various organs and which especially tends to hemorrhage. This superficial aliment must be excreted by the lungs, liver, kidneys and skin: this leads to undue functional activity of these organs which renders them peculiarly susceptible of derangement.

"The Health Board is the more especial guardian of the public health, and the effect of the use of these liquors by the people becomes a question most intimately concerning sanitary regulations. That this question is deserving of the most careful attention of the health board cannot certainly be denied. But whilst supposing that it has not failed to meet with consideration thus, the question is as to whether this consideration has been such at all times as properly belongs to it. How many have been the special reports on this subject, and what action has been taken from time to time concerning it?

"What words of warning against the use of alcoholic beverages have been uttered by health boards officially? What demands for their suppression?

"We speak of filth as being the 'nidus' for the propagation of disease: what may we not say of the dram-shop in this connection, and if a health board orders the removal of the filth for sanitary ends, why not insist also upon the removal of the saloon for the same purpose.

"It may be said, however, that the health board has no power to remove the dram-shop. This may be true, so far as the present is concerned, but that this power may be made a matter of the future if so desired, perhaps admits of but little doubt."

Dr. McCormack, of Bowling Green, said:

"I am sure this council needs but little more than the reading of such papers as those, we have listened to, in order to convince its members that from a health standpoint the use of alcoholic beverages has played and is playing the part of important factor in the production of disease and death. Every practitioner of medicine of any experience, knows that the mortality returns show but a small percentage of the actual deaths which occur from alcoholic poisoning. In the first place a physician's regard for the feelings of the friends of a dead man will often prevent him from telling the whole truth in a death certificate, and in the second, alcohol is often the remote cause, while the immediate is some acute disease. For instance, pneumonia and typhoid fever, or any other of the ordinary forms of disease which might in the same subject be of comparatively little importance, assume aspects of much graver import when it is determined that the subject is dissipated and intemperate in habits.

"Yet while all this is admitted by the Board of Health, and deplored by its members too, it finds itself at present powerless to act to modify that condition of things. The gentleman speaks of appealing to the Legislature to gain these powers, and assumes they would at once be granted. A little experience in appealing to that body would teach how idle such efforts prove. We need to lay a broader foundation than that: we need to go further back and make this an educational question. What we need to do is not so much to restrict by law those diseases which are preventable, as to educate our people to that degree of intelligence in respect to these operating causes of disease as will lead them to instinctively avoid them as they will any other of the certain causes of destruction. To this end the best and readiest plan is to have the full facts taught in our public schools, as is done in Michigan and several other of the Northern States. While our boys and girls are learning about the mountains of Asia and the political divisions of Europe, have them taught these other important facts which will be of life-long value to them, viz., that alcohol is a poison and why. Not only this, but I should have children taught how they can avoid typhoid fever, cholera, and scarlet fever; teach them how and why tobacco is injurious. Such a popular knowledge of these subjects as this would give would create such a public sentiment as would require no appealing to legislators. No appeal would be required. The public voice would simply demand it, and that voice the legislator dare not disobey.

Dr. C. Z. Aud, of Cecilian, Ky., read the following paper on the subject of "Sanitation of Railroad Depots."

"No doubt many of you reside in railroad towns and are familiar with the plans upon which the greater number of railroads are built, and with what total disregard of all sanitary laws. So far as my experience goes, they are built over the ditches on one side of the railroad track, along which ditch the surface water drains. The water from the roof is collected by gutters and carried by downpipes underneath the building. The roof being metal, requires but an occasional slight shower to keep the ground underneath the building constantly moist; in fact, the heavy dews of summer will cause many times quite a

drip. The depot floors are generally built three or four feet from the ground, and are so open as to allow corn, wheat, and other grain that is being spilt by shippers to pass through and sometimes accumulate in considerable quantities. The corners of the freight-room are used more or less as a urinal and the large space underneath as a deposit for alvine discharges. Some depots have privies built inside and others in close proximity. Generally, there is quite a large surface covered as a passenger platform under which the drainage must pass in its exit from the depot. Now, this grain, alvine evacuations, etc., being kept constantly wet by the urine, drips from downpipes and surface drainings along the ditch, must so decompose as to give off most offensive and noxious gases, which, in ordinary times, would cause malarial and other troubles, and in times of epidemics would be a most fruitful soil for the reception, propagation, and spread of infectious diseases. The depot and platform at Cecilian, where I reside, cover eight hundred or a thousand square feet of surface, and being situated in a depression is so badly drained that in rainy times the water in places varies from an inch to six inches deep. I have had quite an amount of malarial troubles among the agents whose duty it was to remain a number of hours each day or night in that depot. I have seen some depots so badly situated and so filthy underneath, that I shuddered to think of the danger to which unsuspecting agents and travelers were being exposed.

"It is useless to say more to convince you of the necessity of sanitation in this direction. The matter of most importance is, the remedy for the remedy for the evil. To my mind, the remedy of most avail is to bring the evil clearly before the attention of the railroad officials, whom I have generally found intelligent and zealous in their efforts for the welfare of the employees of the road.

"Now let us discuss the most favorable plans of sanitation, and urge the railroad officials to aid us in carrying them out. The ground under and about depots should be so drained that no water could remain near to become stagnant. The water, instead of being carried under them, should be carried away from them. They should be well ventilated. The floors should be so tight, that no grain or filth could get through them, and all such should be swept outside, where hogs, fowls, etc., could pick up the grain, and the other filth as it accumulates should be carried off by the section hands. No privies should be built so near a depot as to be dangerous, unless agents are instructed as to the proper care of such, and required by the company to keep them in good sanitary condition.

"In winter many agents and travelers contract violent lung and kindred troubles by the irregular heating of passenger waiting-rooms."

Following the discussion of this paper, Dr. J. N. McCormack, of Bowling Green, read a very interesting paper on "The Location and Construction of School Houses." In substance he said:

"Real sanitary reform in any country can only be hoped for through a proper education of the masses of the people on the important subjects necessarily embraced in the practical observance of the laws of health. This education can only be secured through the intelligent, earnest, persistent coöperation of the school and health authorities; and the necessity for this coöperation and for persistence in it is probably nowhere more apparent than in Kentucky. To any one at all familiar with the state of public sentiment in regard to educational as well as health matters, it will not be a matter of surprise that the construction of school buildings, as bearing on the health of their occupants, has received but little attention. We have watched with great and growing interest during the year which is just closing, the earnest effort of the little band of public-spirited men to graft upon an old school system methods more in accordance with the demands of the age and the resources of our State; and in the new and better system which seems destined to result from this grafting, we wish to have a sanitary branch.

"If the object of the school is to so train the mind and store it with useful facts, that a strong foundation may be laid for future usefulness as a citizen, however neglectful we may have been of training in regard to sanitary matters in the past, we have certainly reached that degree of advancement when that education will be considered very incomplete in which special stress has not been laid upon all essential conditions in securing and preserving health. Inspired by this thought, Charles Kingsley prophesied, that 'the art of keeping one's self alive and well, will in some more civilized age and country, be held a necessary element in the school course of every child, just as necessary as reading, writing, and arithmetic.'

"If these things be true, and their truth can scarcely be doubted, probably the first step to be taken in the advance movement is the building of school-houses which will be sanitary models in each district in the State. The 'unconscious tuition,' 'the absorbing of knowledge,' forms a larger part of our real education, and children coming, as very many of our children do come, from more or less filthy, badly-constructed, poorly-ventilated homes, and passing the formative, impressionable period of their existence in these well-constructed, well-kept school-houses, would absorb sufficient knowledge of, and love for, a better method of living, to mould the character of the individual and modify the home life for generations to come. Of course, in addition, we would have hygiene taught as a regular part of the course, but with a properly located, constructed, and well-kept school-house, where the methods of heating and ventilation and the disposal of excreta were based on plain and easily understood principles, and the surroundings as a whole were just such as should characterize every healthful home, how easy a task it would be for the teacher to instruct the pupils as to the importance of proper warmth, pure air and cleanliness, and the best methods of securing these essentials to health. These are some of the indirect future advantages to be gained by properly constructing our school-houses. The immediate advantages, the direct influence their construction has upon the health of the children during their school life is probably no less important, and it more immediately concerns us at this time. Recognizing that a healthy childhood naturally ripens into a vigorous manhood, and that a sickly child-

hood just as naturally leads to premature old age or early death, our State has wisely reserved to itself almost absolute control of its schools and school buildings. In fact, the public school is almost the only place where the law may directly interfere to secure and enforce the conditions of health. In this free country of ours, every man is lord of his own castle, and may make it as unhealthy as he will; but if he accepts the benefits of our schools, we can force health upon him as one of the greatest of these benefits. As we have unlimited control here, and only here, how culpable will the school and health authorities be if they do not combine and wisely exercise their important authority.

"So far as my own observation has extended, defects in school-house construction, from a health standpoint, are quite as frequent and flagrant in the more pretentious buildings of our cities and towns as in the humbler structures to be found in the country districts, but understanding your request to be more especially in regard to the latter, I shall devote myself now to the requisites to healthfulness in a country school house. Of these, the first to be considered are the site and grounds for a school house.

"This subject has not attracted the attention which its importance demands. Too often the accident of donation or the influence of some prominent citizen has been paramount in determining a point which should depend entirely on the health, comfort, and convenience of the children of the district. Nothing can give stronger proof of the advanced civilization of a community than the habitual choice of beautiful and healthy sites for its schools. The location should be central as regards the district, and dampness of the soil is, above all other evils, to be especially avoided, it being recognized as one of the most prolific causes of consumption and scrofula. An elevated site is preferable to a low one, as a rule, on account of better drainage, more abundant sunlight, and a freer supply of air. The grounds should be ample, and should be laid out in the most picturesque style of landscape gardening that the community can afford, and all should be enclosed by a neat fence. Land is so abundant, and adornments of the kind mentioned are so cheap and easy to obtain, that no excuse should be accepted when a school house is chucked into some out-of-the-way corner, or propped on a bare hillside, too barren to support anything but a very poor school. No member of a board of trustees would think of building a house for himself in such a locality, and should be ashamed to put the defenseless innocents of his neighborhood, whose interests the State has appointed him to guard, in such a place.

"ARCHITECTURE OF THE SCHOOL HOUSE.

"The size of the house will, of course, depend upon the number of children it is intended to contain. A school-room, twenty-five feet by thirty-two feet, and twelve and a half feet high, containing 10,000 cubic feet of air, supposing fifty scholars in attendance, will give each a floor space of sixteen cubic feet and an air space of 200 cubic feet.

"These figures may seem high, but unless the heating and ventilation are of the most perfect kind, they should be increased rather than diminished. If properly constructed, brick houses are preferable to any other kind, but as they are ordinarily built with us, the brick work, commencing near the level of the ground, with no damp-proof course to prevent the rising of moisture, the walls soon become so soddened and damp that they are utterly ojectionable from a health standpoint. This fault can be readily obviated, at a very small expense, by the use of a properly-adjusted damp-proof course. A very healthful, comfortable, and economical school house can be made of frame, with a thickness of brick worked in, giving a wall with five layers, plank, air, brick, air, and lath and plaster. Such walls have the great advantage attaching to wood, dryness, as well as the most important belonging to brick—warmth. Of whatever material the house is constructed, the floor should be well raised from the ground, and the space under it should be kept thoroughly dry and well ventilated.

"Formerly the proper lighting of school rooms, and the arrangement of the windows and desks in their relation to each other, received but little attention, even in the most enlightened communities. In the last few years, able oculists have shown that the most disastrous results to the eyes of school children are met with every day, as the effect of this ignorance and neglect. Insufficient or ill-arranged light, or seats and desks of improper shape or size, or placed in wrong positions as regards the windows, obliges the child to lessen the distance between the eyes and books, thus straining the accommodation muscles, and finally impairing the sight. To prevent these evils, the light must be sufficiently strong, and should fall on the desk from over the left shoulder, and, as far as possible, from above. If the room is of an oblong shape, as, for many reasons it should be, proper light is most easily obtained by putting the windows in one of the long sides, and arranging the seats and desks parallel to the short walls, so that the light will come from the left hand side.

"The size and form of the seats and desks should also receive the most careful attention. In my early days it was thought that the bad postures so often assumed by children in the school room, arose partly from negligence on the part of teacher, and largely from idleness and carelessness on the part of the pupil; but we now know that there are well established anatomical and physiological reasons which make it impossible for a child to long maintain a correct posture in a seat and desk unsuited to its size and form. In this department the requisites are simple and easy to obtain. The seats and desks should vary in size and height, so that each child may have a seat to itself with a comfortable back, high enough that its feet may rest easily on the floor, and with a well lighted and well inclined desk near enough to its seat, that it will not have to lean forward, or sit on the edge of the seat, in reading and writing. Attention to these simple suggestions would prevent many cases of curvature of the spine, deformed chests, short-sightedness, and other similar evils in the rising generation.

HEATING AND VENTILATION.

"Of all the important questions to be consid-

ered in the construction of houses intended for occupation by human beings, heating and ventilation come first, because of their paramount influence on health. Heating is relatively of greater importance in schools, because children, as do all young animals when not taking active exercise, require more warmth than adults, and ventilation is, because of the large number collected together in the same room, producing a condition of the atmosphere which slowly, but no less surely, impairs the health, unless the air of the room is, by some means, constantly changed. In the rude country school houses of 'the good old days' of my boyhood, and which, I am sorry to say, still survive in great numbers to disgrace the commonwealth, the necessity of more thorough ventilation was not much felt, because the open cracks between the logs where the 'chinkin'' was out, the holes in the rough floor, and the crannies around the windows and doors, furnished all the fresh air that was needed, and much more than was pleasant. I remember well how we used to rotate before the huge fires like fowls on a spit, 'burning on one side, and freezing on the other,' and often getting 'warmed' by the master because we did not study. The survivors of those days were healthier than now, because the delicate ones were all killed off. It was really 'the survival of the fittest.'

"A school-room may be warmed by an open fire, steam-coils, radiators, and furnaces or stoves. Open fires and stoves are the only methods of heating used in our country schools at present, although it is hoped that properly-arranged furnaces will come into more general use in the near future. In a small room an open fire is the most cheerful and healthful mode of warming, furnishing an excellent outlet for foul air, but as the intensity of radiant heat decreases as the square of the distance increases, it is impracticable to heat a large room by this method; those near the fire being too warm, and those in the back of the room suffering from cold. Open stoves are objectionable for the same reasons, though not to the same extent. With a closed stove, as they are commonly used, it is impossible to introduce sufficient fresh air for ventilation, without having dangerous and uncomfortable draughts, and they furnish no outlet for foul air. Then, again, as the heating from stoves is more by radiation than convection, they also heat the portions of the room nearest to them to an unpleasant degree, while distant parts are too cold. All these disadvantages of the closed stove can be easily remedied by a cheap and exceedingly simple device. The stove should be surrounded by a jacket of galvanized sheet-iron, standing at least twelve inches from the stove on all sides, being well-fitted to the floor at the bottom and extending a short distance above the top of the stove. A door should be made in front through which the door of the stove can be reached, or, what is preferable, the front of the stove can be left uncovered, the jacket being riveted to the corners of the stove in front. If the stove is square, the top as well as the sides should be covered with the jacket, and then the front of the jacket should left entirely open, just as the top would be in the case of the round stove. Two flues, at least eighteen inches in diameter, should extend from beneath the back part of the stove inside of the jacket through the outside wall of the house. The pure air would be constantly brought into the jacket through these flues and rising as it was heated, would be constantly poured into the room, not only pure but properly warmed. In addition, those sitting near the stove would be saved by the jacket from the excessive heat of direct radiation, having the same temperature as those seated in the back of the room. As regards both heating and ventilation, properly arranged furnaces act on essentially the same principles as the jacketed stove.

"Although the dangers arising from imperfect ventilation cannot easily be exaggerated, it seems to me that the subject has been invested with much unnecessary mysticism. Air once breathed is unfitted to sustain life. To continue to breathe air befouled by previous respiration and consequently deprived of its due proportion of oxygen, produces a gradually increasing torpor, and ultimately a stunting of the mental faculties. By the same means, the growth of the physical system is dwarfed, its vitality is diminished, and the child's chances are increased for becoming a victim to consumption and the other diseases which have their opportunity in all lowered conditions of the system. For our purposes, ventilation consists in the removal of this foul air and supplying fresh, pure air in its place. In our climate, during the summer months, this is not difficult; but to do it efficiently during the cold weather, without great derangement of the temperature of the room, or the production of uncomfortable and dangerous draughts, is the most difficult as it is the most important question in the building and management of school-houses. It cannot be secured without skill and expense, and it should be laid down as a rule that that system of ventilation is very imperfect which requires the lowering of windows or the opening of doors, except during recess.

"Believing that the jacketed stoves and air flues just described will furnish the best and most practicable inlets for pure air, the question of proper outlets for foul air remains to be considered. These, like the inlets, should be ample in their dimensions and automatic in their action; and, in consequence of the last condition, must be dependent upon and in connection with the heating apparatus. This can be best and most economically done by building a very broad chimney with three compartments throughout its entire height: the central one serving for the chimney proper, and the two lateral ones as foul-air flues. For a room of the dimensions before given, each of the air flues should be at least eighteen inches in diameter, should only be separated from the smoke flue by one thickness of brick set on edge, and should be smoothly plastered on the inside. They should open free into the room near the floor, their full size, and be properly arched at the top to prevent the entrance of rain. Whenever the stove is used, an upward current will be created in each of these air-chambers by the heat communicated from the smoke flue, and two columns of foul air eighteen inches in diameter will be constantly passing from the room, while, by the action of the jacketed stove, two volumes of pure and properly warmed air, of the same dimen-

sions would be as constantly rushing in to supply its place. Another place for the foul-air flues equally simple and efficient, and based on the same principles, would be to make one apartment in the chimney 20 by 36 inches, which should open freely into the room near the floor, and have the stove-pipe pass up through the centre of this flue, penetrating the arched covering at the top. By actual experience and by careful and repeated tests by the thermometer, it has been found that a lake of cold air almost constantly exists near the floor in school and other rooms, while the air in the upper part of the room is unduly heated. This reverses the desired conditions, by keeping the feet cold and the head hot. In consequence of this, and of the fact that the lower stratum of the air usually contains more carbonic acid if the air is foul, the foul-air flues should always open into the room near the floor that they may constantly act on this cold, foul air. The openings into the air-flues should be covered by some ornamental grating, but no provision should be made by which the teacher or any one else could close them.

"WATER SUPPLY AND OUT-HOUSES.

"Unless a good spring is convenient, a well or cistern should be dug at a safe distance from the privy, should be built up well from the ground to prevent the entrance of surface water, and should be securely covered.

"A wood-shed or coal-house, as the case may be, should be provided for every school-house, and should be kept well filled with fuel. The shameful neglect of trustees and parents on this point, has caused untold suffering and disease to children, and should be carefully watched in the future.

"A distinguished modern writer has said that the true test of a nation's civilization is to be found not in the number and magnificence of its public buildings, but in the neatness of its privies.

"This scarcely over-estimates the importance of these conveniences to health. Every school should have a well-constructed and well-kept privy for boys and one for girls, with one seat and a urinal for every twenty-five boys, and one seat for each sixteen girls. They should be inspected daily, and cleaned frequently, and any defilement of them should be treated as an offense against decency. They are necessary not only for the immediate health and comfort of the children, but also for their proper hygienic and æsthetic culture. This is the opprobrium of practical sanitation, and if proper opinions and habits could be formed in children in regard to it, they might in time spread to their elders.

"Necessarily limited as to both time and space, the important questions in school house construction have only been touched upon. A sentence has called attention to subjects, the importance of which upon the health and happiness of the rising generation, demands a volume. What has been said may at least show how important the school and health authorities are to each other, and I feel sure that this importance will become more and more apparent as the work progresses. The local board of health in each county of the State, selected always from the leading physicians and citizens of the county, will give all the aid in their power to the trustees in the construction of schools. (*To be continued.*)

EDITORIAL DEPARTMENT.

PERISCOPE.

Remarks on Tests for Albumen in the Urine, New and Old.

This subject is so important that the following remarks by Dr. George Johnson, in the *British Medical Journal*, are worthy of reproduction.

In a paper on the above subject in the recently published *Manchester Medical Chronicle*, Dr. William Roberts, referring to the fact that the urine in health contains various forms of albuminoid matter, expresses his belief that the new tests for albumen which have recently been brought into prominence, especially picric acid, tungstate of soda, potassio-mercuric iodide, and the acidulated brine-test, "produce freqnently in the urines of perfectly healthy persons a reaction which is undistinguishable from the reaction which indicates disease or abnormality." This point was put to the proof by the examination of the urine of thirty-one healthy persons—students, candidates for insurance, and others, who exhibited no signs of disordered health, and in whose urine heat and nitric acid gave no indication of albumen.

Dr. Roberts, of course, needs not to be reminded that albumen, in greater or less abundance, and for long periods of time, may be unquestionably present in the urine of persons who exhibit no signs of disordered health. If this were not so, albuminuria would not be so frequently unsuspected and overlooked as it is.

Dr. Roberts proceeds to state that "the acidulated brine-test gave a reaction in eleven cases, picric acid in fourteen, the tungstate test in twenty-eight, and the mercuric iodide in twenty-nine cases."

Deferring for the present what I have to say of picric acid, I should have expected, from observations which I have quite recently made, that the other three tests would give a slight but appreciable reaction in every specimen of normal urine. It is a fact that all normal urine contains a small but variable proportion of mucus.

Now, mucin is precipitated by dilute acetic acid and mineral acids. (See the article Mucus, in Watts's *Dictionary of Chemistry*, vol. iii, p. 1059–60.) It is also precipitated, as Dr. Oliver has shown (*Bedside Urinary Testing*, p. 37), by citric acid. The addition of a small quantity of acetic or citric acid to normal urine gradually renders it slightly but decidedly turbid, by coagulating the mucin; and Dr. Roberts mentions the fact that, when nitric acid is added to albuminous urine,

"the albumen is thrown down just above the line of junction of the two liquids, while the mucin is brought into view toward the upper part of the column of urine, where it gradually forms a diffused haze, quite distinct from the opalescent haze at the line of junction."

To this I may add that, when nitric acid is placed at the bottom of a column of normal urine, a diffused haze of coagulated mucin may commonly, after a time, be seen near the upper part of the column.

Seeing, then, that mucin is precipitated by both mineral and vegetable acids, we are at no loss to understand that any test containing one or other of these agents should give a reaction with normal urine. The acidulated brine contains hydrochloric acid, the tungstate of soda and potassio-mercuric iodide require the addition of either citric or acetic acid before they act as albumen-precipitants; and they, one and all, by the reaction with mucin, slowly cause, in most, if not all, normal urines, a cloudiness more decided than that which results from the actions of the acids alone. With picric acid, however, the case is entirely different. In the form of a saturated aqueous solution, and uncombined with any other agent, it is a most delicate albumen-precipitant, but it gives no precipitate in normal urine unless an acid, such as citric or acetic acid, be added to it. This can readily be proved by the following experiment: Take about a drachm of freshly-passed normal urine, and add an equal bulk of picric acid solution. The yellow mixture will remain quite clear, unless, as sometimes, though rarely happens, some turbidity results from a deposit of urates, which would be at once removed by heat. Now add a few drops of dilute acetic or citric acid, and the mixture will, in a minute or two, become hazy from precipitated mucin, the haziness occurring much more slowly than the immediate opalescence, which results from the presence of a slight trace of albumen, but, like that, being unchanged by heat.

Another experiment consists in adding acetic or citric acid to normal urine, then, after waiting a minute or two to complete the coagulation of the mucin, passing the urine through a filter and adding picric acid to the filtrate; when the mixture will remain quite free from turbidity. I have tested many hundred specimens of normal urine with picric acid, and I confidently assert that in such specimens, no precipitate or haziness occurs when unmixed picric acid is used as the test-agent; and it may be that the different results with this test obtained by Dr. Roberts are due to his having added acetic or citric acid to the picric acid in his experiments. The only precipitates other than albuminous which may result from picric acid, employed alone, are urates, which rarely occur, except when the mixture is allowed to stand for some time; peptones, which I have met with only twice in as many years; the vegetable alkaloids, such as quinine, when large doses are being taken. These all differ from an albuminous precipitate in the fact that they are readily and completely redissolved by heat, while they may be distinguished from each other by the microscope. (See the author's lectures on *Albumen and Sugar Testing*, p. 11, Smith, Elder & Co.)

It appears, therefore, from very numerous and careful observations, that albumen is the only substance found in the urine which gives with picric acid a precipitate insoluble by heat.

The difference, then, between picric acid and the other new tests for albumen is this—that picric acid, unmixed with other reagents, while it is a most sensitive and trustworthy test for albumen, gives no reaction with mucin. On the other hand, the potassio-mercuric iodide, tungstate of soda, and brine, do not precipitate albumen, unless when combined with an acid; and this combination gives a reaction with mucin, which is not distinguishable from a minute trace of albumen.

I have been in the habit of using the potassio-mercuric iodide only as a check upon the picric acid test, when small quantities of albumen only were present, and, until lately, had not thought of applying it to normal urine. I now find, however, that this test-liquid, when acidulated—as it must be, to act at all—gives a distinct opalescence in most, if not all, normal urines. I find, too, that after the mucin has been removed from normal urine by its coagulation with acetic or citric acid, and subsequent filtration, the addition of the potassio-mercuric iodide to the filtrate causes a decided opalescence, which is probably due to the precipitation of some substance other than mucin in the urine.

In testing urines which contain a mere trace of albumen, it is important to remove any turbidity that would interfere with the process. Urates would be removed by heat, suspended mucus and other particles of filtration. The addition of the picric acid solution to a turbid specimen might give a fallacious appearance of coagulated albumen, when, in fact, there is nothing more than some increased opacity, due to the yellow staining of the suspended particles.

Picric acid is itself sufficiently acid, when added in excess, to dissolve and clear a phosphatic turbidity. In the rare case of the urine being so highly alkaline as to prevent the coagulation of the albumen by an excess of picric acid, the plan is to add sufficient citric or acetic acid to neutralize the alkali, then to filter, and add the picric acid to the filtrate.

It appears, then, that picric acid as a test for albumen is more free from fallacy than any other, not even excepting heat and nitric acid, which Dr. Roberts expresses his determination to fall back upon. Of course, in a doubtful case, no one would neglect to apply more than one test. That picric acid is a more sensitive test than heat and nitric acid is easily proved by taking a highly albuminous specimen and gradually diluting it up to the point where—though these tests fail to detect it—picric acid still give a distinct reaction.

The main advantages of picric acid as a test for albumen are the following. It instantly detects a small amount of albumen which nitric acid would indicate only slowly or not at all; while, on the one hand, an insufficient addition of the test does not, as is the case with nitric acid, prevent the subsequent coagulation by heat; neither, on the other hand, does an excess of picric acid redissolve the precipitate, as does an excess of nitric acid. For bedside urinary testing, the portability of the innocuous powder is a great convenience. The fact that, with caustic potash, it is an infallible qualitative and quan-

titative test for sugar, may be said to more than double its value as an urinary test. For bedside use, Mr. Hawksley, 357 Oxford street, makes a waistcoat-pocket test-case, consisting of a test-tube four inches long, in which are packed two smaller tubes, one containing picric acid powder, the other grain-lumps of caustic potash, and also a small spirit lamp. These are enclosed in a metal case, not much larger than a pencil-case.

Another small case contains a nipple-pipette, which, amongst other uses, is convenient for conveying urine from the vessel to the test-tube.

The picric acid which is used for sugar-testing should be purified by recrystallization. The commercial samples usually give a red color when boiled with liquor potassæ; and I lately saw an impure sample which not only gave this red color, but the liquid was rendered turbid by fine granules. The impurity was removed by solution and recrystallization. A simple test of the purity of picric acid for chemical purposes is to boil a mixture of one volume of the saturated solution with half its volume of liquor potassæ. The resulting liquid should be quite pellucid, and of a pale lemon yellow color, with no red tinge.

Pharyngotomy.

Before a recent meeting of the Academy of Medicine in Ireland (*Med. Press*, July 16, 1884), Mr. Hayes read a paper upon two successful cases of pharyngotomy. The first was that of a man, æt. 45, who swallowed a threaded needle, eye foremost. His efforts to withdraw the needle by pulling the thread only served to imbed the point more deeply. He was admitted to hospital two days after the occurrence. Various attempts at removing the needle having proved unavailing, pharyngotomy was undertaken. An incision was made on the left side of the neck from the body of the os hyoides to the superior margin of the cricoid. The parts were caused to bulge by passing a staff into the mouth and pharynx, and upon the point an incision was made, the opening being then enlarged with the fingers. The needle was found embedded in the tissues. It was exposed by scraping with the finger-nail and by slight traction of the thread, and grasping the needle with a forceps, it was withdrawn. The patient recovered.

In the second case a lady had suffered some months from what was supposed to be ordinary sore throat. On examination, a tumor, about the size of a small egg, was found situated below the level of the epiglottis on the right side in the sinus pyriformis. The symptoms of obstruction becoming urgent, it was determined to remove the tumor. An incision was made in the line of the right sterno-mastoid muscle from one inch below the angle of the jaw to the level of the upper ring of the trachea. The pharynx was opened by dividing the tissues on the projecting end of a catheter introduced through the mouth, and the wound was enlarged, first by the forceps, then by the fingers. The tumor, which sprang from the styloid ligament and process, was removed piecemeal, and was found to be a spindle-celled sarcoma. The patient made a good recovery, but the disease returned in a few months, and she succumbed. Mr. Wheeler emphasized the necessity of a free external incision, a small incision into the pharynx, which can be dilated as described, in order that the nerve filaments may not be irreparably injured. He deprecated the employment of sutures, and advocated the establishment of ample drainage.

Mr. Tufnell having seen the two cases, concurred fully in what Mr. Wheeler had suggested as to the feasibility of a large free external incision, the advantage derived from which was most desirable. Nothing could be more satisfactory than the mode of performing the operation, and the result. He referred to a case in which Liston extracted a pike-hook from the pharynx of a boy, first by freeing the hook from its attachments and next by jerking the double ends into a sponge. A needle might be broken in the extraction.

Mr. Story said the needle could be cut in two and then extracted by means of a magnetized forceps. He instanced a case of a boy who had swallowed a needle. The boy was, on his recommendation, kept on slops in the hope that the needle would work down with the fæces, which it did in a few days.

The chairman remarked that one case was seldom a guide to another. Early pharyngotomy ought to receive attention.

Dr. Hepburn testified to the benefit resulting from the operation.

Mr. Franks considered the great point was whether foreign bodies in the pharynx should be removed by an internal or an external operation. Opinion justified the necessity of pharyngotomy in certain cases; but where there were two natural cavities, the question was of the necessity of making an unnatural opening at all. In England the question was discussed of opening the thyroid cartilage or the larynx to get at foreign bodies, and the concensus of opinion was against external operation until every effort by natural means failed. The laryngoscope should be employed, and where a foreign body was seen in the larynx it could, in the majority of cases, be easily got out. Laryngotomy should only be used in extreme cases. In most books pharyngotomy was not mentioned, and the reason was that, as a general rule, the operation was unjustifiable.

Dr. M'Ardle would confine pharyngotomy to such tumors as Mr. Wheeler had mentioned, but he did not see how a tumor growing from the styloid process could be extracted through the mouth without injuring some of the large vessels.

Dr. Harley testified to the immediate relief secured from the operation.

Mr. Thomson asked whether the tumor did not spring from parts external to the pharynx altogether. If that were so, there was no occasion to perform pharyngotomy except for the convenience of putting in the finger to push the tumor upwards.

The president, in reply, said he had contemplated cutting the needle across with a forceps, but did not succeed, though he had the aid of Dr. Haughton and two engineers. Of course, he would not perform pharyngotomy where he could remove the tumor through the mouth. Tumors of the pharynx growing from the base of the skull

could not be removed through the mouth. The laryngoscope was a great help in diagnosing the exact situation of the needle and the tumors. The walls of the pharynx were outside the tumors.

Micrococci in Relation to Wounds, Abscesses. and Septic Processes.

Dr. W. Watson Cheyne contributes a very interesting article on this subject to the *Brit. Med. Jour.*, September 27 and October 4, 1884, the chief points of which may be thus stated:

1. There are various kinds of micrococci found in wounds treated aseptically, differing markedly from each other in their effects on animals. They agree in growing best at the temperature of the body, and in causing acidity and sweaty smell in the fluids in which they grow. The experiments show that cultivations may be carried on in fluids with accuracy, provided the precautions mentioned be observed.

2. The micrococci tested in these experiments grew best in materials exposed to oxygen gas. They grew only with difficulty in the absence of oxygen. Eggs were not good pabulum.

3. Their effect on animals was not altered by growth with or without oxygen.

4. The effects of these micrococci on rabbits and man were not similar, some of the most virulent forms for rabbits causing no deleterious effect in wounds in man.

5. The kidney is apparently an important excreting organ for organisms.

6. Organisms not capable of growing in the blood may yet cause serious effects by growing in the excretory canals. This may explain some cases of pyelitis.

7. Where an organism is not markedly pathogenic, it may be necessary to introduce a large quantity before morbid changes are set up.

8. Suppuration is not always due to micrococci; it may be caused by chemical irritants, such as croton oil.

9. Micrococci are always present in acute abscesses, and are probably the cause of them.

10. In some cases, the micrococci are the primary cause of the inflammation and suppuration, as in pyæmic abscesses; generally, however, they begin to act after inflammation has been previously induced.

11. This inflammation may be caused by an injury, by the absorption of chemically irritating substances from wounds, by cold, etc.

12. There are several different kinds of micrococci associated with suppuration.

13. Micrococci cause suppuration by the production of a chemically irritating substance, which, if applied to the tissues in a concentrated form, causes necrosis of the tissue, but, if more dilute, causes inflammation and suppuration.

14. The conditions in wounds and abscesses are not the same, inasmuch as in the former there is opportunity for mechanical and chemical irritants to work.

15. There is no reason for denying the existence of "antiseptic suppuration."

16. Tension may also cause suppuration, but it is, perhaps, most frequently aided by the growth of micrococci. These organisms need not be of a very virulent kind. It is also probable that the products of inflammation are themselves irritating and capable of exciting or keeping up inflammation.

17. The micro-organisms of septicæmia, of pyæmia, and erysipelas, are different from one another and from those of abscesses. In erysipelas, the micrococci grow in the lymphatic spaces. In pyæmia, they grow in the blood to form colonies and emboli. In septicæmia, they may only grow locally, the symptoms being due to the absorption of their ptomaines; or if they grow in the blood they do not form colonies and emboli. Septicæmia may also be due to other organisms besides micrococci.

18. There are no facts to support the view that it is the same micrococcus which, under different conditions, causes these various diseases. The experiments of conversion of innocent into malignant forms, and *vice versa*, are unreliable.

Local Anæsthesia by the Hydrochlorate of Cocaine.

Dr. R. J. Levis thus writes in the *Medical News*, November 8, 1884:

In a double extraction of hard cataract there was no pain produced by the graspings of the conjunctiva in the fixation of the eyes, in the corneal incisions, and in the iridectomies.

A four per centum solution was freely brushed over the entire conjunctival surface three times, at intervals of ten minutes, and the operations were commenced in forty minutes after the first application. No irritation was produced, and the only sensation described was that of "numbness and hardness." The entire conjunctival surface seemed insensible to repeated pinching with the fixation forceps.

In a single extraction of hard cataract a four per centum solution was brushed over the ocular and palpebral conjunctiva, with the eyelids freely everted. Three applications were made at intervals of ten minutes, and the operation was performed at the lapse of twenty-five minutes. The patient asserted decidedly that she felt no pain whatever.

Preparatory to the operation for uterine procidentia and rectocele the vaginal and labial mucous surface was wiped dry, and a four per centum solution of the hydrochlorate of cocaine was thoroughly brushed over it. The sensitiveness was tested at three intervals of ten minutes each, and the application was repeated three times. There appeared to be at no time any decided loss of painful sensibility, and the operation was finally performed under the anæsthesia of sulphuric ether.

For the removal of a rather large tarsal tumor, the ocular and palpebral conjunctiva and the exterior of the eyelids were brushed with the solution as previously used, at intervals of ten minutes, and the excision was performed at the lapse of forty minutes. The operation seemed to be as painful to the patient as if performed without an attempt at anæsthesia.

For the operation for lachrymal obstruction the application was made in the same manner and at the same intervals. The slitting of the punctum and canaliculus gave no pain, but the passage of the dilating probe down the lachrymal canal seemed to produce some uneasiness.

Prior to applying nitric acid as a caustic to a syphilitic ulcer on the tongue, the same manner and number of applications were repeated, the tongue having been wiped dry and held protruding between the teeth. No pain was produced on the thoroughly benumbed tongue.

Gastro-Nephric Fistula.

Before the Obstetrical Society of Boston (May 10, 1884).

Brief notes of a case of this extremely rare lesion were read by Dr. J. R. Chadwick, who reserved a full report until the case should be made complete by an autopsy.

A married lady, sixty-two years of age, had had attacks of gastric colic, with vomiting, at intervals of one to six weeks for seven years. She had had frequent micturition for a year and a half, and had seen particles of food in her urine. She entered his private hospital on November 12, 1883, when the abdomen was found to be generally tympanitic, except in the upper part of the right lumbar region, where a resisting, tender body was felt protruding from beneath the ribs like an enlarged kidney. Turbid urine was drawn from the bladder, the flow being occasionally interrupted by solid particles and by bubbles of gas. This urine was found by Prof. E. S. Wood to contain a "trace of albumen, much pus, a little blood, muscular fibre, boiled potato, vegetable fibre." The examinations of the urine were made for many consecutive days by Professor Wood, with essentially the same results. As the attacks of colic were apparently confined to the stomach, as the tumor was in the region of the right kidney, as the particles of food found in the urine were invariably undigested, and above all as no trace of bile was found in the urine, except for three days following an attack of vomiting, the diagnosis of gastro-nephric fistula was thought warrantable. This was accepted by Drs. G. H. Lyman and C. E. Stedman, who saw the patient in consultation. Various diets were tried without effect, so that after a month the patient was sent home to Rhode Island unrelieved, as her condition did not warrant a resort to the very hazardous chances of an operation. Dr. Chadwick had found in medical literature the reports of but two authentic cases of this lesion; one in a French thesis of 1866, where a gastro-nephric fistula had been discovered post mortem, but no history of its course recorded; the other in an Italian journal published in 1866, where no confirmation of the diagnosis by autopsy had been reached at the time of publication. The probable origin of these lesions is in purulent nephritis.

Dr. Lyman said the case was one of the most interesting that he had ever seen: it was wonderful that the woman had maintained her nutrition so well. He inquired if the woman had been fed by rectum.

Dr. Chadwick replied that she had not. It was found that liquid food given by stomach escaped without much change through the bladder; hence it was thought best to give solid food which remained longer in the stomach. At one time there was much gas discharged by the bladder.

Dr. Abbot asked if the urine had been examined at times of long abstinence from food, and compared with the urine passed soon after taking food, with a view to determining whether the fistula was gastro- or intestino-nephric. The reply was that no such experiment had been tried.

Some Observations on the Bacillus of Tuberculosis.

So many methods of observation and of staining the bacillus of tuberculosis have been suggested and recommended as possessing various advantages, that a systematic investigation of their comparative merits seemed to be necessary in order to the determination of the diagnostic value of each. Such an investigation has been very thoroughly carried out by Dr. Harold C. Ernst, of Jamaica Plains, Mass., and the results are given in the October issue of *The American Journal of Medical Sciences*. These results have been obtained after the expenditure of much time in the preparation of the slides, much care in the selection and compounding of the staining reagents, and by the most careful comparison of the slides one with another.

As far as his experience goes, and Dr. Ernst has tried every method of staining that he has been able to find mentioned, Koch's and Ehrlich's methods are the only ones upon which reliance can be placed under all circumstances. With neither of them has he succeeded in finding an organism besides the bacillus of tuberculosis which would resist the decolorizing action of nitric acid, and which would not take the contrast color. Therefore, as all the others seem to be untrustworthy from a diagnostic point of view, one of these two methods, more especially that of Koch's, should be used in all investigations upon this subject. Unless one of them is used, every observer is liable to the error of mistaking other organisms for the bacillus of tuberculosis, or to the still greater one of failing to detect it in places where proper methods of manipulation make its presence very manifest.

As far as the observation of Dr. Ernst extends, the fact of the occurrence of a peculiar form of bacillus in tuberculous lesions is an invariable one. He has never met with a case which could be considered tuberculous in which he has failed to find bacilli in larger or smaller numbers, and examinations, yielding negative results as regards the occurrence of bacilli with the special staining reaction of the bacillus of tuberculosis, have been made in a large number of cases of sputum from other diseases than tuberculosis.

Dr. Ernst also narrates a series of inoculation experiments, which he made with great care, with pure cultures of the bacillus tuberculosis, and in all but one case, in which no result was obtained, the characteristic bacilli were found, thus constituting confirmatory evidence of the specific nature of the bacillus of tuberculosis.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——A healthy reaction against the tendency to therapeutic nihilism is found in such an article

as that by Dr. E. C. Seguin, on "the American method of giving potassium iodide in very large doses for the later lesions of syphilis; more especially syphilis of the nervous system." By large doses he means say one drachm of the iodide a day. This may be considered heroic medication. It has, however, first-class testimony in its favor, and Dr. Seguin's article presents this testimony in its full force.

——In a reprint from the *Trans. of the Medical Society*, of Pa., Dr. Charles Turnbull discusses the question "Does a chronic discharge from the ear make life insurance hazardous?" His answer is that it does in certain cases, and his article is devoted to defining which those cases are.

——A suggestive reprint from the *St. Louis Weekly Medical Review*, by Dr. F. L. Miles, of Elkhart, Ind., is upon the topic, "Ocular irritation a cause of nasal affections."

——Dr. J. C. Shoemaker, of this city, sends us a reprint on the use of jequirity in diseases of the skin. It contains a number of hints that dermatologists will appreciate.

BOOK NOTICES.

Transactions of the Indiana State Medical Society, 1884, 8vo., pp. 352.

This volume is both handsome in external appearance and satisfactory in its contents. The number of original papers is considerable, and they are on topics of general interest. The address of the President, Dr. S. E. Munford, is a stirring appeal for a higher grade of scholarship in the profession. Four or five of the writers chose as their theme some of the points in legal medicine, such as malpractice suits, medical legislation, and the like. Next to this, surgery challenged the attention of the members. Of special subjects in this branch we may name "Fracture of the Femur," by Dr. J. W. Marsee "Pruritus Ani," by Dr. G. J. Cook; "Angelwing Deformity," by Dr. G. W. H. Kemper; "Cases of Abdominal Surgery," by Dr. J. Eastman, and others. All the papers merit the distinction they have received of being put in print.

Surgical Delusions and Follies. By John B. Roberts, A. M., M. D. 18mo., pp. 55. Philadelphia, P. Blakiston, Son & Co.

In this enlarged version of an address which the author delivered before the Medical Society of Pennsylvania, he criticises sharply certain practices and procedures, many of which still hold a footing in hospitals and clinics. Such delusions are the use of styptics, the innocuity of chloroform, the loss of blood, the danger of trephining, the bandaging of broken limbs, etc. Some of what he stigmatizes as follies in surgery will probably find warm defenders for a long time to come, and perhaps the unfavorable opinion passed upon them may have to be reversed. But in most cases the author is unquestionably correct.

Lectures on Diseases of the Rectum. By J. Williston Wright, M. D. Small 8vo., pp. 170. New York, Bermingham & Co. Price $1.25.

The author justly says that the class of diseases of which he treats "are as common as any which afflict man." Every physician can bear testimony to this. A brief, practical work on them, like the present, cannot fail to command a ready sale. The topics considered are abscesses, fistula, hemorrhoids, pruritus, fissure, stricture, polypus, prolapse, and cancer. The writer's aim is to set forth the symptoms and treatment of these affections in the manner most suitable to students, and he has succeeded admirably in his attempt.

Medical Diagnosis: A Manual of Clinical Methods. By J. Graham Brown, M. D. 8vo., cloth, pp. 285. New York, Bermingham & Co., 1884. Price $1.50.

Dr. Brown is a physician of Edinburgh, and his work is an example of the thorough and conscientious labor for which that school has won a just celebrity.

His plan is not that found in many other works on diagnosis—that of taking up leading symptoms and tracing them in various diseases. He pursues what we may call the anatomical method. That is, he begins with a chapter on the general aspect and condition of the patient, and then proceeds to investigate the alimentary system, the abdomen, the hemopoietic system, the circulatory, respiratory, integumentary, etc., systems, thus passing in review the whole body. This is a natural and easy plan of arranging his material, and is quite as advantageous as any other.

An Aid to Materia Medica. By R. H. M. Dawbarn, M. D. Small 8vo., pp. 86. New York, J. H. Vail & Co.

The writer of this work aims to give in the briefest manner possible an epitome of the pharmacopœia. The drug and its preparations are arranged in tabular form; the doses of each is given in both the old and the metric system; the composition and synonyms are added, and the solubilities. The book is interleaved, so that it is convenient for adding the novelties to the materia medica. The plan is a good one, and we do not doubt the manual will find a ready sale.

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THE LAWS GOVERNING THE REMOVAL OF THE DEAD.

The subject of the removal of the dead in its legal aspects brings up many considerations, such as the right of the public to remove bodies from cemeteries which have become disused, or unhealthful, as in crowded cities; the right of cemetery associations to remove bodies from an old location to a new one, when the property is sold, and the like. But the question which will here be considered is whether there is a right in the relatives to remove a body once interred, if any opposition is made, and in whom the power of decision over the matter resides.

It may be said in general, that a person has a right to direct the interment of his body in the place he desires, and that such desire will be respected if the point comes before a court for decision. This may be directed verbally or by will. (4 Bradf. 503.)

If, however, the relatives and the executors are unwilling to carry out the wishes of the deceased as to a place of interment, there is no apparent way of enforcing them, as the public has no interest in the matter sufficient to bring it before a court for determination.

But when once interred, it becomes a question as to the right of removal at all, and the courts have required some reason to be given before granting an order for disinterment There are city ordinances to be respected also in the removal of bodies from cemeteries within municipal limits, and in addition the regulations of the cemetery associations themselves have to be obeyed. So, it is not always an easy matter to remove a body when there is no opposition on the part of the surviving relatives. When there is such opposition, the cases have generally been decided on their own merits, without the courts considering themselves bound absolutely by precedents. It has even been questioned whether the friends had a right to remove a body against the permission of the owner of the lot. (Weld vs. Walker, 130 Mass., 422.)

The law favors the "repose of the dead," and consequently some valid reasons are required be-

fore it will allow a hand to be laid upon the ashes of the departed.

Most of the States have laws in regard to disinterments committed violently for purposes of dissection, or for gain or profit in securing a reward by the return of the body, and such offences are made felonies or misdemeanors, and severely punished, but these public concerns are not here discussed. A good many years ago Congress passed a resolution to remove the body of George Washington from Mount Vernon to the capital, but the legal representatives objected, and the matter was dropped. The question of removal as presented to the courts, is generally between surviving members of the family of the deceased, some of whom desire to remove the body and some do not. In Wynkoop *vs.* Wynkoop, 42 Penn. St. 293, the contest was as follows: Col. Wynkoop had been buried with the honors of war in his mother's burial place by the consent of his widow. In about a year's time she desired to remove the body, but the owners of the cemetery and her husband's relatives objected. The widow was administratrix of the estate, and in such capacity applied for an order of removal, but the court decided that her duties as administratrix ended with the burial, and that the circumstances of the case justified a refusal to permit a removal when the family of the deceased were opposed to it.

In a later case (1876), also in Pennsylvania (Lowrie *vs.* Plitt 11, Philadelphia, 303). Mrs. Henrietta Lowrie, in accordance with her request and the concurrence of all her children except one, who was living in Lima, Peru, was buried in the lot belonging to her sister, Mrs. Plitt. This son returned to the United States, paid the expenses of his mother's funeral, and died leaving a will in which he directed his executors to build a vault at a cost of $5,000, in which were to be placed the bodies of his mother and any of his brothers or sisters who might hereafter die.

The executors erected the vault, and requested permission to remove the body from Mrs. Plitt's lot. This was refused, and then an application was made to the court and resisted by the sister and daughter of Mrs. Lowrie. The court in refusing the application, said those of the "children who survive are divided on the question of removal. She is with her father, mother, sisters, and first-born. Upon the granite which marks their resting-place, her name is graven with theirs, and beneath it their ashes have commingled. It is fitting that they should remain undisturbed."

In Pierce *vs.* Swan Point Cemetery Co., 10 R. I., 227, a Mrs. Metcalf complied with her husband's request, and buried his body in his own lot in Swan Point cemetery. This lot passed by descent to his only child, a daughter, and when Mrs. Metcalf, against her consent, removed the remains, the court forced her, on the application of the daughter, to restore them to their first resting-place.

In Secor's case, 31 Leg. Int. 269, a New York court granted the same protection to the grave at the application of the widow, as had been given notwithstanding her opposition in two of the cases already cited. In this case the widow had interred the remains of her husband, when her son, claiming that he had purchased a plot of ground for a family burial place at the request of his father, insisted on removing the remains. The widow applied to the court for a perpetual injunction against him, and this was granted and sustained on appeal.

The court said: "In the present case the body was buried in a proper place without dissent. By what right then, can the next of kin claim a removal against the will of the surviving wife? It certainly cannot be upon the reasoning that they have an interest in the body as property, for it is clear that there can be no property in a corpse, 2 East's P. C. 652. * * * A proper respect for the dead, a regard for the tender sensibilities of the living and the due preservation of the public health, require that a corpse should not be disinterred or transported from place to place except under extreme circumstances of exigency."

A Massachusetts' case, Weld *vs.* Walker, 130, Mass. 422, permitted the removal, but not in a

manner to throw doubt upon the propriety of the decisions in the cases already cited. The husband procured the grave clothes and coffin for his deceased wife, and after the earnest solicitation of the two husbands of his wife's sisters, buried her in a lot belonging to them. He afterwards desired to remove the remains to a lot owned by himself, and in an application to the court stated that in his grief he did not realize what he was doing in the first interment, that he had no authority to decorate or care for the grave in its present location, and asked for leave to remove the body. This was granted, the court holding that "If a husband has not freely consented to the burial of his wife in a lot of land owned by another person, with the intention or understanding that it should be her final resting place, a court of equity may permit him, after such burial to remove her body, coffin and tombstone to his own land and restrain that person from interfering with such removal."

In July of the present year an application for removal was made to the Surrogate of Queens county, New York, under rather peculiar circumstances. Gardiner H. Wolcott died in November, 1881, supposed to be intestate. He was buried in Greenwood cemetery, Brooklyn, and his property was divided up between the next of kin.

A short time since, a will was found which directed that the body should be interred in Greendale cemetery, Meadville, Pa., and that this expense should be paid from his estate. The executors named in the will had no money with which to pay the expense of removal, and they applied to the Surrogate for an order directing the next of kin to bear their proportionate shares of the expense. This application was resisted by them, and the Surrogate refused the application, saying that he would not order the removal under the circumstances against their wishes. If the will had been found at the time of death the interment would, of course, have been made as the deceased wished.

It will be seen from these cases that a disinterment is a difficult matter to accomplish against the wishes of the owner of the lot, or of any of the family of the deceased. This results from the fact that there is no absolute right of property in the dead body, remaining in any person whatever, and public policy requires that the ashes of the departed shall not be lightly or disrespectfully touched.

CORROSIVE SUBLIMATE AS A SURGICAL DRESSING.

It has been rumored that Sir Joseph Lister had withdrawn his great confidence in antiseptic dressings. This seemed strange to those who recalled the great enthusiasm with which this great teacher had advocated what we have come to call "Listerian precautions." In an address delivered at the opening of the Medical Society of London, and published in the *British Medical Journal*, October 25, 1884, Sir Joseph tells us that several instances have recently occurred, of results deviating from his typical experience in antiseptic treatment, such as he was in no way prepared to meet with, and in one case a fatal event ensued. Casting about for the cause of these failures, he came to the conclusion, which is a very plausible one, that volatile antiseptics, such as he had been using, principally eucalyptus and carbolic acid, were unreliable, owing to the very fact of their volatility, which not only rendered their proper preparation by the manufacturer very difficult, but also rendered them very liable to lose their antiseptic properties in a very short time, even when properly prepared. Iodoform, as he says, is not so volatile, but his experience does not recommend it as a very efficient germicide.

Dr. Koch's experience with corrosive sublimate, which is non-volatile, caused him to turn his attention in this direction, and his results have been very satisfactory.

From the *British Medical Journal*, October 25, 1884, we learn that the dressings have been found to be often very irritating, sometimes they have caused symptoms of poisoning, while the histories of the cases render it very doubtful whether in many in many instances a truly aseptic result has been obtained. We need not go over the ex-

periments narrated in Sir Joseph Lister's paper, the result of which is very much as follows: He finds that sublimate combines with albumen to form not an albuminate properly speaking, but a simple mixture of the two, and that this mixture is much less irritating than a watery solution of corrosive sublimate; and serum which has been passed in small quantities through a gauze containing sublimate will not undergo decomposition, though inoculated with putrefying materials. A large amount of corrosive sublimate, however, must be present in the gauze, in order to obtain this result, more especially if blood, instead of serum, be used for the experiment. As the result of the discovery of the less irritating nature of the combination of albumen and sublimate, a sero-sublimate gauze has been prepared. This is easily made by soaking gauze in serum containing sublimate; for, though precipitate forms on first adding sublimate to albumen, this redissolves in excess of albumen. Sir Joseph Lister finds that a sero-sublimate gauze containing 2 to 4 per cent. by weight of sublimate, is apparently non-irritating; while, at the same time, it is an effectual antiseptic dressing. Whether this gauze will supersede carbolic gauze, or whether objections may not be found to it, can only be determined as the result of more extended trial and investigation than that to which it has as yet been subjected. In any case, the sublimate cannot, as far as is at present evident, supersede carbolic acid for the purification of instruments, sponges, and the skin, or for the spray.

Notes and Comments.

Oil of Gaultheria in Rheumatism.

So many remedies have been from time to time highly vaunted in the treatment of rheumatism, to be afterwards relegated to comparative obscurity, that we always look with distrust upon any new recommendation. However, the oil of gaultheria is so highly recommended by Dr. H. H. Seelye, of Massachusetts, in the *New York Med. Jour.*, November 8, 1884, that we feel called upon to notice his remarks.

About two years ago its use was commenced in Bellevue Hospital, New York, when Dr. Seelye was house physician there, and its results were so satisfactory, that from that time onward it has been the main reliance in all rheumatoid affections.

The medicine, it was found, could be administered in various ways, the most agreeable being in capsules, either alone or mixed with salicylate of sodium, or in soda-water as a flavoring. But the method most employed was to give it in an emulsion of ten minims of the oil to half a drachm each of glycerin and water. If the patient had been sick for some time, and the inflammation of the joints was extensive, they usually ordered two drachms of this mixture every two hours during the day, and every three hours throughout the night. Under this treatment almost invariably within twelve hours the patient would express great relief, and by the end of twenty-four hours the pain and swelling would have left all the joints except, perhaps, a little in some one articulation; and there would only remain a slight stiffness of the previously-inflamed parts, due, probably, to the distension of the adjacent tissues by reason of the swelling, which had now disappeared. Before or about this time, however, the patient would generally complain of some ringing in the ears and deafness, similar to that produced by large doses of quinine, but usually not so markedly annoying in character, and he would be apt to have some headache or a sensation of fullness in the head. These symptoms occurring synchronously with cessation of pain, tenderness, and swelling from the joints, and with a sudden fall of temperature to the normal, were generally considered an indication for diminishing the dose of the medicine, and it was, therefore, usually reduced to one drachm every three or four hours, according to the relative amount of the cerebral and joint disturbance. If too much of the medicine was still given, its evil effects became more marked. The patient would now experience a loathing of the drug; nausea and vomiting would set in; the deafness, tinnitus aurium, and headache would increase; the muscles of the hands, limbs, and face would become tremulous; the countenance would be flushed, and the whole body be bathed in a profuse perspiration; and at length the patient would become delirious, till in some instances the symptoms so closely resembled those of delirium tremens, that it was often difficult or quite impossible to tell whether they were really the manifestations of the physiological limits of the remedy, or those of an alcoholic patient deprived

of his accustomed stimulants. These extreme symptoms, more or less modified, were observed in, perhaps, eight or ten cases of acute articular rheumatism, but they almost invariably occurred in patients who had been hard drinkers, and in whom the attack of rheumatism was most probably due to some unusual exposure to cold or wet while in a state of intoxication. In the large majority of cases only a little ringing in the ears was complained of, and this would soon cease upon the diminution or complete withdrawal of the drug. There were also very many cases in which no evil results were ever manifested, but the patient speedily recovered without experiencing any annoyance.

The Treatment of "Lawn-Tennis Leg."

The prevalence of the game of "lawn-tennis," has made common (more particularly in England) an accident which consists in the rupture of some portion of the muscular or tendinous structure of the calf. Dr. Wharton P. Hood thus describes the treatment in the *Lancet*, Oct., 25, 1884.

As soon as possible after the occurrence of the rupture, the patient should be placed upon a sofa, with his injured leg raised above the level of his head; and should be kept in this position for five minutes. This is an important preliminary, because the position alone will be sufficient to empty the limb of superfluous blood, and thus to reduce the swelling which is commonly present. A calf which is much enlarged, and very hard, will frequently return to its natural dimensions within the time specified; and the patient will at once obtain relief from the oftentimes distressing feeling of tension. Moreover, if the elevation of the limb be neglected, the plaster next to be described will soon be loosened by the subsidence of swelling, and will require to be replaced within a few hours. After a sufficient period of elevation, and while the leg is still raised, strips of adhesive plaster, each an inch and a half in width, and of length adapted to the size of the limb, should be applied from two inches above the ankle-joint to above the thickest part of the calf, somewhat as strapping is applied in the treatment of chronic ulcers of the leg. When the plaster is well adjusted, it disperses the effusion of blood and lymph and restores the natural flow of the circulation; while at the same time it holds all the muscular and tendinous structures firmly together, and practically converts the sound portions into a splint for those which are torn. As soon as the plaster is applied, the patient should be directed to walk about the room and to place the heel firmly, or at least fully, on the ground at each step. For the first dozen steps he will probably hesitate, and will maintain more or less of the limp with which he entered; but after a short time, finding that his pain is diminished, or possibly removed, he will gain confidence, and will walk with a pride in his own performance which is very interesting to witness. Until this point is reached, he should not be suffered to depart; for, if he does not walk properly before he leaves the surgeon, he will hesitate still more when alone, and will be likely to return to the ungainly progression which he exhibited at the commencement of the interview. Success in walking, in the first instance, will depend largely upon the temperament of the injured person. A resolute man, who believes in his doctor, will walk at once, while a more timid patient will require coaxing and urging.

A Good Dressing for Ulcers of the Leg.

The boric-acid dressing of Lister, applied with a crinoline bandage, has been found most serviceable as a dressing for ulcers of the legs, at the Chamber's Street Hospital, New York. Dr. B. F. Curtis, who writes of it in the *New York Medical Journal*, November 8, 1884, claims for it the following advantages:

1. Firm and lasting support, even enabling patients to work.

2. Asepsis, and non-disturbance of the part.

3. Economy of time to both surgeon and patient.

4. Economy of material, one dressing costing but little more than any ordinary dressing and bandage, and lasting three times as long.

The mode of application is as follows: The leg and foot are thoroughly washed with a 1-to-40 carbolic-acid (or 1-to-1000 corrosive-sublimate) solution, and the ulcer itself is washed with a saturated solution of boric acid. Over the ulcer is put a piece of thin gutta-percha tissue (as a substitute for the Lister mackintosh), large enough to extend about one-fourth of an inch beyond its edges on all sides, which has been soaking for some minutes in the boric-acid solution. The leg is wiped dry, sufficient borated or salicylated cotton to take up the discharge is laid over the ulcer, and the rest of the leg from the ankle to the knee is wrapped in a half-inch layer of cotton batting. An ordinary bandage is applied to the foot.

The crinoline bandage (three inches wide, ten to twelve yards long) has meanwhile been soaking for five minutes in water, and it is now squeezed quite dry and snugly applied over the

cotton from the ankle to the knee, making a thickness of three or four layers. Care must be taken to have the cotton project beyond both its upper and lower edges, as they may excoriate the skin when dry and stiff. In half an hour the crinoline will be dry; but, if time is important, an ordinary bandage may be applied outside of the crinoline, and the patient dismissed at once.

The patients are directed to return in a week; but if they should have any pain, or if the discharge from the ulcer should come through the dressing, to come at once. But the dressing can be worn for much longer than a week.

The Treatment of Burns and Scalds.

So many remedies have been recommended for the treatment of burns that we hardly know where to pin our faith. In the *Brit. Med. Jour.*, Oct. 11, 1884, Dr. J. Walton Browne tells us that he has had the most satisfactory results from the use of chlorate of potash. This remedy has been unsuccessfully tried by many physicians, but Dr. B. attributes this failure to the fact that the lotion was not applied of the proper strength, nor with sufficient frequency.

In superficial burns he directs the blisters to be punctured, and a bread-and-water poultice to be applied over all the injured surface every fourth hour, until the cuticle has become detached, which is generally accomplished upon the removal of the second poultice. He then commences the application of the solution of chlorate of potash, five grains to the ounce; pieces of lint of the required size, saturated with the lotion, are applied four times a day. The lint is covered over with gutta-percha tissue or oiled silk; all dressings being retained *in situ* by a bandage. The lotion must not be of greater strength than five grains to the ounce; of this strength it acts as a sedative, although at the same time stimulating the capillaries to the formation of new skin. If applied much stronger it causes pain; in fact, it acts as a caustic. In some cases, where the lint occasionally adheres to the wound, and is difficult of removal, without injuring the capillaries and causing bleeding, he adds to the chlorate of potash solution some glycerine, in the proportion of two ounces to the pint. To prevent the lint from adhering to the wound, Dr. Harkin has for years used an ointment composed of chlorate of potash and lard, of the strength of five grains to the ounce.

In the treatment of very deep burns, he advises the application of poultices until all sloughs are separated; granulations then spring up, and nothing seems to increase their activity and vitality equal to the potash solution, of the strength of five grains to the ounce; should the granulations become weak, flabby, or too exuberant, he uses a potash-lotion of the strength of ten grains to the ounce, and at the same time prescribes a mixture of chlorate of potash and tincture of perchloride of iron, to be taken three times a day. At any time, should there be offensive discharges, one can combine the potash-solution with some permanganate of potash.

Hydrofluoric Acid in Bronchocele.

Before the Liverpool Medical Institution Dr. J. Cameron related a case of bronchocele treated by hydrofluoric acid:

The patient was a female, æt. 20, a native of South Wales, who up to the commencement of the affection had enjoyed good health in every respect, and whose health remained good throughout, independently of the bronchocele. The enlargement began in 1881, and in the autumn of that year was the size of a large orange. The whole gland was affected, but the right lobe more than the left. It was soft and painless, and the breathing was stridulous. It had already been treated by the routine methods but without much benefit. Hydrofluoric acid was now given and continued for three months, but without perceptible improvement. Some time after its discontinuance, however, it grew more rapidly, and caused greater dyspnœa and stridor. Dr. Cameron thought the accelerated growth was due to the withdrawal of the hydrofluoric acid, and began the treatment again, after which the tumor first ceased to grow, then became smaller, and now only a trace of the right lobe remains. The dose ordered by him was, at first, 15 minims, afterwards 45 minims twice daily. Generally, however, only one daily dose was taken. The treatment was continued for two years. The large dose produced nausea, which was prevented, however, by taking it after a full meal. It caused loss of flesh, but the general health continued good. He was inclined to think that, as many other drugs had been used without effect, the hydrofluoric acid was of benefit.

Dr. Carter would suggest that the method of sending out the drug might have had something to do with the long treatment required, as if sent out in glass bottles, all but the first few doses would be practically useless.

Dr. C. G. Lee suggested, from the analogy between the diseases, that hydrofluoric acid might also be found useful in post-pharyngeal disease also described by Woakes, and in Addison's disease.

New, Successful, and Palatable Medicine for Treatment of Tapeworm.

Under the above title Dr. Howard Pinkney, writing from Sharon Springs to the *Medical Record*, describes his experience with the oil of the pine needle, made from the *pinus punilio*. A hall-boy of the hotel had suffered for five years from tapeworm. He had been treated for four years in New York, but never had succeeded in getting rid of over four feet of links at a time. Dr. Pinkney not being able to get any male fern, pelletierine, or pumpkin seeds, therefore tried the following experiment: "The patient fasted from breakfast, and at 9 p. m. he was given one teaspoonful of oil of the pine needle in half a glass of milk. The following morning, as there no perceptible action of the medicine, the dose was doubled. This, the boy said, had a most agreeable taste. One hour later he took a dose of castor oil, and in the course of two hours after this he passed an entire tænia solium measuring fifteen feet six inches in length, and one-half inch at its broadest part, gradually tapering down to almost a thread. To be positive that none remained behind, he was given two teaspoonfuls more, but no sign of any worm or part thereof passed. "This oil," writes Dr. Pinkney, "contains no turpentine, is fragrant in its odor, and when mixed with milk very agreeable to the taste. It produces no strangury, tenesmus, or other unpleasant or distressing symptoms. The patient can generally pursue his ordinary avocation." The correspondent would be pleased to know if any of our readers have ever read or known of its use in similar cases.

Dyspnœa in Bright's Disease.

Renal asthma is occasionally heard of, and this really means the dyspnœa of Bright's disease, hence it will be interesting to read the conclusions of Dr. R. P. Howard presented to the late meeting of the Canada Medical Association. He believes—

1. That marked dyspnœa might occur in Bright's disease, not due to gross lesions in heart, lungs, or pleura.

2. That it might be (*a*) a continuous dyspnœa, or (*b*) paroxysmal in character, resembling spasmodic asthma; and (*c*) that these types might occur in the same case, but the continued variety was more frequent than the asthmatic.

3. That these forms of dyspnœa might occur as the prominent symptoms of renal disease, and their origin might escape recognition if the urine be not carefully examined.

4. That the Cheyne-Stokes' respiration was often a symptom of Bright's disease, and that it occurred both in the acute and parenchymatous, and in the chronic interstitial nephritis.

5. That while the Cheyne-Stokes' breathing was usually an evidence that the fatal issue was near at hand, it might occur in a chronic form, and might recur for weeks, and, perhaps, even for years.

6. That these several forms of dyspnœa were due to that defective renal elimination called uræmia.

7. That, in the acute form of Bright's disease, serious or fatal dyspnœa might sometimes occur in connection with effusion into the submucous membrane of the larynx—so-call œdema glottidis.

A New Operation for Removal of Vesical Calculus in the Female.

This operation, devised by Surgeon-Major T. Beaumont, can be best described by transcribing the case which he reports in the *Brit. Med. Jour.*, October 4, 1884:

Nundibhai, a girl aged nine years, was admitted into the Indore Charitable Hospital on March 6, 1875, suffering from vesical calculus. As the calculus was too large for its removal by lithectasy in a child of this age, and not liking to try vaginal lithotomy in so young a patient, it occurred to me that it would be practicable to remove the stone by a modification of the ordinary operation of lateral lithotomy in the male. Accordingly, on March 9, I placed the girl in the position of lateral lithotomy, introduced a curved staff and made an incision in the left labium, parallel with, and close to, the ramus of the pubis. This incision I deepened by dissecting inwards and upwards in the direction of the neck of the bladder, carefully avoiding wounding the vagina, till, at the membranous portion of the urethra, I felt the groove on the staff. On this, I divided the neck of the bladder, introduced the forceps, and removed, without any difficulty, a stone three-quarters of an inch in diameter. The after-progress of the case was most satisfactory. For some days, all the urine was discharged through the wound, which rapidly contracted, and healed within three weeks. The girl was discharged cured on April 1.

Chloroform Anæsthesia.

According to the Paris correspondent of the *Brit. Med. Jour.*, M. Paul Bert affirms that anæsthesia produced by chloroform exhibits two dis-

tinct periods. In the first, there is a complete loss of sensibility, unaccompanied by muscular relaxation—the organism contains but a small quantity of chloroform. In the second period, there is complete insensibility, accompanied by total muscular relaxation—the organism contains a considerable quantity of chloroform. The anæsthesia of the first period is transitory, and quickly disappears, even when the animal is not allowed to inhale fresh air. If chloroform continues to be administered, the second stage, irrevocable anæsthesia, ensues. In a normal state, the whole respiratory system works simultaneously—nose, larynx, lungs, etc. When M. Bert administered chloroform by a wound resulting from tracheotomy, he observed that the nose became rigid, and that the nostrils did not dilate; the animal was in danger, and would have died unless the application of chloroform ceased. M. Bert believes that death from chloroform results from asphyxia, which may be divided into three periods: respiration of the upper organs is arrested in the first, of the larynx in the second, and of the lungs in the third.

Blood Poisoning from a Human Bite.

It is not often that we read of a serious case of blood poisoning resulting from the bite of a human being, hence, we record the following cases which we find in the *Lancet*, Oct. 25, 1884.

A lad of eighteen, employed as a waiter at a public-house, was guilty of some misdemeanor, and while his employer was remonstrating with him, the lad, fearing a thrashing, took hold of the right hand of his master and bit him severely on the thumb. The publican dismissed the lad on the spot, had his thumb dressed, and thought no more about the matter, when a few days ago—that is, about two months after the bite—phlegmonous inflammation set in, and the patient was carried off in a few hours, death, according to the medical attendant, having been caused by blood-poisoning. In a recent quarrel between two newspaper editors in Paris, one bit the hand of the other, soon after which lymphangitis set in in the arm of the wounded patient, which was accompanied by symptoms of erysipelas, from which, however, he soon recovered.

Protracted Lethargy after Large Doses of Bromide of Sodium.

In the *Boston Med. and Surg. Jour.*, for March 13, 1884, Dr. Cutter reports the case of a patient who tried to cure himself of the morphia habit by means of an advertised "cure." He took sixty grains of sodic bromide three times a day for the first day; three doses of seventy grains on the second day; and so on. This programme was carefully followed out for a whole week, on the last day of which the patient could scarcely be made to swallow the prescribed dose. Four days later his lethargy was complete; no reflex action of any kind could be excited; nothing could be swallowed. He was treated with enemata of milk, beef-tea, small doses of alcohol, strychnia, nitre, and general faradization. On the fifteenth day the conjunctiva was found to be sensitive to touch; on the twentieth day he began to waken and urine was for the first time voided without the aid of the catheter. The patient was only temporarily broken of his morphia-craving, but ultimately resumed the habit.

The Lemon as an Antipyretic.

As of interest, in connection with our recent remarks on this subject, we note that Mr. Norman H. Forbes writes to the *Brit. Med. Jour.*, October 11, 1884, that lemons, whether in the form of decoction or expressed juice, or syrup, are much used by residents in India, as an antipyretic agent, in cases of fever, whether of a malarial, cachectic, or paludal type; and are often combined with a few grains of sulphate of quinine. The following is a usual method of preparation, when one wishes to use the expressed juice only—namely: The juice of lemons (by expression), six ounces; sulphate of quinine, twelve grains; one tablespoonful to be taken every three or four hours. This, however, is more of a "household" than professional formula; but is of great service when traveling, or at a distance from professional aid.

Correspondence.

State Control of Medical Practice.

Eds. Med. and Surg. Reporter:—

In an editorial of November 1, the Reporter discusses the question of "State Control of Medical Education," using as a text, my paper "On the Legal Control of Medical Practice by State Examination," recently read before the Medical Jurisprudence Society of Philadelphia. The tenor of the editorial is, that State Examining Boards would not be as efficacious in protecting the public from what a distinguished teacher calls the ravages of the medical profession, as would State endowment of reputable medical schools. There is in the article scarcely a conclusion that does not fully accord with my own opinions, though I disagree with some of the premises from which the conclusions are drawn. I trust you will give

space in your columns to a friendly criticism of your views.

It is thought that an unworthy candidate is equally liable to pass by favoritism either a State board or a college faculty.

I think not; because the examination of a college faculty is private, usually oral, and is conducted by each professor alone; that of a State Board should be public, written, and conducted by the board in common.

It is believed that a good memory might aid an unfit person to pass the board, because he could give a large number of categorical answers.

A State Board, worthy of the name, would depend little upon categorical answers. Practical and manipulative examinations in the dead-house, hospital ward, and laboratory, with written replies to comprehensive questions, should be the means of detecting professional ignorance.

It is stated that the two or three years' acquaintance between teacher and pupil enables the former to estimate the latter's professional attainments by examination better than could be done by one not so acquainted.

In few colleges can the majority of students be known by face or name to every member of the faculty. In my opinion such an acquaintance, when it exists, is liable to influence the examiner's mind towards the side of mercy, to the detriment of the public welfare.

It is averred that there "are altogether too many medical colleges, over which there is no State control," and that the rivalry between them tends to lower the standard of medical education. The majority of intending physicians are believed to want diplomas, and to regard the practice of medicine as a business, and hence they will get a license to conduct their business with as little trouble as possible. The necessity for reform in medical education is also said to be great. The remedy, for the present evils, proposed, is to have the legislature so endow the medical schools now existing in the State, that each professor will have a full salary, no matter whether the institution in which he teaches has one or one thousand students, and to have the fees from students turned into the State treasury after the running expenses have been defrayed.

To all of this I would cordially assent if I thought the plan, which resembles the German Universities' system, could be carried into effect at this time. There are now in Pennsylvania five medical schools, having some forty professors. To give each of them a salary of $1,500 a year would require an endowment of about $25,000 for each chair, or $1,000,000 for the five schools. This sum could hardly be obtained from any legislature, as at present constituted, even if there were a certainty of considerable income to the State from the fees of students. Moreover, if a bill of such a nature was passed and became a law, the supply of efficient professors willing to work for $1,500 a year would be so small, that the majority of chairs would be filled by incapable teachers. As this plan seems impracticable, I advocate the State examination as a means of preventing ignorant persons carrying on medical practice in Pennsylvania, and indirectly as a lever by which medical schools throughout the United States may be compelled to raise the requirements for graduation; for, undoutedly, that school which furnishes the smallest percentage of rejected candidates before the State board will attract as students the greatest number of persons who expect to practice in Pennsylvania.

Virginia has now a State examination, Ohio and Texas are endeavoring to institute one, Canada has had one for some time. As additional States of the Union follow the same course of action, the medical schools will of necessity improve their standard or fall behind in the rivalry for classes.

It is thought that political influence would vitiate the proper working of such an examining board, because the Governor of the State would have the appointing power. If politics were to have a controlling hand in the matter, I should fear the result as much as any one. Those of us who advocate the scheme have no intention of framing a bill that will allow such a contingency. Let us do as in Virginia. There the State Medical Society nominates a number of persons, outside of whom the appointing power cannot go in making a selection. In that State the Governor makes the appointment from such nominees. But it would, I think, be preferable to have the Supreme Court of the State given this power.

My belief in the advantage accruing to the profession and to the public by the enactment of a law requiring all *new* comers to pass a State examination is very great. It would limit the overcrowding which is now going on, and would supply the public with physicians of greater experience and education. The plan advocated by the Reporter is better, I admit; but its realization is, I fear, too distant. We *can* secure a State examination by united effort; and probably this winter, if every one in the profession will lend his aid. Subsequently we may succeed in obtaining State endowment of the schools.

John B. Roberts, M. D.
1118 *Arch St.*, *Philadelphia.*

Strangulated Diaphragmatic Hernia.

Eds. Med. and Surg. Reporter:

I was called in the evening of Oct. 16 to see J. C., whom I found suffering from symptoms of colic, with some nausea and vomiting during the evening. I gave him morphia which partially relieved the distress. He had been wounded through the left side by a ball during the late war. During the day he had been lifting hard, and was suddenly attacked with pain in the region of the stomach.

17th, 9 a. m. Found patient easier; temperature and pulse normal. Ordered hydrg. chlor. mite. gr. x, comp. ext. colocynth gr. v, every 4 hours. 5 p. m. much the same; ordered enema and powders continued.

18th, 9 a. m. Pulse 130, temperature 102. Symptoms of pleuritic effusion; no action of the bowels. Used enema again and added pulv. opii 1 gr. to cathartics, and hop poultice to side. 5 p. m. Effusion in the chest quite marked. Temperature and pulse same; no action of bowels, considerable tympanites. Continued same treatment and asked for consultation, but the patient was not willing for it.

19th, 9 a. m. Great pleural effusion and tym-

panitis and no acting of the bowels, suffering principally from the distension of the two cavities. Died at midnight.

Autopsy 12 hours after death disclosed a diaphragmatic hernia of about 12 inches of the transverse color, into the left side of the chest at the point where the diaphragm had been wounded; the colon was adherent to the abdominal surface of the diaphragm at the edge of the aperture. There was an enormous effusion into the pleural cavity but no adhesive lymph coating the walls. The entrails were distended above and empty below the stricture.

There was no stercoraceous vomiting. The contents of the stomach were fæcal the first evening and not much pain after the first evening. The suffering at the last was mostly from the interference with the breathing from the distension.

W. S. Dodd, M. D.

Amity, Pa.

News and Miscellany.

Harvey's Forecast of Coming Events.

As a means of estimating the largeness of Harvey's mind and the wide range of his vision, and how much there was that he "saw," but scarcely can be said to have "looked at," we note the following from Dr. J. Russell Reynolds' "Harveian Oration," published in the *British Medical Journal*, October 25, 1884:

"We find him saying, 'In general, the first processes of nature lie hid, as it were, in the depths of night, and, by reason of their subtlety, escape the keenest reason no less than the most piercing eye' (*Anatomical Exercises on the Generation of Animals*, p. 225). In another paper, 'All living things . . . . derive their origin from a certain primary something or primordium, which contains within itself both the "matter" and the "efficient cause," and so is, in fact, the matter out of which, and that by which, whatsoever is produced is made' (*Thesis on the Uterine Membranes and Humors*, p. 554). Again, 'It appears advisable to me to look back from the perfect animal, and to inquire by what process it has arisen and grown to maturity, to retrace our steps from the goal to the starting-place; . . . so that we shall perceive from what primary matter and from what efficient principles, and in what way from these, this plastic form proceeds. . . . . .' (*Introduction to Exercises on the Generation of Animals*, p. 163). Further on, in the same paper, we find him saying, 'Man comes into the world naked and unarmed, ... as if nature had desired that he should be guided by reason rather than be driven by force; therefore she did endow him with understanding, and furnish him with hands, that he might himself construct what was necessary to his clothing and protection. To those animals to which nature has given vast strength, she has also presented weapons in harmony with their powers; to those that are not thus vigorous she has given ingenuity, cunning, and singular dexterity in avoiding injury.' (*Ibid.*, p. 425.) In connection with this, he proceeds to mention the 'ornaments . . . . offence weapons, teeth, horns, spurs, and other implements employed in combat . . . . the subject of dispute being no empty or vain-glorious matter, but the perpetuation of the stock in this line or that; as if nature intended that he who could best defend himself and his should be preferred to others for the continuance of the kind.' (*Ibid.*, p. 425.)"

"In the passages just read, we have, as it appears to me, very much the same ideas as are now conveyed by the term 'protoplasm;' 'the relation of man and animals to their environments;' and the doctrine of 'the survival of the fittest.'"

With reference to the significance of the primordium, the protoplasm, as seen by Harvey, let me read another passage from his writings. Speaking of the lowest forms of life known to him, he says: "These have no heart, as not requiring any impeller of nourishment into the extreme parts; for they have bodies which are connate and homogeneous, and without limbs; so that, by contraction and relaxation of the whole body, they assume and expel, move and remove the aliment . . . . The whole is used as a heart, or the whole animal is a heart." (*An Anatomical Disquisition on the Motion of the Heart and Blood*, p. 76.) Further on, "All local motion proceeds from, and has its original, in the contraction of some part." (*Ibid.*, p. 81.) Here we have, as it seems to me, an account of the simplest form of life; his counterpart of the "amœba," as we may find it described in the most modern and, to my mind, one of the most able text-books of physiology of our day. (Introduction to Michael Foster's *Text-book.*)

Micro-Organisms and Alkaloids which Render Food Poisonous.

Dr. Cameron read a paper on this subject before a recent meeting of the Dublin Sanitary Institute in which he dealt with the various minute organisms which are to be found in food of various kinds. He cited instances in which persons had been poisoned by impure water and bread and meat which were tainted and affected by the presence of minute organisms. The statement which had been made so often, that two per cent. of pigs in Ireland were affected with measles, did not, he observed, hold good, at least in recent years. Not one in a thousand Irish pigs was infected with the "measles." Trichinæ, the organisms which had been discovered in pigs in their free state, were easily destroyed by heat; but, in their encysted condition, they resisted the action of for a longer time. The ova of the parasite was heat difficult to destroy, and it was therefore advisable to boil pork, ham, bacon, and sausages much more thoroughly than was usually the case, if we desired to secure immunity against invasion of trichinæ spiralis. Improperly washed salads, and other raw vegetables, and unfiltered water, often afforded an entry for parasites into the human body. Tuberculosis, or consumption, was now generally admitted to be contagious. The cause of the disease was the introduction into the body of a minute organism, which Dr. Kock had termed bacillus tuberculosis. It had been generally admitted that the milk of tuberculous cows was a common cause of tuberculosis in man, especially children. Food, in a putrid state or incipient condition of decomposition, often pro-

duced forms of septicæmia or blood-poisoning, of which the most common symptoms were choleraic. In conclusion, he recommended a systematic and thorough examination of food in order to prevent outbreaks of disease. Some means should be devised in order to combat those who traded in impure articles of food, which were so detrimental to the healthiness of the people.

"Hambro" Sherry.

It would seem that there is no end to adulterations, for we now read in a foreign exchange that Dr. List has recently contributed an article to the German *Archiv für Hygiene*, on "The Fabrication of Sherry," a very profitable branch of industry carried on at Hamburg, chiefly for the Dutch and British markets. Dr. List has analyzed samples of good sherry, of adulterated sherry, and of a purely artificial product sold as sherry. In the adulterated samples, sold at Hamburg as a superior wine, there was a small proportion of the real Spanish wine, but the phosphates, tartrates, and other salts that are found in good sherry, and contribute towards its delicate flavor, were almost entirely absent, and were replaced by table-salt. The artificial wine was found to be entirely composed of sugar, water, spirits of wine, and table-salt. Thus, "Hambro' sherry" is in no way actually poisonous, although clearly unwholesome for therapeutic and dietetic purposes; but the adulterated sherry, containing imperfectly-fermented spirit, is far more mischievous to the consumer. Since sherry has been made a "bar-wine," the demand for that liquor has so increased in England, that much highly-adulterated and artificial wine is imported to meet the demand.

Women Internes in the Paris Hospitals.

The proverbial gallantry of Frenchmen does not seem to hold good in connection with women physicians. In this city, women have been made eligible to the posts of resident physicians in one of our largest hospitals, but it would seem that this privilege has not been accorded them in Paris, for from one of our foreign exchanges we learn that the lady students of Paris are getting up a petition to be allowed to compete for the situation of *interne*, or house surgeon, in the Paris hospitals. The *internes* are annually appointed by competitive examinations, and fill their post during four years, acting in many cases as substitutes to the physicians and surgeons of the medical staff. Up to the present time these honors had been reserved to the male sex; but the lady students, with that pushing tendency which have always characterized the female element, now insist upon "equal rights."

The Examination of the Blood as an Aid to Diagnosis in Acute Disease.

Before the French Association for the Advancement of Science (as we learn from the *London Medical Times*) M. Hayem read a very interesting paper on this subject. His idea is to watch the phenomena of coagulation under the microscope, and thus to estimate the quantity of fibrin the blood contains. After describing the apparatus he uses, he laid down certain general principles as the result of his studies. If the blood was found to coagulate without giving rise to a fibrinous reticulum, pyrexia might safely be diagnosed, probably typhoid fever; if, on the other hand, there was an increase or thickening of the fibrin of the blood, typhoid fever could be excluded. In other febrile states the fibrin was increased, and this fact served as a diagnostic point differentiating them from typhoid fever. Some inflammatory diseases, however, formed an exception to the rule, and were not accompanied by any increase in the fibrin. As an instance of such exception he mentioned typhoid pneumonia, but when pressed for an exact definition of this disease, as apart from acute pneumonia, he was obliged to admit that the matter was one of great difficulty.

Items.

—The late Countess Bose, of Kassel, has left to the University of Berlin, 780,000 marks as a fund for the use of indigent medical students.

—Dr. Paul Grawitz, of Berlin, assistant at the Pathological Institute, under Virchow, has been appointed to the charge of the Carnegie Laboratory, Bellevue Hospital Medical College.

—Chicago established last summer a floating hospital, upon which twenty-one thousand four hundred and eighty-nine persons were cared for and treated.

—The French lady medical students have an active champion in M. Paul Bert, who is seeking to secure for the ambitious fair ones the privilege of attending the wards of the Paris hospitals.

—The *London Spectator* gives an account of a Dr. Samuel Rabbeth, of London, who sucked the diphtheritic membrane out of a trachea tube to prevent the suffocation of his patient. He caught the diphtheria himself and died.

—There will be sold on November 28th and 29th, at 3 p. m., at Moses Thomas & Sons, No. 137 South Fourth street, a medical library of valuable works, among which is a complete set of the Philadelphia Medical and Surgical Reporter up to 1884.

—Dr. Giddings, of Maine, repsrts (*Medical Record*) an ovarian tumor developed within eighteen months in a woman ninety years old. He fitly queries: "Who has seen so old a person develop an ovarian tumor?"

—*Harper's Weekly* publishes an excellent portrait of Dr. Christopher Columbus Graham, of Louisville, Kentucky, who recently arrived at the age of one hundred years. His fellow citizens celebrated the occasion by tendering him a banquet.

—Before undertaking a post mortem, Dr. Chevenger recommends the holding the hands over strong liquid ammoniæ, when the smarting which ensues will reveal all sensitive or abraded places that need a touch of caustic before beginning the examination.

—At a recent meeting of the Paris Acadèmie de Médecine the venerable Ricord made some remarks upon the cholera. He believed that it was

not contagious, and that it originated *de novo*, and was not always imported. Ricord's experience was during the epidemic of 1832. His views are in accord with those of Jules Guérin.

—An experimental and clinical study on a new method of producing anæsthesia is the subject of a work, recently published, from the pen of M. Colombel. A combination of atropine (two centigrammes), morphia (twenty centigrammes), and chloroform (twenty grammes) is the mixture recommended. Some of the surgeons at Lyons speak very favorably of its use.

—At the meeting of the Berlin Medical Society on the 15th of October, the president, Prof. Virchow, referred to the conference upon cholera held in July, when Dr. Koch detailed his experiences upon the cholera and its bacillus. He added, that in spite of recently-published statements, Dr. Koch still adhered to his belief in the specificity of the comma bacillus.

—Dr. Wm. Gonnermann, the joint author with Professor Rabenhorst, of the Mycologia Europæa ("The European Fungi"), a highly valued work, died a short time since, at Coburg, at the age of seventy-eight. The last few years of his life were spent in an extended study of the cryptogams, and it is hoped that his notes will be a very valuable accession to the existing knowledge on this subject.

—The death is announced of Mr. Charles Barham, the oldest physician in Truro, at the age of eighty. Mr. Barham graduated as M. B. at Cambridge in 1827, and afterwards studied in Edinburgh and Paris. In 1860 he proceeded to the degree of M. D. He was a justice of the peace for Truro, a Vice-President of the Royal Institution of Cornwall, and Consulting Physician to the Royal Cornwall Infirmary.

—Science has to regret the death of Dr. Heinrich Neumann, Professor of Psychology at the University of Breslau, in his seventy-first year. He was recognized in Germany as one of the leading authorities on mental disease. Besides his contributions to strictly professional literature, he had also, by various monographs, especially one on Lear and Ophelia, taken a place among the numerous contributors in Germany to Shakspearian criticism.

—The "golden autumn days," of which poets rave, are here, and nature certainly is trying to make herself very agreeable; but the great need of the season is held back. A crisp frost to kill off the noxious germs and vapors incident to decaying vegetation, would prevent much future trouble. A point to be remembered is that October and November, no matter how inviting outdoors, are not July, and needless exposure after nightfall should be avoided. It is from among those who disregard this fact that the victims of malarial disorders are recruited.

OBITUARY NOTICES.

SAMUEL A. FISK, M. D.

Dr. Samuel A. Fisk, aged sixty-three, ex-President of the Massachusetts Medical Society, Lecturer at Smith College, and trustee of the Clark Institute for Deaf Mutes, died at Northampton, Mass., November 16, 1884, of organic disease of the heart.

DR. AUGUSTUS H. ABERNETHY.

Dr. Augustus H. Abernethy, one of the most distinguished physicians of Bridgeport, Conn., died suddenly of heart disease at his home on November 9, 1884, at the age of forty-six. He was a native of Litchfield, was graduated at the Yale Medical School, served as assistant surgeon in the navy during the war, and has since built up a practice and a reputation as an obstetrical physician and as a surgeon. He was a member of the City Board of Health, the City Board of Education, and the Fairfield County and the State Medical Associations.

HENRY GIBBONS, M. D.

Dr. Henry Gibbons died on Wednesday, November 5th, at his old home in Wilmington, Del., aged 76. He graduated in Medicine from the University of Pennsylvania in 1829, and located in Wilmington. In 1844 he removed to Philadelphia, and in 1850 settled in California. He was one of the founders of the Medical College there and occupied in it the chair of the Practice of Medicine and Medical clinics, and also edited, lately in conjunction with his son, Dr. Henry Gibbons, jr., *The Pacific Medical and Surgical Journal*, of which he was the founder. All his life he was a devoted member of the Society of Friends, and within a few weeks before his death frequently addressed its assemblies. His death occurred while he was on a visit to the old homestead at Wilmington, now the property of his brother-in-law, Mr. Henry L. Tatnall. His medical friends in that city have prepared and published a memorial of his long and useful career.

MARRIAGES.

OFFENBACH—AARON.—November 12, 1884, in New York city, by Rev. Dr. Kohler, Dr. Robert Offenbach and Florence B. Aaron, formerly of this city.

DAVY—WATT.—November 12, 1884, in this city, by Rev. R. D. Harper, D. D., Dr. Thomas H. M. Davy, of Baltimore, and Grace M., daughter John H. Watt, of this city.

SATTERTHWAITE—BANKS.—November 13, 1884, in New York, by Rev. William M. Paxton, D. D., Thomas E. Satterthwaite, M. D., and Isabella, daughter of the late James Lenox Banks, M. D.

WHITNEY—VAN DOREN.—November 11, 1884, in New York, at Trinity chapel, by Rev. Dr. Walter Mitchell, Dr. Guy Fairfax Whitney, of Virginia, and Miss Alice Horn Van Doren, daughter of the late Dr. Dikeman Van Doren, of this city.

DEATHS.

ABERNETHY.—November 9, 1884, in Bridgeport, Conn., suddenly, of angina pectoris, Augustus H. Abernethy, M. D.

DUFFIELD.—October 21, 1884, in McConnellsburg, Pa., Dr. Samuel Elliott Duffield, in the 64th year of his age.

HOSFELD.—November 9, 1884, at Cape May Point, N. J., of typhoid fever, George Hosfeld, M. D.

HUNT.—November 3, 1884, at his residence, Price Hill, Cincinnati, Ohio, Dr. Samuel P. Hunt, in the 83d year of his age.

PORTER.—November 9, 1884, in Skeneateles, N. Y., Wm. Porter, M. D., in the 55th year of his age.

MONTGOMERY.—November 8, 1884, at Rochester, N. Y., Harvey F. Montgomery, M. D., aged 66 years.

THE

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Original Department.

Communications.

CROUP.*

BY T. B. CRANDALL, M. D.,
Of Philadelphia.

The essential characteristics of true croup, and diphtheritic croup, have been under discussion for a number of years. The last paper, I believe, read before this Society on that subject was in November, 1875, by our President, Dr. Welsh. Many prominent German and English authors advocate their identity, while our best American authorities regard them as distinctive, and many medical gentlemen have expressed *positive* views in the recent issues of the medical journals against the identity of these diseases.

On seeing the annual return of deaths from croup, for 1883, at five hundred, I resolved to correspond with physicians enough to obtain reports of one hundred cases and make a home study. Through private sources and the Board of Health Register, I obtained the names, residence, sex, age, date of death of patients, names and addresses of attending physicians, and report these results. My first inquiry—"Did you perform tracheotomy?"—shows fifteen cases operated on and death resulting by the disease extending downwards. Second, "Did you find diphtheritic complications?"—twenty-nine cases are reported as diphtheritic croup; seventy-one as true croup. None of the diphtheritic croup were operated on; the physicians giving as a reason, "that to operate in these cases is useless." "Was permission to operate refused?" This answer is avoided or omitted by twenty-five; twenty replies did not think it of any use to ask or to operate, as their case was too far gone when they were called; twenty-six were refused by relatives. In connection with the above investigation, I will make a few comparisons between the diseases under discussion, though familiar to you all. From 1846, when one hundred and eleven cases of true croup were reported, there was a gradual increase in death until 1859, when it reached three hundred and twelve. No cases of diphtheria are reported until 1860. From 1850 to 1860 there were 2539 deaths from croup. From 1860 to 1870—3031 deaths from croup; and in this decade 2795 deaths from diphtheria. Since 1860 diphtheria becomes an established fact, giving, say, thirty per cent. of diphtheritic croup, yet there is no great increase in true croup returns above what we would expect by growth of population.

"It is difficult to estimate the number of deaths from true croup since diphtheria has made its appearance in the mortality list of the city, as many cases of diphtheritic croup have unquestionably been returned as pseudo-membranous laryngitis" (Meigs and Pepper). I lean towards the belief that many physicians losing cases of croup and believing in its identity with diphtheria, would take the benefit of the doubt, and call it diphtheritic on general principles; *i. e.*, their conclusions easily get the start of their reasoning, although we have such overwhelming proof of the distinctiveness of these diseases.

The largest weekly return in 1883 was twenty-four deaths from croup in the week ending December 29. The first day, heavy snow, followed

* Read before the Philadelphia County Medical Society,

on the second day by rain; third day, light rain, and cloudy; fourth day, cloudy; fifth day, light rain; sixth and seventh days, clear, with the thermometer 30° to 34° above zero. This condition of humidity, with a mean temperature of 31°, and the ground covered with snow and slush, proves that cold and dampness produce croup. All writers agree that diphtheria is epidemic and contagious. "Croup is sporadic. We may produce croup in rabbits and dogs by an application of caustic to the tracheal mucous membrane, and the inspiration of hot vapor of water" (Hensch). "It is *on* this membrane that croup begins. It is *in* the mucous membrane of the pharynx that diphtheria begins as an exudation, and spreads to and into the tracheal membrane" (Flint, Bartholow, Da Costa, Day, and others). The physicians of this city, who have kindly answered my inquiries, report seventy-one cases of true croup, in a hundred, that had no diphtheritic complication, and fifty say directly, or indirectly under the head of general remarks, that they were not called early enough to do much by treatment; the immediate cause of their being called was sudden attacks of dyspnœa, etc. But how different when constitutional symptoms in diphtheria are so alarming, that before there is exudation, the physician is called to treat those symptoms caused by specific poison.

We are unable to say that the pseudo-membrane of croup extends to or is found in the stomach, kidneys, intestines, or any part except the trachea or bronchi. All authorities agree in finding diphtheritic deposits on all the above membranes, and say it may be found on any mucous membrane or abraded surface. These advocates of identity distinctly call it diphtheritic when found in the above localities, but identical with croup when it occurs on the fauces and tracheal membranes. "Truly, then, this idea of unity is drawn from coincidences. The pseudo-membrane in both, and the cynanche not always in diphtheria, but always in croup, being the principal feature of the case" (Crouch). "When only the epithelium is destroyed, the fibrinous exudation lies only on the 'membrana propria' of the mucous membrane, from which it can be readily stripped off, without loss of substance. This is croupous. When the primary necrosis involves the tissue cells, as well as the epithelium, the fibrinous exudation extends from the surface *into* the tissue of the mucous membrane, and cannot be removed without loss of tissue. This form is properly diphtheritic" (Flint). There are greater pathological differences between these diseases than between typhus and typhoid fevers, and yet we make marked distinctions, and draw the lines closely in diagnosing them.

We have seen that the cause of croup is cold and dampness. We all know diphtheria is caused by a specific poison. We find croup local, and constitutional disturbances subsequent upon the local trouble. We find the constitutional symptoms first in diphtheria. We have found croup in the larynx and trachea, and diphtheria anywhere; more frequently in the pharyngeal membrane. The most important change is found by pathologists in the blood. And here, also, is the greatest point of difference. A healthy child is taken ill with croup without any previous time for blood-poison to debilitate, and dies in three or four days—in a few hours, sometimes, after having played and been around the house; do you find the extensive changes in the kidney structure reported after diphtheria? We do not have endocarditis, or rapid fatty degeneration of the heart, and numerous structure changes reported in diphtheria, nor the altered condition of blood.

TRACHEOTOMY.

I am an advocate of tracheotomy. There are many physicians in this city who do not believe in it. Just in this particular this question of identity of these diseases needs to be more definitely settled. If they are identical, it is argued that to operate in diphtheria is useless. Some of the answers to my inquiries say it would be madness. Then this identity theory is mischievous, inasmuch as, if physicians do not believe in, and make themselves familiar with, the operation, they neglect the most important remedy. Prof. Von Langenbeck, of Berlin, made a study of 556 operations from 1870 to 1876. Thirty per cent. recovered, and of these 85 were on children under two years of age; the youngest seven months old (*Am. Jour. Med. Sciences*, April, 1878). Dr. George Buchanan operated on 46 cases; 17 cured, 29 died: of these, true croup 16; cured 6, died, 10. In diphtheritic croup, 30; cured, 11, died, 19 (*Brit. Med. Jour.*, September 4, 1876). Dr. Boeckel reports 22 cases, and 13 recoveries (*London Med. Record*, November, 1880).

A physician of Strassburg operated on a child six weeks old successfully; Mr. James Bell, of Edinburgh, at six months; Mr. Tait, seven months; Dr. Greenfield, ten months; Mr. Cooper Foster, at eleven months (*Am. Jour. Med. Sciences*, January, 1881). And a larger percentage of younger children could be obtained, if the effort were made more frequently. Bayne found, in investigating 920 cases, that better results were ob-

tained in private practice than in hospitals (*Med. News*, August 2, 1884).

Is not the question, "Have ANY lives been saved by tracheotomy in diphtheria or croup," paramount to how many? Is not the patient fully entitled to the chance by a simple opening of the wind-pipe, which gives no constitutional surgical shock? If we are refused by parents, it is in part our own fault. The lack of confidence on our own part is quickly observed by the laity. Let a sufficiently-determined and enthusiastic physician or surgeon believe he can save a child, and show it in manner, and the loving mother will soon catch the inspiration. Let him persevere, and a fair percentage of success will reward him for his untiring energy.

I have quoted some foreign authors on statistics of tracheotomy, as we have not yet arrived at that state of perfection in gathering statistics which they have. If our Society had a record-book, and its members would agree to make annual reports on this subject, we could arrive at an approximate idea of how much this operation is resorted to in this city.

If every hospital in the city would prepare a room with the necessary apparatus, and do away with "red tape," to the extent that any physician in good standing could take his patient there and operate himself if he wished to, putting the patient in care of a trained nurse, admitting the mother or some near relative; if some or all of the dispensaries did the same, then there would result a decrease in the death-rate of croup. At present we have some practitioners who use turpeth mineral and *never lose a case*. Others calomel, with almost like success; then there are as many known cures as there are for rheumatism, and yet a death-list of four to five hundred a year.

Case No. 1. I was called, December, 1875, to see Lizzie B., æt. 4 years; arrived at 8 p. m.; found child on a settee; complete apnœa existed at the moment of my arrival. The attending physicians had abandoned the case as hopeless earlier in the day. With the assistance of one woman, who held a lamp with a broken chimney, I then divided the skin, fat and fascia by one incision, exposed the commissure of the sterno-hyoid muscle, and made an incision into the trachea. Not having any assistants to hold retractors, I separated the edges of the wound with my bent ear-forceps in my left hand, while I inserted a single canula with my right hand. This little instrument has served me in emergencies instead of one or two assistants, on several occasions; for, by inserting the forceps, closed, into the tracheal incision, I separated the walls, introduced the canula, and obviated cutting away the walls of the trachea, as recommended by some authors. After the first expulsory efforts, which were very violent, the child breathed naturally, the pulse came down, full and strong. The temperature, 105°, fell, in a few hours, to 102°. On the 11th, I asked my friend, Dr. Swayze, to assist me in removing the single canula, and inserted a double canula; he expressed serious doubts as to the child's recovery. She is now a large, healthy young girl.

Case No. 2. December 15, 1876. J. C., age 3 years 6 months. This case of true croup I was called to, too late. The usual treatment of no avail, and apnœa almost complete. I operated with the assistance of women, and all went well until the third day, when in my absence, and in the temporary absence of a level-headed relative who had nursed my little patient faithfully, an ignorant woman in charge allowed the tube to become displaced, and before I reached the house the child had died of suffocation. I felt keenly the disappointment, as I had within my grasp another successful case.

Case No. 3. December 14, 1877. Martha G., æt. 3 years. Diagnosis, membranous croup. In symptoms and other respects similar to case No. 2. I treated this child with the usual remedies, including lime vapor, etc. On the 16th, at the last moment, I obtained consent of parents to operate, assisted by Dr. R. G. Stretch. The patient did well until the night of the 18th. The room was narrow and long, with a stove in the middle, and a window at one end. I placed the patient farthest from the window, but, on her own responsibility, during the night, the mother moved the crib next to the window, and opened it so her child could get more air. On the 19th I called my friend, Dr. Stretch, to see the case with me. She died of pneumonia.

Case No. 4. February 23, 1878. Henry W., æt. 4 years 3 months, had had croupy cough, sharp and abrupt in character, with a crowing and whistling inspiration. The treatment, turpeth mineral in three-grain doses every three hours until emesis was produced, but I was alarmed at the great prostration it produced; resorted to alum, expectorant mixtures, principally ipecac, steam inhalations, and yet inspiration became more labored, and was attended with violent efforts. The strength of the child being sufficient, notwithstanding the emetics (but paroxysms of dyspnœa were distressing, the child standing up-

right and raising the arms in the air to increase the action of the respiratory muscles). When in the last struggles, I operated, inserting a double canula. All went well until the ninth day. I had removed the canula each day after the fifth day of insertion until I was satisfied it was safe to permanently close the opening on the eighth day. On the ninth day, thinking the child well enough not to require careful nursing, the family allowed him to take a severe cold, and he died of congestion of the lungs.

Case No. 5. Ellwood D., æt. 5½ years, temperature 106°, which was reduced, and as he was in spasms when I first saw him, I waited developments, which proved to be variola. I put him in front room, third floor, with his father as nurse. A severe laryngitis set in on the seventh day of eruption; expectorants, emetics, hot fomentation to throat, lime vapor, and the usual remedies, chlorate potassa and iron, failed to give relief until suffocation set in sufficient to make his case hopeless. Unable to get a neighboring physician to assist me, I operated with the assistance of the father. I administered chloroform, and by lamplight successfully inserted a double canula. On the seventh day I removed it and closed the wound. The boy made a good recovery, and, with the exception of some chronic conjunctivitis, is well.

Case No. 6. December 15, 1882, Johnny C.; was called second day of the disease, and symptoms were very severe; increased rapidly, without relief by medical treasment. I sent for Dr. Ivison, who gave chloroform, and I operated. The child made a good recovery from croup, and died subsequently from another disease—heart disease, I believe, as I was not present; but tracheotomy was a success. The child ate heartily, slept well, played, was dressed, and regarded by myself and all as well; had been discharged a week from treatment, when he suddenly and almost instantly died; but as a post-mortem was refused, I never knew the cause.

Case No. 7. January 17, 1883. Alfred P., æt. 3 years 9 months, presented same symptoms as Case No. 1, and on the third day was considered hopeless, unless tracheotomy could save him. The surroundings were not inviting; the only room available was a large one, with a door opening into the street; this was nailed up, and admission gained from the rear of the house. I operated on this child, and although I nearly lost him several times by the canula closing with loose fragments of pseudo-membrane, by careful nursing and close personal attention I was successful in this case. I used a mixture of one drachm of acid phosphoric dilutum to six grains of glycerine, as a solvent of the membrane which formed below the openfng. This mixture was more successful as a solvent than any I had ever used; I am indebted to Dr. Pepper for the suggestion of its use in diphtheria.

I now read Dr. J. F. Stone's account of

Case No 8. Mabel S., æt. three years—a beautiful, healthy child, with a previous good history. After complaining of throat trouble for two or three days, was seen by Dr. J. F. Stone, and on examination no exudation, but swollen, red tonsils. May 3, slight fever and huskiness of voice. On the evening of that day an increase in croupy symptoms, and considerable dyspnœa at intervals; rapid pulse, high temperature. On the morning of the 4th, a remission of unpleasant symptoms, only to recur more decidedly in the evening. The 5th gave the same, but more severe; and so rapidly did the evidences of suffocation increase, that it became evident that a fatal result must ensue, unless relief could be had. Dr. Crandall, who had seen the case on the previous day in consultation, was again summoned, and concurred in the decision that the only hope for prolonging life lay in the immediate performance of tracheotomy, which he did. The immediate results were truly gratifying to all, and were followed by care and watchfulness unsurpassed, which resulted in recovery.

I will state that when I was first sent for, I advised to try medical remedies further, and postpone tracheotomy, thinking that Dr. Stone could cure the case by that means. After twenty-four hours of close application, the patient grew alarmingly worse, and we administered chloroform and operated. This case resisted the closing of the wound. On the fifth day and thereafter, each effort to close the opening was accompanied by dyspnœa, and gradual granulation seemed to be the best method. I will ask Dr. Stone to detail the peculiar features of this case.

In my treatment of croup, and after-treatment of tracheotomy, I have concluded it is not best to canopy a bed, or place a child in a small room. The temperature is too suddenly changed, the air is quickly vitiated—the child, needing all the oxygen it can get, is deprived of it. I observed in No. 1 case, when I ordered a piece of unslaked lime to be put in a pan on the stove, the father did it in true Irish style, by putting a bucket of lime in a tin wash-boiler. The effect on the patient was salutary, thinning the discharge from the canula. I used local lime-water spray, with

a Codman & Shurtleff Steam Atomizer at intervals of half an hour. Leaving out of the question laryngotomy and laryngo-tracheotomy, I simply did tracheotomy cutting, as low as the third ring. The inferior thyroid vein must be pushed aside. There is no necessity to do much cutting after the skin and fascia are divided. The thyroid gland was removed in part in two of my successful cases.

PRACTICAL RECOMMENDATIONS FOR THE EXCLUSION AND PREVENTION OF ASIATIC CHOLERA.

BY JOHN H. RAUCH, M. D.,

Of Illinois.

(*Concluded from page* 576.)

This is very different from a mere quarantine of detention. It is the American quarantine of sanitation, a common-sense quarantine, which aims to prevent the introduction and extension of contagion, not by merely arresting it at a given point and there leaving sick and well at its mercy until, the susceptible material having become exhausted, no more cases of the given disease occur; but by removing the susceptible at once from its influence, and then destroying it and the conditions necessary for its existence by scientific methods of disinfection and purification.

To do this, however, requires a quarantine plant and facilities far beyond the means of any but the largest ports, supported either by abundant quarantine fees or by adequate appropriations from the State or municipality. But cholera may obtain access at a small port as well as at a large one, and hence the necessity for the refuge stations above indicated.

Under the system here outlined, the departure of a vessel from a cholera-infected port would be at once cabled to the national health officer; the authority at the port of destination would be duly notified; pilots for such port would be ordered to take the vessel to the nearest refuge station; and at such station, under the charge of a national officer, and at the expense of the national government, she would be so treated as to make it impossible that she could land cholera-contagion in our midst.

So much for the measures which should be adopted for the exclusion of the disease—measures which have already been practically tested sufficiently to demonstrate their feasibility and value. But before dismissing this branch of the subject it will be well to consider the possibility that it may be necessary to absolutely prohibit immigration, for a time at least, from infected countries. Every one our cholera epidemics has been directly and unmistakably traceable the arrival of immigrants infected in person or in baggage and household goods. It was the crowded troop-ship and transport which brought the contagion into France from China and Egypt. It is the crowded pilgrim steamer and passenger vessel which carries it from Bombay and Calcutta into Europe and elsewhere, as already instanced. It is the steerage of the immigrant vessel, with its crowd-poison and other conditions favorable to the development of a specific contagion, which we have to fear. The contingency is one of the most important against which national legislation should be provided next winter.

I have said that I believe Asiatic cholera may be as successfully dealt with in this country as small-pox—notwithstanding that we have no such demonstrated prophylactic for the former as vaccination is for the latter disease; that it may, probably, be more successfully dealt with than yellow fever—notwithstanding that this is limited by climate and temperature, while cholera is independent of the one and only measurably affected by the other. I believe this to be the case as the result of my own official experience. In the last two epidemics of cholera, the disease was controlled wherever it appeared in the localities under my supervision, by the adoption and enforcement of the simplest measures. Surface wells were fouled with carbolic acid, so that their use for drinking and culinary purposes was necessarily abandoned, and a pure water supply was provided instead. Every house where a case of cholera appeared was promptly taken charge of by the sanitary authorities; the patient was isolated; discharges were disinfected and buried; all other sources of infection were carefully looked after, and the premises, generally, were put in the best attainable sanitary condition; and with marked results upon the extension and progress of the disease. Every community, for itself, may readily provide a similar mode of dealing with a cholera outbreak, should the disease, unfortunately, be introduced.

But something more than this is needed in order to perfect the sanitary defense of the whole country. For this we must have coöperation and concert of action. We must devise a plan whereby the limited and individual powers of communities and States may supplement eaeh other and act harmoniously and efficiently for the common welfare. In the exercise of its police powers—upon which all its sanitary laws

and ordinances are founded—the municipality is confined within its own limits, or, for certain purposes, to a short distance beyond. The power of the State is in like manner limited by its own boundary lines.

In the absence of a national health organization, with power to act without reference to State lines, and with resources to meet every emergency, the best we can now do is to form an organization of all those clothed with sanitary power, both State and municipal—an organization which shall give effect to the principle that, in sanitary matters, the interests of one are the interests of all; that we are each our brother's keeper in whatever pertains to the prevention of the introduction and spread of epidemic contagion. Such an organization as the Sanitary Council of the Mississippi Valley, supervising—and if need be maintaining—a system of sanitary surveillance similar to the River and Rail Inspection Service in the Valley, and the Immigrant-Inspection Service of the recent small-pox epidemic, will be of great value in a two-fold manner.

It will enable States and municipal authorities to aid each other and to make their rules and regulations substantially uniform, and thereby to secure the coöperation and assistance of transportation companies and other commercial interests, whose business success depend so largely on freedom from unnecessary interruption or conflicting and changing restrictions. It will be of positive sanitary value in the moral pressure exerted in the individual agents of travel and traffic.

Here in the Valley, a great improvement in the sanitary conditions of steamboats, barges and river craft, and, to a minor degree, in the care of railway cars, depots and outbuildings, followed the knowledge that the detention for inspection depended upon the experience of the inspector with regard to the particular boat or line. In the same way the conditions of immigrant travel were sensibly improved by the Immigrant-Inspection Service, not only on our railroads, but on the ocean steamers themselves. Its effects were also manifested in the administration of the seaboard quarantines, to which the Service was a direct help in securing a prompter and more general compliance with the quarantine requirements of the different ports.

This latter point is one of supreme importance to the interior. Illinois, for example, is as much interested in maritime quarantines as are communities bordering upon the Atlantic and the Gulf of Mexico. During my own official experience the State has repeatedly suffered from the laches and inefficiency of their administration. Her sanitary interests are protected or endangered through them along the whole line from the mouth of the St. Lawrence to the mouth of the Mississippi, and even to the Rio Grande. Means of communication and intercourse are now so multiplied that time and space—in respect to contagious diseases— are practically annihilated; and the methods which secured protection for the interior twenty years ago are, to a great extent, valueless to-day. In 1883, for example, there were outbreaks of epidemic cholera at Carthage, Ohio, Kandiyohi county, Minnesota, and Yankton, Dakota, caused by cholera-poison packed up in the household effects of emigrants in Holland, Sweden and Russia, respectively; these emigrants sailed from healthy ports, in healthy vessels, and were subjected to the usual sanitary requirements of the period. They passed through New York and all the intermediate territory without injury to the public health. But when their infected goods were unpacked in the interior of the continent they liberated the poison which gave rise to the local outbreaks.

Sooner or later the national government will be compelled not only to assume supervision of exterior quarantines, but to provide for a permanent system of coöperation with State and local governments in the administration of inter-State sanitation; in order, on the one hand, to prevent the introduction of exotic epidemic diseases, and, on the other, to prevent their spread from State to State along the great intra-national highways of travel and commerce. This is a national duty. It is one that the national government only can adequately discharge, and its expense is, equitably, one which should be defrayed from the national treasury.

Such an organization as I suggest will be one agency for securing the assumption of this duty by the general government; and the present emergency offers a favorable time for pressing its consideration. Heretofore, legislation in the interest of public health has been obtained, as a rule, at the tail-end of an epidemic. It has too often been in the nature of a locking of the stable-door after the horse was stolen. Let us now see if we cannot reverse the process, and, while there is yet time, induce not only Congress, but States and municipalities to take the necessary action for securing a better protection of the public health.

Just now this means more than the good to be

found in the saving of human life and in avoiding the suffering and misery, the ruined homes and desolated families which an epidemic always leaves in its track. It means the prevention of panic; it means the prevention of the interruption of trade and commerce; it means the prevention of the loss of millions of dollars, all of which would inevitably result from an epidemic of Asiatic cholera in this country. Already the disease has has cost Southern Europe not less than a hundred million dollars—six millions dollars up to October first in trying to prevent its spread in Italy alone, with a loss of four million dollars even in the month of August, before the disease had effected a serious foothold; and now it is announced that the decrease of the national revenues of France has been materially aggravated by the reduction of receipts from railways, caused by the cessation of travel consequent upon the prevalence of the cholera epidemic. And yet Europe is only upon the threshold of this epidemic, if we may judge from the past.

Shall we be warned in time, or shall we wait until the pestilence has landed and obtained a foothold? A single outbreak—possibly a single case—of Asiatic cholera in New York, or Chicago, or St. Louis, or New Orleans, in our present condition, would cause the country millions of dollars, even though no epidemic spread should result.* With a perfectly feasible quarantine system, whose entire cost would not be a tithe of this sum, the chances of that single case may be made exceedingly remote. With an adequate sanitary organization—embracing within its scope the national authority, the State and the municipal, each in its respective sphere—not one case, nor one hundred could establish an epidemic.

Such an organization of the sanitary defenses would inspire public confidence and prevent panic in the face of real danger—and panic is one of the worst complications of a cholera epidemic, as fear is one of the most potent predisposing causes of the disease.

Our duty, our responsibility, and our opportunity, seem to me plain and obvious. So far as pushing general and local sanitation go, I believe we are doing fairly well; and to this extent we are reducing the chances of the spread of cholera, should it effect a landing through defective or wanting quarantine provisions. The next work that lies close to our hands is to inform the public as to the necessity of securing adequate legislation—national, State, and municipal.

Congress must be urged to reorganize and rehabilitate the National Board of Health, or to provide an efficient substitute—one clothed with increased power and supplied with ample funds to maintain an effective system of modern sanitary quarantine for the exterior; to maintain an interior sanitary inspection service for the great highways of travel by land and water; and to give judicious coöperation and substantial assistance to States and municipalities in preventing the introduction of epidemic diseases into one State from another, and in preventing the spread within the States themselves.

Congress should give the President the power to issue a proclamation, upon the recommendation of the national health authority, forbidding immigration into the United States from infected districts of other countries, and it should provide some method of international sanitary coöperation between this country and the Dominion of Canada, whose interests are substantially the same as ours in these matters, and whose contiguity makes coöperation of vital importance.

In States which now have boards of health, or whose boards are not vested with the necessary authority or provided with adequate resources, the people should be awakened to the necessities of the situations. Legislators should be thoroughly informed as to the facts and urged to provide suitable legislation.

Information on sanitary matters should be widely diffused to this end, and also to the end that, if an epidemic should come, we may not have to encounter the obstacles which ignorance is always ready to put in the way of what it does not understand. Happily, in this country we are not likely to meet with the treatment that the superstitious peasantry of France and Italy have accorded their physicians and health officers. But sanitary education and knowledge cannot be too widely spread.

These are matters which may profitably occupy much of our time and attention for the next two months; and I would suggest that when this meeting of the Conference adjourn, it be to meet again in Washington early in December for the purpose of conferring with the President, the proper Cabinet officers, and the committees of the Senate and House, as to the legislation which should be asked for at the next session of Congress. To this meeting I think not only should representatives of State Boards of Health be invited, but also all quarantine officers and the

*In 1879 the report of a single case of yellow fever in the South caused a shrinkage in the provision market, in Chicago alone, which amounted to a million of dollars within twenty-four hours.

health authorities of the large cities, as well as those of the Dominion of Canada. I would also suggest that quarantine officers and those who are responsible for the local sanitation of towns, cities and states, should be requested to come prepared to give all necessary information concerning the quarantine and sanitary affairs of their respective ports and localities.

Hospital Reports.

NOTES FROM THE PHILADELPHIA HOSPITAL.

(Specially reported for the Medical and Surgical Reporter.)

Dr. John M. Keating.

Tracheotomy.

Dr. Keating urges very strongly the *early* performance of tracheotomy in cases that seem to demand this operation. In *laryngeal asphyxia*, that is to say, where it is evident air *cannot* enter the lungs; where there is no lung complication or implication, but where the trouble is entirely laryngeal, thus offering a *mechanical* impediment to the entrance of air to the lungs that are waiting to receive it, but cannot get it he considers that delay *may* and in many cases *will* prove fatal; hence, he strongly advocates the early performance of the operation. We can recognize this laryngeal asphyxia when we see what Dr. Keating calls "fish-like respiration," the gasping for breath that we have all noticed in a fish that has been caught from the water and laid on the grass to die. If then, we can find no consolidation of the lung, if percussion gives us a clear resonance, thus evidencing an ability of the air vesicles to *receive* air; but if, in spite of this condition, we find our patient gasping for breath, dying from asphyxia, then can we conclude that the trouble is in the larynx, and that tracheotomy will produce relief. We must remember that the longer the operation is delayed, the more opportunity is afforded for the coagulation of the blood in the right heart, because, of course, this unaerated blood will not properly circulate. A clot in the right ventricle means an impediment to the circulation; and, after this has commenced to form, the vital powers of the patient are so exhausted that tracheotomy will not avail.

The point that Dr. Keating seems especially desirous of making is that when tracheotomy is demanded it should be done early, before the vital resources of the patient are exhausted, instead of postponing it, as we have hitherto been taught, until it really is a *dernier resort*.

Dr. E. O. Shakespeare.

Muriate of Cocaine.

Dr. Shakespeare was one of the first, if not the first, physician in Philadelphia to make use of the new local anæsthetic (*muriate of cocaine*) in ophthalmic practice. As we have already said, editorially, he applied it in two cases, in which it produced absolute anæsthesia of the cornea. In one of these cases he performed iridectomy, with no evidence whatsoever of pain on the part of the patient. He used a solution that he had obtained from New York. As yet, this drug is very scarce and difficult to obtain in this country, but if its promises are made good, it will soon be found in all of our drug-stores.

Jequirity.

Dr. Shakespeare utters a caution against the use of jequirity in corneal ulcer; because the inflammatory action induced by it may extend and cause necrosis of the whole cornea, with loss of sight. It is, however, of great service in granular conjunctivitis, setting up, as it does, what might be called a reparative inflammation, that tends to cure these obstinate cases. He has found that a one per cent. solution is too weak, and he now employs a three per cent. solution.

Dr. W. H. Parrish.

Procidentia Uteri.

Dr. Parrish showed the class a case of procedentia uteri in an old woman, wherein the bladder had been drawn down with the uterus. When the cervix is elongated, but the bladder and rectum are not involved, he would resort to the operation of amputating the cervix; but in a case like the present, where the bladder was involved, he operated as follows: He made a quadrilateral incision (about one and a half inches long by one inch wide) on the anterior surface of the vagina and a similar incision on its anterior wall. The mucous membrane embraced by these incisions was then dissected up, so as to display two raw surfaces. In dissecting up this tissue it is important not only to be careful not to cut into Douglass' *cul de sac*, but also to leave enough tissue to hold the sutures that are afterwards to be inserted. Before commencing the operation, he was careful to empty the bladder, using for this purpose a male catheter. It is not uncommon for stone to form in the bladder under these circumstances, its development being favored by the irritation of the residual urine that is always found in the bladder, owing to the difficulty of entirely evacuating it. When dissecting up the mucous membrane, always cut towards the tissue being removed, because even though you should make "button holes" in it, no harm is done, while by cutting in the other direction you may open the peritoneal cavity. To dissect up the mucous membrane, he uses a scalpel, as he does not consider that it can be properly done with scissors. In order that such operations as these, wherein it is necessary to carefully dissect a very thin layer of tissue, may be possible to the physician, Dr. Parrish very wisely recommends to students that they should not (as they generally do) neglect to remove the integument from their anatomical subjects, layer by layer; for such practice will naturally give them great deftness in these delicate operations, requiring the exposure of denuded surfaces for their satisfactory performance. In performing this operation it is very important that the two denuded surfaces should correspond in size; therefore, after dissecting the mucous membrane from one wall of the vagina, he measures, in order that his denuded surface on the other wall may correspond. We must be careful to *thoroughly* denude the surfaces, because wher-

ever we leave any mucous membrane union will not there take place. When the two surfaces are thoroughly denuded, he brings them together with sutures, thus making, as it were, two vaginæ, with a solid band between (formed by the adhesion of the anterior and posterior wall), which affords a support to keep the uterus in position. He introduces the sutures first nearest to the os uteri, and so on. The sutures must be tied so that their knots will not lie against the freshened surfaces. He warns us to be careful not to introduce the sutures either into the peritoneum posteriorly, or into the bladder anteriorly.

DR. ROLAND G. CURTIN.

Hæmaturia.

"*A man who never makes mistakes makes no post-mortems.*"

With this very wise remark, Dr. Curtin presented to the class some post-mortem specimens from a case that he had brought before them ante-mortem, and was courageous and *sensible* enough to admit that he had made a mistake in diagnosis, and to point out wherein his mistake lay. It seems that the case was one of *hæmaturia*, the history of which, as offered on a previous occasion, he again read. There was nothing unusual about it. There was apparently no cause for the bloody urine. The patient (a man) only entered the hospital six days before his death, and then expressed himself as feeling so well that he wanted to be sent to the out-wards, not considering that he was sick enough to be kept in the hospital. On one occasion he passed a cylindrical clot, about four inches long, which Dr. Curtin supposed to be a urethral clot. He complained of pain at the head of the penis when urinating, and this, in connection with his other symptoms, seemed to indicate some trouble about the neck of the bladder. He was accordingly sent to the surgical wards, where examination failed to reveal the existence of stone, and he was accordingly sent back to the medical wards. In a few days he died, without any *positive* diagnosis having been made. The post-mortem revealed *cancer* of the right kidney, while during life no evidence of kidney disease could be made out. Such a kidney as was found after death, Dr. Curtin thought ought to have been felt through the abdominal walls. Such cases teach us to be very careful about our diagnosis, and until we have more positive symptoms of cancer of the kidney we should bear this case in mind, and remember that an apparently *simple* hæmaturia may be due to this severe diseased condition.

Stricture of Œsophagus.

The next patient was a woman about 60 years of age, who said that nineteen years ago "*the palate of her mouth fell down*," and she found a difficulty in swallowing meat. This trouble gradually increased, until at the present time and for some years past, there has been great obstruction to the swallowing of food, and even water is, to a great extent, regurgitated through the nose. She denies any specific taint, which is a not uncommon cause of stricture of the œsophagus. The lecturer passed a bougie, which meeting with an obstruction, demonstrated the existence of a stricture. In passing an œsophageal bougie, it is important to have the head well back, so that the mouth and the throat will form a straight line, which is the position assumed by the itinerant showmen who make a feature of swallowing a sword. Since there is no specific history in this case, and no history of traumatism, we must conclude that we have to do with an ordinary inflammatory stricture, such as we so commonly meet with in the urethra; an inflammation has occurred at a point in the œsophagus, and as a consequence, sub-mucous inflammatory deposits have occurred, thus lessening the calibre of the tube. As a means of locating the stricture, we may resort to œsophageal anscultation. Placing a stethoscope over the supposed location, the patient is directed to take a drink of water; the effort to force the water through the stricture gives rise to a hissing sound; in this case a sound can be plainly heard as though water were being squirted through a narrow orifice. The patient can swallow better since the bougie has been passed. We must be very careful about passing bougies, for it may be that the stricture is caused by the pressure of an aneurism, and we may rupture it if we are not very careful in our manipulation; or, again, the stricture may be cancerous, and we may rupture the œsophagus. If in the country, and you do not have a bougie, you may use a soft flexible catheter, and inserting a syringe into its extremity, thus nourish the patient. The lecturer has kept a patient with stricture of the œsophagus alive for six months in this way.

MEDICAL SOCIETIES.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

Discussion on Croup. (*See page* 605.)

Dr. J. Solis Cohen, in opening the discussion, said: The principal impression gained from this paper is the importance of tracheotomy. As regards the identity of these diseases, while I contend that there is a difference, I am not prepared to recognize so great a difference as is claimed by the reader of the paper. Croup and diphtheria do not present in the alleged proportionate frequency. True membranous croup is a very rare disease, and that is the reason so many disbelieve its existence. The series of successful tracheotomies, reported by Dr. Crandall, is very remarkable, and I trust that in future his success may continue to be as great. It is certainly greater than any that has been reported in this or any other city probably in the United States. Some years ago (1873), I prepared a paper for this Society, in which the results of more than five thousand cases were given. The proportion of successful operations was about one in four. Before that paper was presented, operations had been rare in Philadelphia; since then they have become more frequent. The ratio of success is not always maintained in one's later experience. Thus the late Dr. Hodge, who at one time reported four cases, three of which recovered, told me that he had subsequently operated seven times in succession without another recovery. Dr. Jacobi, whose success had been exceptionally good at one time, informed me some years afterwards that he

had been so unfortunate as to lose one hundred cases in succession, and thus his early confidence in tracheotomy has been modified.

The reason for this variation of results is, I think, plain. We are careful of our first cases. We see them frequently after operation, just as the writer of the paper has done. When we become older, this time is not at our disposal. The after-nursing I regard as of the very highest importance, and I have long made it a rule never to operate unless sure that this will be properly attended to. The time for operation is a question of great moment. The best rule is to operate as soon as the thought of the necessity comes into your mind. Success depends on early operation, other things being equal. The tube appears to me to be a necessity. To dispense with it I regard as dangerous, notwithstanding it is thought by some to produce irritation, and thus favor the deposit of new membrane. A few years ago, impressed with the encomiums of Dr. Martin, of Boston, I adopted the plan of keeping the edges apart by ligature without a tube; but inattention in nursing allowed the opening to become so frequently occluded by the soft parts, in the motions of the child, and suffocation, fortunately overcome at the moment, having ensued on one occasion, I have felt no desire to repeat the experiment.

Steam in the room, and the maintenance of an equability of temperature, are important. If I had but two things to depend upon in croup, I would choose vapors from slacking lime. But a small piece in a pan of water upon the stove, will not answer. Copious disengagement of vapors are needed, just such as were produced by the ignorant Irishman mentioned in the paper. I have no motion that the action of the lime is chemical, although I am aware of its slow action on membrane in a test tube. I believe that it acts mechanically. Small particles of lime are carried up with the vapor of water; these get under the false membrane which does not everywhere hug the tissues closely, and act as minute wedges; the accompanying vapor of water follows and detaches the products.

I believe that I have seen life saved more frequently by lime used in this manner than by tracheotomy. Dr. Crandall has been fortunate in braving the contingencies that surrounded some of his cases. There are very few men brave enough to operate without adequate assistance, and with the light furnished by an uncertain lamp. Anomalous blood-vessels often give unexpected trouble.

As regards the point of incision, my own plan has been to perform the low operation—that is the one below the isthmus of the thyroid gland. A larger tube can be inserted there, and the wound is farther from the seat of disease. It is true this is the more difficult operation, but there is no occasion for a hurry, unless immediate death is threatening. The ten or fifteen minutes required for a deliberate operation, steal nothing from the patient's chance of life. In an emergency, of course there is no choice. All the tissues may have to be incised in one cut. Another fact rendering the lower operation more favorable, is the lessened liability of coming directly upon masses of pseudo-membrane, which may be forced down the trachea in the very act of incising it.

An important point, too, not appreciated by the majority of operators, is that this false membrane is a foreign body, and should be removed. The first thing to be done after the trachea is opened, is not to put in the tube, but to make a thorough search for a false membrane, and to remove all within reach. Then the edges of the cut should be kept asunder and cough be excited to drive more out. If this were done more frequently, the statistics of recovery from the operation would be much more favorable.

We sometimes have hemorrhage to deal with. The best method to treat this is to plug the wound about the tube with absorbent cotton. Never hunt for the vessels; pressure gives the best results. The character of the tube is important; these are often found made of hard rubber, but I do not consider such material desirable. It is thicker than silver, thereby lessening the calibre, and does not tarnish when the wound goes wrong; and this latter characteristic of silver tubes is frequently of service. The tube should be of equal calibre throughout, and not made tapering, so that the patient may get all the air he is supposed to get.

[In answer to an inquiry from Dr. H. R. Wharton as to his use of chloroform, Dr. Cohen replied that the operation was made easier by anæsthetics, but the safest plan is not to use them. Ether is out of the question, if ordinary artificial light be close. The patients were usually numb and insensitive from impending carbonic-acid poisoning, and when retaining sensibility often seem to understand the purpose of the operation, and do not struggle. Struggling should be prevented by wrapping the trunk and limbs in a sheet or a towel.]

Dr. H. R. Wharton: I agree with Dr. Cohen that the results of Dr. Crandall's operations have been remarkably successful. The results of my own cases have been fairly encouraging.

As to the two diseases under consideration, I believe in their non-identity. With Dr. Cohen, I am opposed to the use of an anæsthetic in the operation of tracheotomy, and I believe that I have seen two cases lost through its use. The after-treatment of cases of tracheotomy, when performed for croup or diptheritic croup, is most important, and I consider a moist atmosphere very important in these cases. At the Children's Hospital, in this city, we have a room especially fitted up for tracheotomy cases, which can be readily filled with the vapor of steam from steam-heating pipes. The permanent removal of the tracheotomy tube has, in my experience, often been a matter of greater difficulty than its original introduction. I recently had a case in which the tube was removed on the thirteenth day; the condition of the patient was good, the temperature and pulse being normal. An attack of dyspnœa supervened two hours after the removal of the tube; the gentleman left in attendance was unable to reintroduce it, and when I arrived the child was dead. I have performed tracheotomy five times for diphtheritic croup, with two recoveries; one of the fatal cases was the one just alluded to, which died on the thirteenth day after the operation, from an accidental cause.

Dr. J. M. Barton: I regret that Dr. Cohen has not given a more definite rule "when to operate"

than "when you begin to think of tracheotomy then is the time to do it." As soon as you make a diagnosis, and perhaps before you make a diagnosis of membranous croup, you think of tracheotomy. I was called in two cases lately by recent graduates to perform tracheotomy in croup. Doctors, parents, and friends were all urgent for immediate operation; they were evidently under the impression that without operation certain death, with operation instant recovery; the cases were not urgent, they both had croup, but there was no important obstruction to respiration; under careful treatment, which had been neglected, they both recovered without tracheotomy. My own rule has been, when the tissues just above and just below the sternum decidedly recede during inspiration, when the face becomes slightly livid and the respiration hurried, with the usual symptoms of croup, the time to operate has arrived.

I have not found ligatures of much use in keeping the wound in the trachea open. In operating low down in a young child, with small and deep trachea, the ligatures pull directly towards the surface. A probe bent into a circle and a hook fashioned on each extremity, will keep the wound open by its spring, until a properly fitting tube can be obtained.

Is it desirable to operate *in extremis?* I have operated on several such cases, in which artificial respiration had restored them, but they all perished in from one to three days.

Dr. Nancrede: I have been much interested in the excellent paper read by Dr. Crandall, but dissent from the evident impression intended to be conveyed by the writer, that tracheotomy is a trivial operation, and one which may be undertaken without any hesitation. I am not ashamed to rank myself with those surgeons who dislike such operations, especially when so bold a one as Billroth says that he blames no surgeon for declining to perform laryngotomy on a young child. This may seem exaggerated language, but although in the majority of cases the operation is a simple one, yet it may demand all the surgical skill and nerve that the surgeon is possessed of, as in the last tracheotomy I performed. Two cases have been related this evening, in which death occurred during the operation by most competent operators. Billroth has had a similar experience, and I know of a number of others.

An otherwise good, general practitioner, with a previous hospital experience, sent for me on one occasion, saying that he had opened the trachea, but could not introduce a tube. Upon examination, I discovered that he had sliced off a portion of the right ala of the thyroid cartilage, but had failed to open the trachea at all. Other operators had cut either the normally or abnormally placed carotid artery, or had dissected between the trachea and the carotid artery until they had reached the vertebræ. Other accidents have also happened, which should make us pause, while we recall the fact to mind that if we do not get through the operation successfully, we kill our patient. I cannot resist the impression which my experience has produced, that diphtheria and pseudo-membranous croup are identical diseases, modified by their locality, rapidity of progress, etc. Diphtheria is said to be distinguishable from croup by the presence of albuminuria, but German investigators have shown that albuminuria exists in a distinct proportion of cases of so-called croup. Besides, most croup cases *die* before this symptom can make its appearance. Moreover, all cases of undoubted diphtheria do not present at first, or at any time, those profound alterations of the blood, and the kidney lesions which result in albuminuria.

Finally, whether the diseases are identical or not, clinically it was generally impossible to distinguish them at the time of the operation. I may refer to a series of cases in my own practice, which would have been decided by any member present as typical cases of true croup, which yet by their subsequent course—even diphtheritic paralysis—or their marked contagiousness, proved to be undoubtedly diphtheria. The difference in character of the false membrane in the pharynx, larynx, and trachea seems to be relied upon by some of the speakers as a proof of the essential difference of the two diseases. Precisely similar conditions are found in undoubted diphtheria, and are explainable on anatomical grounds, so that the membrane of croup and the membrane found in the trachea in undoubted diphtheria are identical in appearance, etc., being in the substance of the mucous membrane *in the pharynx*, but upon its surface in the trachea. There are many other similarities, but time does not permit them to be referred to.

As to when to operate, croup cases are divisible into two croups, viz., those in which the dyspnœa is subject to violent exacerbations, but is slight during the intermission; and those which steadily increase, each paroxysm being succeeded by a relative intermission only, the dyspnœa steadily increasing. In the first class of cases, the patient may, it is true, die in an access of dyspnœa, but there is time to try medical measures usually. In the second class, when there is marked depression of the epigastrium and base of the chest, and also of the episternal and supra-clavicular fossæ, despite the persistent use of the admirable treatment suggested by Dr. Cohen, operate at once.

Personally, I prefer to operate without ether, although it was harder for the operator unless the patient had become insensible from carbonic acid poisoning.

The fenestræ generally found in the tubes I regard as ridiculous. They are generally to be found outside the trachea when the tube is in place.

There should be no hurry in doing tracheotomy. Both hurry and force are exceedingly dangerous, and kill the patient sometimes. A hurried operator may force down the membrane before the tube; the trachea, being more resistant, may be cut, while the membrane will give before the knife, if the latter has been dulled. Some form of dilution had better be used to permit the removal of loose membrane, etc.

[Subsequently, Dr. Nancrede said, in answer to Dr. Stewart: I am aware that diphtheria is a disease of asthenic character, but I deny that it always commences as such, especially in the larynx, and inquiry will often develop the fact that there has been an attack of pharyngeal diphtheria precedent to the croup.]

Dr. W. S. Stewart: I have been very much in-

terested in hearing the discussion this evening. I remember hearing a paper read before this Society some time ago, in which the necessity of early operation in croup was urged. But the reader of that paper, when interrogated as to his success in his operation, had not had one recovery. In the paper of this evening there is a large proportion of recoveries. The contrast between the two papers reminds me of a little experience when I went with a brother physician, who had a subject, as he thought, necessitating an operation as a dernier resort for croup; when the parent of the child refused to permit the operation, as soon as the arrangements would be made; and so fickle-minded was he, that three unsuccessful attempts were made to perform tracheotomy during an interval of two days, and still the child recovered without the operation. The difficult problem to solve is the mortality that would result from not operating and the actual lives saved by the operation.

I have no hesitation in maintaining that croup and diphtheria are distinct diseases.

I confess I have not had the experience of the last speaker in seeing a case of diphtheria develop and terminate fatally in a few hours. And I could not account for such results, except in the fact of it being an insidious development, and in its asthenic nature giving no special symptoms for a certain interval of time at first, except the feeling of languor and an unaccountable sensation of lassitude. Croup, on the other hand, is a sthenic disease; is ushered in suddenly, and is always accompanied by a cough of a peculiar and characteristic sound. The membrane of croup is lighter in color than diphtheria—lies more on the surface of the fauces and trachea, and is more readily expelled by coughing; whilst the germs which enter into the formation of the diphtheritic membrane imbed themselves into the tissue, and are of dusky hue, and with greater difficulty removed, and it is not accompanied by a cough.

Dr. Jas. F. Stone: There is one point that I would like to emphasize, and that is, the vital importance of attending the patient carefully after the operation. I am one of those who believe in the necessity and very great advantage of this operation, and in its early performance; and yet I do not believe it should be performed, unless the physician will devote a proper proportion of his time to the after-treatment. When we consider that the operation is of a character that does not relieve the physian of his responsibility, but even makes it greater, we should be willing to devote days, and possibly weeks, to its proper performance.

Dr. Sajous: In a case which I saw to-day operated upon by myself two weeks ago, I noticed that a peculiar odor accompanied each expiration, and upon examination found a spot of ulceration just opposite the fenestra (this being rather low down near the tracheal aperture of the instrument), upon the posterior wall of the trachea. I consider the fenestra as useless. The distance between the tube in situ and the wall of the trachea, is sufficient for the passage of air, and when the voice can be used, the tube does not offer enough interference to prevent the formation of the voice.

Dr. Formad: As to the misconception between croup and diphtheria, some gentlemen have expressed an opinion that there are different pathological processes in the two. Pathologists never asserted that the two diseases are clinically identical, but only that the pathological process is identical. If the product is different, it depends on the locality affected. We may have a urethritis or a cystitis; the diseases are different, and the symptoms different, but the pathological process is identical. It is nowhere said, in text-books of pathological anatomy, that croup and diphtheria are clinically, or even anatomically, the same.

In diphtheritic angina, the deposit is deeply seated, because the inflammatory exudate cannot get outside on account of the anatomical construction of the mucous membrane of the pharynx. In the larynx and trachea the exudate cannot stay below, it being expelled by the elastic tissue of the mucous membrane, which, moreover, has but one layer of an easily permeable epithelium. The exudate is bound to get out as soon as formed. We may have similar exudates in any surface of the body; in each case the deposits differing with the local conditions. Virchow has well expressed these differences: Diphtheria is "Eine Einlagerung," croup is "Eine Auflagerung" of the exudate.

In croup, the absence of constitutional symptoms is easily explained. While in diphtheritic angina the body is imbedded into tissues rich in lymphatics and blood-vessels, and death ensues usually from absorption of septic materials, in croup, the deposit lies on the outside of the body; death may ensue from stenosis of the larynx or trachea, but not from absorption of septic materials, as there are but few blood-vessels and lymphatics in this situation. The anatomical difference fully justifies a clinical differentiation. The deposit of the exudate is like a nail which may lie on the table or may be driven into the wood. The nail is the same in each case, but is under different conditions and has different effects.

Dr. Crandall, in closing the discussion, said: Dr. Cohen has referred to Dr. Jacobi's low percentage of cures latterly. Dr. Jacobi doubtless operated as scientifically and skillfully in his later as in former cases. So also does Dr. Levis. Yet he reports many failures. I do not lay claim to great scientific accuracy, but wish to demonstrate the importance of after-treatmeat. The children averaged from three to four years of age, and this made it easier of performance in the cases given. I saw one of these cases every two hours, the other every four or five hours, and believe success due to this. I also believe that physicians should be able to perform this operation whenever called upon. I am under many obligations to those who have assisted me this evening in establishing the differential characters of these diseases.

THE KENTUCKY STATE SANITARY COUNCIL.

(*Continued from page* 587.)

Proceedings reported by ALLEN KELCH, M. D.

Dr. R. B. Pusey, of Elizabethtown, read a paper on the "Prevention of Cholera." He said in substance:

"The medical profession are not a unit as to the sources or coming of cholera, but let it come by the usual ways of travel, by sea, railroad, stage-coach, or afoot, or, if you please, let it spring from some peculiar condition of the atmosphere, it is all the same destructive in its tendency, and *all* believe in proper preventive measurses circumscribing it. In 1873 we had cholera in this place. The first case was an old colored man, who was dissipated and in other ways imprudent, and almost all the other cases came up on neglected streets and alleys, so much so, in fact, as to induce some of our physicians at that time to discard the portable theory altogether and make strong argument in favor of the malarial origin.

"Disinfectants are certainly valuable in neutralizing septic poisons, and I presume sulphate of copper, lime, chlorate of lime, and carbolic acid are the best. I do believe, with the advantages that nature affords us in every way of water supplies and and drainage, if we observed proper hygienic measures, we could ren der inert the poison that sets in motion many of the grave types of disease.

"Last, but not least, there is a habit that many of our citizens indulge in that makes them very ready fuel for an epidemic of cholera, and that is the use, moderate or excessive, of alcoholic stimulants. In regard to the gentleman who takes his three drinks a day, he is at least on a perilous road, and in proportion to their frequency, is he approaching the danger-line. I shall say nothing of the treatment or of precautionary measures in the event of cholera, as that, of course, would fall to the profession."

In discussing the subject, Dr. J. N. McCormack, of Bowling Green, said: "Dr. Pusey has put his points on a subject which may at an early day be alive with interest to us all, very clearly before you. There are certain steps which can be taken now which are essential to safety. We need to look to the condition of our premises—of our cellars and water-closets, our gutters, and our alleys. The history of its outbreak and spread will be this, 'That some traveler on a train will stop at our cities and leave there the material which contains the poison of cholera; that is, the discharges from the bowels and stomach. A condition of filth existing, ready to receive and multiply the germs of this poison, they are rapidly reproduced. This traveler, then, having sown the seeds of the disease, may pass on to Louisville to the hospital to die there, and we scarcely know whence the poison has come that produces such deadly effects.'

"The history of the cholera epidemic in Bowling Green in 1873 might very aptly illustrate this principle. The first case that occurred there was in the person of a citizen from Gallatin, Tex., where the disease was then prevailing. As soon as he arrived he was taken sick, and he felt satisfied he was taking the cholera. The physicians who attended him were on the lookout for it. They destroyed the discharges and disinfected everything in connection with them. No cholera followed this case.

"Two weeks later a man died of the disease on a steamboat coming up from Evansville. When the body reached town, the bed-clothing were carried up into the city and washed by an old negro woman, who died of the disease that night. Cholera was epidemic in three days in that neighborhood. There are shallow wells and springs in that district which furnished the water-supply to these people, and in a few days the disease was widely epidemic; a large number of cases occurred, with a total of sixty-five deaths.

"The failure upon the part of the citizens to fill up these wells and springs, and to introduce the hydrant system, universally resulted in the spread of the disease.

"The same conditions which make the cholera poison effective furnish a hot-bed for the scarlet fever poison, the poison of diphtheria, typhoid fever, etc., and thus, whether cholera is likely to affect us or not, it becomes important to take these precautions, and the labor of cleanliness is therefore never in vain."

At the close of the discussion, Prof. J. A. Tanner, of Louisville, read a paper on "Adulteration of Food," and illustrated his remarks by the more simple methods of detecting the adulterations and the materials used for adulterating purposes, using in these experiments samples of the various articles he mentioned as procured directly from the stores in the city. He spoke as follows:

"It falls to my lot in this meeting to discuss the subject of food adulteration, and, as far as time permits, place before you a few facts to serve as landmarks to guide you in the search for good, substantial food.

"This business of food adulteration is of comparatively recent birth, but it has grown so rapidly and to such an extent as to already embrace every article used upon the table, either in the liquid or solid form, as a necessity or luxury.

"Fortunately, the substances used to adulterate with are of themselves generally harmless, though indirectly, they must all be attended in their use with injury to the human system. Now and then in a certain class of food material we find present foreign substances that are of such a nature as to rank as poisons, *e. g.*, salts of arsenic and lead, and the aniline dyes to color confectionery, copper in pickles, and the mineral acids in vinegar; and I regret to say that they are placed there intentionally.

"Before entering directly upon the discussion of food proper, it is necessary to mention some of the accessories pertaining to supplies in order that you may fully grasp the great elasticity of the human conscience to admit of such infamous fraud for the love of gain, as is displayed in this business of manipulating supplies necessary to life. Hams are now put up in highly-colored canvas and sold at an advanced price. There is no objection to this method of putting up the hams, but upon consideration, we find that there is a fraud connected with it, for in buying these goods, the consumer pays at the high rate per pound for the canvas and several coverings of brown paper that is beneath it; and then, again, the coarse canvas serves as a vehicle for the sale of ordinary plaster, whiting, etc., which fills the meshes of the canvas. All kind of food is now extensively put up in tin cans, and tin vessels are largely used in preparing food for the table. To cheapen the kitchen furniture and increase the profits of the dealer in canned goods, the tin

used in plating the sheets of iron in order to produce tin-plate, is often adulterated with lead, giving what is known in the market as terne-plate. The use of such material in connection with food must finally result in injury to the consumer, producing lead poisoning. There are other facts in this connection I might bring to your notice, but will not in order to give more time to the discussion of food in particular.

"In my illustrations it will be my endeavor to give only those that are simple and applicable by those who are not experts, and at the same time only the adulteration most frequently found will be named in connection with the article described.

"It does not seem possible, with the low price of wheat, that flour should be tampered with, and up to a year or two back, this important article escaped adulteration. At first it was lowered in value as a food by the addition of a small per cent. of a harmless material, such as corn flour; gradually the quantity of this substance added was increased, until at this time, I am reliably informed, as much as forty per cent. is often present. From the addition of corn flour the practice has extended to whiting, and a powder made from soft, tasteless woods, such as poplar; this wood being ground quite fine, and when the young tree is used, gives a very white, odorless, and tasteless powder. Sometimes flour is met with that has come from wheat which had partially decayed before grinding. Such flour is not very white, and will not rise so as to give light and easily digestible rolls. Lard is frequently improved in color and increased in weight by the addition of lime-water and alum. Starch is also sometimes added, and when sent to Southern climates, lard has stearine mixed with it to increase the firmness and melting point. When you see a very firm and opaque lard in the summer season, there is a strong probability that the oil has been removed by the the hydraulic press, and you see only the residue.

"Delightful coffee is a great favorite of all, and a prolific article for the ingenuity of the fraudulent manufacturers. As put up in packages of ground coffee, ground chicory, peanuts, acorns, beans, etc., are almost certain to be present. If the adulteration of this favorite substance was limited to this package form; it could easily be avoided, but unfortunately the raiser adds his mite often, and then each one that handles it often adds a little to the work. It has been my good fortune to visit a coffee plantation on the island of Jamaica, and on one occasion, after seeing the entire process of preparing the bean for the market, I noticed that there was an entire absence of gravel in the preparation, and on asking the owner of the plantation how it happened that coffee as retailed contained gravel, he replied that a small amount of this material was added by some producers to each bag. After leaving first hands, the berry is sometimes polished, colored, or otherwise manipulated so as to appear of a finer quality. Then it has been stated on what seems to be good authority that clay is moulded into the form of the coffee bean, colored the shade of the parched berry, and thus added to increase the weight. After roasting it is also steamed to increase the weight. Sugar receives a full share of the adulterater's attention, for in the pulverized form rice flour, gypsum, grape sugar, and soapstone can now and then be detected, while in the form of brown sugar the artificial grape sugar is almost invariably present. The old style cut loaf and the present form of granulated sugar can be relied upon as being pure, but in the form of the pressed cubes, that are so popular, the chance for adding foreign matter is very much enhanced. Glucose, the commercial name for the drippings in the manufacture of grape sugar is an intimate acquaintance of the delightful New Orleans syrup. While speaking of sugar, probably candy should be referred to. This favorite substance as produced at this time, especially the beautiful specimens of fancy work sold as French candy, is often the product of grape sugar, flour, and cane sugar, and sometimes plaster or terra alba is added. Grape sugar, when pure—according to good authorities—is not an injurious substance, but it requires five pounds to give the same sweetness to one gallon of water that two pounds of cane sugar will give. Now, as sugar is used almost entirely for its sweetening power, you see what an immense fraud it is to sell this substance at a price that cane sugar should be bought for.

"Tea, the companion of the old and the favorite of all, is grown by a people famous for their ingenuity and skill in deception, and before starting tea on its journey to the consumer they stamp it with their skill. Not only is this expensive article adulterated by the addition of the leaves of other plants, but spent tea leaves are bought up to be returned to their native country and be mixed with the fresh leaves to return again and do service in the hands of the consumer. Sand and dirt, also Prussian blue, gypsum, etc., are added to tea to give increased weight.

"Of recent years butter has been added to the list of adulterated articles, and this is often the work of the producer—that is, the farmer. Specimens of butter have come under my notice with lard mixed in, and frequently as sold it is so salty as to be unfit for use until it is worked over to remove the excess of this substance. Then, again, a large amount of water is allowed to remain instead of being worked out. Salt and water sold at the price of butter is a paying business. Oleomargarine is not looked upon as an adulteration unless mixed with butter and sold as the pure article; for this material is generally sold as an artificial product, and the only fraud about this is when the landlord buys it on account of its cheapness and places it before his boarders for the genuine article. This substance, oleomargarine, when carefully made gives an imitation so close as *scarcely* to be detected by the consumer, and at the same time it is not injurious. In its place, this product of man's ingenuity serves a good purpose."

(*To be continued.*)

—Dr. Behring states that bicarbonate of soda is an antidote in poisoning from iodoform. Since the latter drug is eliminated in the urine as an iodic salt, the author assumes that it abstracts alkalies from the blood. By supplying the alkali thus withdrawn from the blood he believes that the system may acquire a special toleration for iodoform.—*Rivista Clinica*, No. 8, 1884.

EDITORIAL DEPARTMENT.

PERISCOPE.

Treatment of Stricture of the Œsophagus.

Before the last International Medical Congress, Dr. Studsgaard (Copenhagen) read a paper on this subject. He had, he said, taken great interest in the question and in its statistics. Where dilatation failed, recourse might be had to gastrotomy, and the stricture might be dilated from that. In his practice, in cancerous stricture, one case had survived for seven, one for six, and one for five months, after the operation. In four cases of stricture from cicatrix, two had died and two recovered. In urgent cases, where gastrostomy could not be performed in two stages on account of the nutrition of the patient, he thought that a minute opening should be at once made, and close sutures used. Langenbuch made a capillary puncture for the purpose. He recommended, as a general rule, that the operation should be done in one stage, and that the suture should not include the mucous membrane. This was so loose that there was no fear of including it. One patient, on whom he had operated two and a half years ago for stricture of the œsophagus, probably superficial, had fed himself by a drainage-tube, doubly-beveled at the point, and was in a perfect state of health.

Professor Hjort (Christiania) related a case of stricture from contraction after swallowing an alkaline solution. No sound could be passed below the cricoid cartilage, and there was difficult swallowing by slow efforts. Gastrostomy was performed, with catheterism of the œsophagus; and electrolysis was applied at the part in a specially constructed bougie. The positive pole was placed on the right side of the neck; first 5, then 10, then 15 cells were applied; and after an hour the bougie went suddenly through a stricture 3 centimetres long. No bad results followed, and the proceeding was repeated twelve days later. The patient could now swallow; some flesh and solids were taken, and a No. 19 bougie (Charrière) went through from below and above. The largest bougies were passed, and the patient was well nourished. A fortnight later, Dr. Hjort closed the gastric fistula by freshening the edges of the wound and doing the gliding operation. For catheterism, as in this case, the cardiac opentng must be large enough to admit the finger; it was found without much difficulty, especially if a curved staff was first passed up. To prevent digestion of the wound by gastric juice after the first operation, he found bismuth-dressing valuable. He advised gastrostomy and treatment from below for cicatricial stricture of the œsophagus, and the use of electrolysis.

M. Verneuil (Paris) once saw a stricture from alcohol. There was no malignancy and no caustics had been taken, alcohol being the sale cause. He approved of the completion of the operation in one stage. He sutured closely, and made a very minute opening, about the size of a No. 10 English catheter, and nothing escaped. The sound was fastened in and no harm ever resulted, antiseptic dressing being applied. So long as the patient could swallow and a fine sound could be passed, dilatation was the proper treatment, especially by the permanent use of a red rubber sound. The patients could be brought to go about their business with this sound in, it being withdrawn when they wished to swallow.

Professor Schönborn (Königsberg) warned the Section against gastrostomy when the patient had bronchial symptoms, as these probably indicated the involvement of a bronchus. He approved of the operation being done in two stages. The piece of stomach fixed in the wound had, however, in some of his cases, become spontaneously perforated from deficient nutrition.

M. Petit (Paris) gave some elaborate statistical details as to 155 operations with two per cent. of cures and twenty-seven per cent. of deaths, before antiseptics.

Mr. Knowsley Thornton (London) spoke of a case of obstruction from swallowing hair. He made a median incision, opening the stomach by transfixion, the peritoneum being protected by packed carbolized sponges. Removal of the mass was effected, and sutures were applied to the stomach in a double row, deep and superficial. There was subsequent parotitis on the right side; an incision was made, but there was no pus. Parotitis on the left side was treated by belladonna poultices. A sponge having been left in the peritoneum, he opened the abdomen to remove it, and found the wound in the stomach healed.

Mr. Bryant (London) said that he found one row of sutures enough. He described the minute opening of the stomach adopted by him. His colleagues in Guy's Hospital had, in six operations, used damping, drawing out the stomach by two rubber shield forceps, and used no sutures. One patient subsequently married, and had a child. Two and a half years after the operation, she suddenly found that she could swallow fluids and solids, such as bread, fish, and minced meat. She still had the fistula, and Mr. Bryant advised her to leave it, as she was quite dry, even after a large meal.

Dr. Sklifosovsky (Moscow) advised œsophagotomy and dilatation from the wound.

Dr. Oliver (Lyons) advised, in preference to operation, whenever possible, the use of very minute whalebone tongues, half a millemètre in diameter, and that the treatment should be on the principle which Syme, of Edinburgh, had enunciated for the urethra; that no case was impassable. He admitted that this was sometimes extremely difficult, but it was always possible, and then dilatation was often very easy.

Silicate of Sodium Bandage.

Dr. Eugene O. Bardwell thus writes in the *Jour. Am. Med. Ass.*, July 12, 1884:

I have frequently conversed with physicians of ability, age and experience, who have never em-

ployed and consequently never appreciated the value of silicate of sodium bandage as a permanent dressing in fractures of the long bones.

Silicate of sodium is a solution of silica and sodium carbonate, containing twenty parts of the former to ten parts of the latter; it is of a syrupy consistence, with a specific gravity of from 1,300 to 1,400; it is also called soluble glass or water-glass; it possesses many advantages over starch, dextrine, or plaster of Paris, in that it is more easily applied, is more uniform in thickness, is more cleanly, and last, but not by any means least, it does not contract on drying as do the others. The mode of application is very simple and easy, a common roller bandage is first applied, the joints and bony prominences being protected by cotton; this is followed by another roller which is painted *in situ* with the solution by means of an ordinary flat varnish brush. Other rollers are applied and painted in the same manner until four or five thicknesses of bandage coated with the silicate are in position. This is usually sufficient, but if thought necessary, strips of the roller may be laid longitudinally between the bandages and coated likewise with the solution. Pieces of tin or zinc may be placed between the folds if thought expedient, but I have never required their aid, the bandage without them being very hard and stiff when dry, and effectually preventing the slightest movement of the fracture. The silicate commences to harden at once and is usually hard enough to cut in twenty-four hours, and if properly put on will keep the fracture in position from the time of application. In fracture of the arm, leg or thigh, the bandage should, of course, commence at the fingers or toes to avoid possible strangulation; with this precaution, any one who is fit to apply a roller at all, can use this preparation with perfect safety and without fear.

At the end of one day it is usually advisable to cut the roller, as it will probably not fit the part closely enough, as the equable pressure of an unyielding substance from the extremity to a point above the fracture will generally quiet muscular action, and consequently, in removing a prominent source of irritation, reduce the swelling of the part affected. No one would think of using an application of this nature until the swelling and engorgement following the injury had perceptibly diminished. It is not, however, either necessary or desirable to wait until the swelling has entirely disappeared.

The bandage should usually be cut at the end of twenty-four hours. This may be done with Seuten's pliers, which are sold by dealers in surgical instruments. They are heavy shears with the blades curving upward, the nether blade being flattened to facilitate its introduction under the bandage. In lieu of these a narrow strip of tin or zinc may be placed along the limb under the first silicated layer, and with this for a director any strong-cutting instrument may be utilized. Commencing at the extremity, the bandage is cut through from one end to the other, usually on the external aspect of the limb, for the sake of convenience. At distances which are variable, owing to circumstances, pieces of a roller or of tape are then passed around the bandage, or splint, as it is now more properly called, and tied firmly enough to hold the injured member in proper position. If the limb is smaller than when the bandage was applied, a longitudinal section is cut out wide enough to leave a small space between the edges of the splint when tightened, so that should it become looser in the absence of the surgeon it may be easily tightened with the tapes by the patient himself, or any one in the household. In cases of compound fracture, a trap may be cut anywhere for purposes of drainage, examination, or treatment. As a rule, we apply this dressing about the seventh day following the injury, and in ordinary cases the patient is able to be out of bed two or three days later, able to sit on a chair and get around on crutches with perfect comfort, so far as pain is concerned, and without any prejudicial effect on the union of the fracture. We are aware that a certain length of time must inevitably elapse after fracture before complete union can take place. The general health and physical condition of the patient will, however, as it is good or bad, shorten or lengthen this period perceptibly; and certainly the sooner the patient can get out of bed with perfect comfort and safety the sooner will his general condition approximate the normal. I think that the great majority of cases of fracture of the long bones, either simple or compound, can, with perfect safety to themselves and with gratification to their friends and their physician, get about the house in from ten to twelve days.

Fœtal Therapeutics.

Dr. Samuel Welch thus writes in the *Medical Press*, September 10, 1884:

The following cases may, I think, prove interesting to your readers, as no circumstance can be a source of greater misery to the expectant mother than the dread of bearing a still-born infant. I may not, I hope, be thought presumptuous, if I express a strong opinion that with a history of syphilis or anæmia, if remedies addressed to the counteraction of these diatheses be steadily persevered in with a very large proportion, if not all, may be carried to a successful pregnancy. Syphilitic disease of the placenta is thoroughly recognized, and there can be no doubt proves destructive to the offspring; and I think it may fairly be argued that an anæmic condition of this structure may exercise an equally deleterious agency.

Case 1. L. G., æt. 27, consulted me. She had been married four years, and had miscarried five times, with pregnancies of from six weeks to four months. On inquiry I found a definite syphilitic history, viz., persistent sore-throat, hair falling out, etc., and on seeing the husband he told me he had suffered from a hard chancre some three years before his marriage. When the patient came under my care she was about two months advanced in pregnancy. I prescribed a pill containing hydr. perchlor. gr. $\frac{1}{12}$, quiniæ disulph. gr. $\frac{1}{2}$, ext. belladonnæ, gr. $\frac{1}{8}$, which was to be taken each night at bedtime. This treatment was continued up to time of her confinement, which took place at seven months, the child, a female one (which was born alive), being very small, and having a very old-man face. About a fortnight after birth the child had a specific rash, and all

the signs of congenital syphilis. This was treated by inunction with mercurial ointment and other remedies, under the influence of which it subsided, and the child now is a healthy little thing of seven years. At her next pregnancy I adopted the same treatment, the pill being commenced at three months and continued during the pregnancy, which took place at full time. The child was a boy, born alive, and apparently healthy. At about three weeks a slight rash appeared, which was treated by hyd. c. cret. The lady has since had two further pregnancies, during which she has taken the pill from quickening to delivery, and in each case she has gone to term with a healthy child.

'Case 2. A. C. H., æt. 32, had been married four years, during which period she had miscarried seven times, never going beyond four and a half months. She was nearly three months advanced when she came under my care, and had a tertiary rash and syphilitic nodes. I prescribed a mixture of liq. hyd. bichlor., ℥vj.; pot. iodid., ʒss.; sp. chlorof., ʒj.; inf. gent. co., ad ℥vj.; one ounce to be taken twice daily. This was persevered with (the amount of iodide of potassium being varied from time to time) till her confinement, which took place at seven months. The child (a syphilitic one) was born alive, but unfortunately died at six weeks from bronchitis. The woman subsequently left the neighborhood, and so her further history could not be traced.

'Case 3. S. W. J., æt. 26, had been married five years, during which period she had been prematurely confined four times, at periods of pregnancy varying from four to seven months, the children, which were fine ones, all being born dead. There was no history of syphilis, but the patient was very anæmic, and had all her life suffered from profuse menorrhagia. This case I treated on the lines recommended by the late Dr. M'Clintock, and prescribed a mixture containing ten drops of the tincture of perchloride of iron, with ten grains of chlorate of potash made up with a simple bitter infusion. The combination had to be varied from time to time, owing to the iron upsetting the digestion, but was persevered in, being taken about twice daily, and at full time the lady was confined with a fine, healthy child. About two years after, the lady again became pregnant, when a like treatment was adopted, and a similar result obtained.

The chief points of interest in the foregoing cases appear to be the following: In the syphilitic cases the immediate advantage obtained by the adoption of a specific treatment and the necessity of continuing it with each succeeding pregnancy, causing a steady diminution in the amount of congenital syphilis in the child. In the anæmic case the administration of the iron would definitely seem to have been the potent factor in producing a living child; and though its exhibition caused considerable dyspeptic manifestations, it may go far to dispel the prejudice existing in the minds of many practitioners against the administration of iron in the pregnant state.

Winter Hæmoglobinuria.

Professor Nothnagel, of Vienna, reports this case in the *Medical Times*, September 27, 1884:

The patient I show you has a somewhat rare complaint. He says that when he goes out in the cold in winter, and his feet get chilled, he suffers from peculiar sensations; he is seized with a shivering throughout the whole of his body, and afterwards he feels hot and perspires profusely. These are febrile symptoms which remind one of malaria. The patient suffered from various acute infectious diseases during his childhood, and at the age of eighteen he contracted syphilis. Three years ago he had the first of his present attacks following exposure to cold, and during the present winter the attacks have occurred so frequently that the patient is almost afraid of going out when it is cold. It is a very strange affection. He further states that during the attack he suffers from great thirst as long as the shivering lasts. We cannot conclude that this man's affection is of a malarious nature, for its occurrence is irregular and dependent upon the influence of cold. Moreover, he states that he has no attacks during the summer, but only in winter.

When one hears of such strange symptoms, one's first idea is to ask the patient what is the appearance of his urine—what is its color. Now the patient says that on making water immediately after an attack the urine is black, but what he passes subsequently is clear. Here is a specimen of this black urine; it looks as if it contained blood. We will examine the urine, after the method of Heller, to see if this is so. We boil the urine with caustic potash, the phosphates fall to the bottom of the glass, and you see that the precipitate has a brownish-red color, due to blood-pigment being mixed with it. On microscopical examination, we do not find any red blood-corpuscles. The urine contains albumen, for on heating it we obtain a flaky sediment. This sediment has a red color, while the urine, when separated by filtration, is quite clear. This shows that the blood-pigment is entirely carried down by the precipitate. If we now boil the sediment with alcohol, which has been rendered acid, with dilute sulphuric acid, the alcohol absorbs the blood-pigment. The blood-pigment, therefore, exists free in the liquid and not in combination with red blood-corpuscles. In those cases in which we find blood in the urine we call the affection hæmaturia, and the blood may be derived from the bladder, from the ureters or the kidney. In all such cases we find red blood-corpuscles in the urine, and we have good reason to call the affection hæmaturia. But there exists another class of cases in which the urine is also colored with blood, and in which you find blood-pigment, too, examination with the spectroscope showing the characteristic absorption lines of hæmoglobin. On examining a drop of the urine under the microscope, however, you do not find a sign of a red blood-corpuscle. You find instead of red blood-corpuscles a detritus which has a brown or blood-red color. We call such an affection hæmoglobinuria.

Besides this, there exists a form of hæmoglobinuria which is to be considered as a special affection, and which has been termed winter or paroxysmal hæmoglobinuria. In general, this disease is seldom met with. The majority of such cases have been recorded in English, American, and German literature; very few have been recorded in

French literature, and still fewer in Russian. The disease presents the following symptoms: The patient is seized with it in paroxysms, hence the name paroxysmal. In the intervals, he is perfectly well, though exhausted and weak, owing to the loss of the blood-corpuscles which have been destroyed; but besides this general weakness he does not complain of anything. The attack is, in most cases, produced by cold, and for this reason the affection is chiefly observed in winter, whence the alternative name "winter" hæmoglobinuria. It is the effect of cold on hands and feet which especially produces the affection. Sometimes one is able to bring on an attack artificially. Rosenbach gave one of his patients a cold bath in summer and an attack resulted. The sensations of the patient in the attack are very unpleasant; he yawns constantly; he is then seized with shivering through the whole of the body, which is followed by heat and perspiration (a temperature of 40° C. and upwards has been observed). The patient then passes urine which is of the color of blood; the same color may be noticed two or three times in the subsequent twenty-four hours and then it disappears. The albumen in the urine coagulates and forms a compact mass which rises to the surface and has a brown color, due to the blood-pigment which it contains. If you boil this sediment with alcohol rendered acid by dilute sulphuric acid, the pigment is absorbed by it, and the sediment remains uncolored. Sometimes casts are to be found in the urine, but this is an exception; there may, indeed, be blood casts, for the hæmoglobin may coagulate while still in the urinary passages. We know, by our experience in cases of transfusion, that the coagulated hæmoglobin may even block the urinary passages. Sometimes hyaline casts are also to be found. When the attack has passed off the casts disappear, together with the pigment, and the urine again becomes clear. The attacks may occur at different intervals, and they are very injurious to the patient, for they have the same influence as losses of blood.

How does hæmoglobinuria arise: Probably by the influence of cold. If we make blood freeze, the blood-corpuscles are destroyed, and we have then blood with a color like lac dye. During the attack there circulates in the vessels ruby-colored blood, that is to say, besides the red blood-corpuscles there is there free hæmoglobin; this fact was proved by the abstraction of blood by means of a cupping-glass during an attack. Clinical observation thus entitles us to suggest that it is the influence of cold which destroys the blood-cells. We believe that in these cases the red blood-corpuscles have less resistance to low temperatures than usual, and are destroyed; the hæmoglobin is said to have an influence on the vaso-motor centre, hence the shivering, followed by heat and perspiration. As to the prognosis, the disease lasts in some cases several years and then disappears suddenly. In some patients we obtain good results from anti-syphilitic treatment, even when the disease has not a syphilitic origin. Besides this, the patient must have good nourishment; he must live on meat, milk, eggs, and wine, and iron must be given to him. If we do not succeed in curing the patient in this way, we must order him to a milder climate during the winter.

Remarks on a Case of the So-called "Skrljevo" Disease.

Prof. Neumann thus writes in the *London Medical Times*, August 16, 1884:

The patient, a native of Dalmatia, aged 24, states that four years ago he had intercourse with a woman who suffered from skrljevo, and that since that time he had suffered from a disease which began with an ulceration on the penis, and was followed at an interval of some weeks by ulcers and nodules on the skin, which appeared and disappeared. He also calls his disease skrljevo. The patient now presents the following symptoms: On the upper and lower extremities are to be seen round and oval cicatrices varying in size, denuded of their pigment in the centre, but containing some pigment at their periphery. These cicatrices are especially marked on the extensor muscles of the extremities; in several places they run into each other and present a bilobate or trilobate outline. The forehead, the ridge of the nose, the zygomatic processes, and the upper jaw, are covered with white cicatrices of the size of a lentil, the space between these cicatrices presenting several nodules. Similar cicatrices and nodules are also present on those parts of the head which are denuded of hair; the two alæ nasi are converted into thin cicatrices, and stand at a higher level than usual, so that the septum is quite uncovered. Taking all these symptoms into consideration, it is evident that this affection is syphilitic disease in the tertiary stage, in fact tertiary syphilis. The process must be considered an acute and malignant one, such severe symptoms having developed in such a proportionally short time.

The reason why the disease has taken on this acute course is to be sought in the bad conditions under which the patient has been living. He has been in want of proper nourishment, and, moreover, he has not been submitted to specific treatment during the four years he has been diseased; but has always tried to heal his sores by means of domestic remedies, by drinking different sorts of tisanes and so on. In this way it is to be explained how a disease of such a malignant type has developed in so short a time. If a disease of this kind is not treated in the proper manner, if, moreover, it is complicated with other diseases, there take place aberrations in the course of the syphilitic process, giving rise to symptoms which deviate very often from those we are accustomed to see, and which we recognize as syphilis only with difficulty and after long and careful examination. Other chronic diseases, such as lupus, psoriasis, elephantiasis Arabum, and the ulcerative processes, are also due, in a certain degree, to differences produced by irrational treatment, and by the bad conditions under which the patient is living. The layman as well as the inexperienced physician are inclined to refer such cases to a local cause quite unknown; and as the latter does not recognize the disease, and as the cases are frequently limited to a small district of the country in which he lives, he calls them endemic. Hence, names have been invented for different endemic forms of disease, as skrljevo in the Fiume littoral, radesyge in Norway, fibbens in Scotland, morbus dittmarsicus in the marshy regions of Germany, falcadine in Italy, pian and

yaws in Africa—all of which are believed to be endemic diseases with an independent existence. But if we examine the diseases which are called by such different names, we find that they represent a series of chronic diseases, which are to be found also with us, and among which syphilis, lupus, scabies, psoriasis, and chronic skin-ulcerations are the most common and play the chief part. These diseases develop themselves in different ways under different local conditions, and so present symptoms which deviate from those we are usually accustomed to meet. For instance, an exact and precise inquiry into the character of the disease which is called "skrljevo," shows it to be simply the same affection which we call syphilis. The disease in such a case first runs its regular course; then owing to unhealthy conditions, as the living of many families in a patriarchal manner, uncleanliness, want of education, and so on, the affection develops itself rapidly. Such symptoms as papulæ on the sexual organs and the mouth, ulcerations and bone-diseases, are not prevented from developing; they appear in a severe degree and persist for a long time, so that the different stages run into each other, and in this way produce morbid changes of a quite different type from those ordinarily met with.

Further, we often have the opportunity of convincing ourselves of the fact that other non-syphilitic diseases, as especially lupus, scabies, psoriasis, benign and malignant growths, are comprised in the name of skrljevo. In such cases the physician must first make the diagnosis of the disease, must separate the syphilitic forms from the non-syphilitic, and as to the first an antiluetical treatment has to be observed. The syphilitic cases of skrljevo are characterized by the fact that an anti-syphilitic treatment, especially a mercurial one, is followed by a rapid cure.

Treatment of the Morphia Habit by Sudden Discontinuance.

In the *Lancet*, September 20, 1884, Dr. J. St. Thomas Clarke says:

The following case is one of several similarly treated at Mrs. Theobald's Institution, Leicester:

A lady, aged twenty-nine, the wife of a medical man, was admitted to the above institution on March 25, 1884. She was in the habit of injecting herself with morphia subcutaneously three or four times a day, always in the arms, and injecting three or four syringefuls at a time, each syringeful containing about twenty minims of a solution of acetate of morphia of the reported strength of twenty-five grains to the so-called ounce bottle of water. The bottle I found held nearly nine drachms and a half of fluid. The solution so made contained, therefore, quite two grains and a half in the drachm, which made up her usual dose, though at times this was exceeded; and probably in the day she would thus absorb from eight to ten grains of morphia—perhaps more. The first dose was usually in the morning, before or after breakfast, the second one later on in the morning or afternoon, and the last about eleven at night. The habit was of nine years' duration, and had not been associated, as is frequently the case, with a fondness for intoxicating drinks. The drug was first used hypodermically for gastrodynia and sickness during pregnancy, the quantity being increased gradually the last few years. The patient was a tall, stout woman, five feet eight inches in height, weighing about thirteen stones, with a somewhat leaden complexion. The pupils were rather contracted, but not unduly so. Her appetite was fairly good. She had had two children, the last in 1878. The catamenia were regular. She had had diarrhœa at times. Her arms were bulbous and pitted, with red indolent swellings here and there from irritation of suppuration following the injections, and altogether they presented an unseemly sight from shoulder to wrist, with blue and white indented scars, the results of former abscesses. She expressed herself anxious to get rid of her slavery, and voluntarily handed me her apparatus and solution on March 25. She kept up bravely till the evening, when she began to feel the want of the morphia, and passed a restless night with gradual development of intense gastric pain. The treatment followed during the progress of the case included resting the stomach, the administration of bicarbonate of soda and bromide of potassium, effervescing medicines with prussic acid, chloroform, and opium liniment to the pit of the stomach, then bismuth, bicarbonate of soda, prussic acid with barley-water, arrowroot, gruel, etc., and skilled nursing. Ice was not given, as it was objected to. Her condition the second day was one of great restlessness, tossing about the bed, incessant vomiting of green bile, great gastric pain, no sleep, bowels free, with an evening temperature of 100.5°. On the 27th (the third day of treatment) the general symptoms and temperature were the same, though scarcely so marked, but the pupils were dilating. On the 28th they were much the same, with a temperature of 101°. The vomiting of green bile was still very obstinate, but the patient stated that she had had about three hours' sleep during the preceding night. She also looked better, and had become cheerful and much less restless. On the 29th she stated that she was sick only once during the preceding night, and was then having simply barley-water in small doses. On the 30th she was progressing favorably; the sickness had ceased, and the patient experienced a feeeling of hunger. Chicken broth, milk, and barley-water, and tapioca pudding were ordered. On the 31st she was still progressing; the slop diet had agreed with the patient; sleep was obtained, but only half an hour at a time. On April 1st the temperature was 100°, but she was doing remarkably well, and sat up for a while. On the 2d the patient was sick once, but she sat up longer. On the 3d she was allowed to go downstairs to dinner. On the 5th she was gaining strength rapidly. The further progress of the case was onwards to complete convalescence and restoration to health.

At the end of June her husband stated that the improvement had been progressive. He says she sleeps all night, has lost the fits of sneezing and slight diarrhœa with which she was troubled after leaving, and the dysmenorrhœa from which she suffered prior to the morphia habit is now much less than before. She is less stout, has never asked for or suggested a return to morphia, and has no special desire for any stimulants. Though advised by us to become a teetotaler, she takes

about a pint of ale and half a pint of ginger beer a day, with no bad tendencies so far. She never asks for wines or spirits, and has no mental worry or depression. Her temperament is quite light-hearted, and she is about to make a long sea-voyage.

Cholecystotomy: with a Report of Two New Cases, a Table of All the Hitherto Reported Cases, and Remarks.

In *The American Journal of the Medical Sciences* for October, 1884, Drs. J. H. Musser and W. W. Keen publish a carefully prepared and instructive article on cholecystotomy, in which they relate two new cases, with a table of all the hitherto reported cases, thirty-five in number.

The first case was that of a man, æt. 32, who had had attacks of biliary colic for five years, followed by jaundice, until he was reduced in strength, and had chills and fever threatening life. Dr. Keen attempted cholecystotomy, the incision being made over a region of dullness believed to be the gall-bladder. This dullness was found to be due to an inflammatory mass. which glued together the gall-bladder, colon, and intestine. No stone could be detected. The wound was closed, and recovery ultimately followed a course of Hathorn water at Saratoga.

The second case was also that of a man, æt. 31, with acute gastro-intestinal catarrh, followed by jaundice, enlarged gall-bladder, and symptoms of internal suppuration. The enlargement of the gall-bladder was demonstrated by the hypodermic needle, but the fluid was not bile. Dr. Keen performed cholecystotomy, using a large, hollow-handled spatula to drain off the twenty ounces of fluid contained in the gall-bladder. The gall-bladder was found to be seven inches in depth, but neither by finger nor probe could any gall-stone or the orifice of the duct be found. A biliary fistula was established and bile was discharged through it the next day. The patient died a week later of exhaustion. The post-mortem examination revealed inflammatory closure of the cystic and common ducts at the mouth of the gall-bladder and at the duodenum.

Dr. Musser in his medical comments analyzes at length the causes, symptoms, and diagnosis of biliary obstruction, under the heads of jaundice, tumor, pain, and suppuration, especially in relation to gall-stones and other foreign bodies and diseases of the ducts. He points out the means by which a just conclusion may be reached, and that cholecystotomy should be resorted to early in the case rather than wait until the blood is disorganized and the liver softened and made functionally useless. Especially is this true in view of the low mortality of the operation, there having been (excluding Gross's incidental case) only nine deaths in thirty-four operations, and of the fact that Mr. Tait has done thirteen operations, by far a larger number than any other operator, all of which have been successful.

In his surgical comments, Dr. Keen discusses the surgical means of diagnosis by aspiration, with or without probing through the canula, and by acupuncture, both of which, when properly done, he commends. He also strongly urges an early laparotomy, followed at once by cholecystotomy, if found advisable, and condemns the attempt to provoke or to wait for adhesions. Indeed upon this disregard of adhesions hinges the whole of our modern progress in abdominal surgery. He points out that to Bobbs, of Indiana, and to Sims, both American surgeons, is due the credit of first performing and practically perfcting the operation. He advises the formation of a biliary fistula, rather than sewing up the gall-bladder, and disapproves, as a rule, of removal of the gall-bladder, as adding a new and usually a needless danger.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE

——The question of the absorption of albuminoids and sugar by the stomach is ably treated by Dr. R. M. Smith, in a pamphlet before us. His conclusions are the results of a large number of experiments, and deserve the attention of physiologists.

BOOK NOTICES.

The Physician's Daily Pocket Record and Visiting List, with Perpetual Calendar and Spring Clasp. Published at the Office of the Medical and Surgical Reporter, Philadelphia.

The Medical Record Visiting List, or Physician's Diary. New York, Wm. Wood & Co.

The Physician's Visiting List. Philadelphia. P. Blakiston, Son & Co.

These three useful pocket-companions are now issued for the year 1885. Each has a plan of its own, and one will suit where another does not. It is largely a matter of habit. They are all well made, neither in this respect having any special advantage over the others, unless the spring clasp and perpetual calendar which belongs to the first-named be so considered. Size and price being also the same, or nearly so, it reduces itself to a matter of taste, custom, and prejudice, which the physician buys.

But he should buy one or the other. Such a pocket diary of his professional life is eminently useful. It is so at the time, and constantly proves so in retrospect. This is shown by the increase in the demand for such volumes, and by the fact that the physician who once begins the use of them is quite sure to continue. He finds that it pays him to do so. We decidedly recommend those of our readers who have not availed themselves of these convenient publications, not to delay to make themselves owners of one of those named above.

The Student's Manual of Histology, for the use of Students, Practitioners, and Microscopists. Third edition, re-written and enlarged. By Charles H. Stowell, M. D. Cloth, 8vo., pp. 468. Charles H. Stowell, publisher, Ann Arbor, Mich. 1884.

The prompt sale of two editions of this work bears testimony to its value as a manual of microscopy, and this is borne out by an examination of its contents. The text is carefully prepared, both from a close reading of the best authorities, and from constant labor with the microscope as well. Every chapter reveals the hand of one who has long been familiar with the management of microscopes, and knows from experience the tantalizing tricks they sometimes play on observers.

One of these tricks is referred to in the preface, where the author comments on the supposed wonderful discoveries of Heitzmann about the blood, which afterwards turned out to rest on optical delusions.

The rapid advance of microscopy in the last two years has led the author to re-write the whole of the text, to make many illustrations anew, and to add materially to the size of the volume. As it now stands, it may be recommended as an excellent treatise on the subject.

Comparative Physiology and Psychology. A Discussion of the Evolution and Relations of the Mind and Body of Man and Animals. By S. V. Clevenger, M. D., etc. Cloth, 8vo., pp. 257. Price $2. Chicago: Jansen, McClurg & Co., 1885.

Here is a book on a topic of the highest interest, marshaling a long array of striking facts, aiming at a solution of the loftiest problems, but warped and vitiated in its results by the author's insufficient grasp of the theoretical basis of his subject. An evident disciple of Herbert Spencer, he is only able to see the narrowness and weakness of that philosophical special-pleader in a few points. He rejects the dogma of the "unknowable," but hangs on to the equally absurd Spencerian theory of knowledge. The facts, therefore, which he gathers together and records from his own observation, are entertaining and impressive; but his deductions from them, beyond the immediate reference of sensation to emotion, are a series of fallacies.

Why is it that an earnest student, as Dr. Clevenger clearly is, does not begin by accepting the profound maxim of Leibnitz—"The senses teach us only *unrealities*"? Is it because he will not accept any doctrine that has appeared previous to 1850, or thereabouts? Is it that he fears to take anything from a metaphysician? If so, let him turn to the greatest of living physicists, Helmholtz, and hear him confirm the Leibnitzian maxim by saying that any conception we can possibly form of a horse by the use of our senses is really no more like that animal than is the spoken word "horse" like him!

Not until a physiologist is thoroughly impressed with the bearings of this profound truth in all its relations, can he properly interpret such facts as the author of this book has been diligent in collecting.

We must also condemn as strained many of Dr. Clevenger's analogies of emotion between man and beast. That when a dog licks your hand it arises from a latent desire to eat you (p. 226) is utterly far-fetched. Its real emotional connection is with a mother licking her cubs or other young. Again (p. 232), that there is anything of a "truly snobbish nature" in a house-dog barking at a tramp and not at a well-dressed person is quite erroneous. It is simply that he sees that which is in contrast to his usual surroundings. The tramp's dog barks at a well-dressed man, but not at another tramp.

We have noted many such strained analogies in our author's pages, but shall quote no more. He would probably set our words down to the charge of that blindness or malevolence of Eastern critics to all that comes out of Chicago, to which he alludes on page 232. Really, however, his work is a suggestive one, and well worth consulting by the student of mind.

Diseases of the Nose. By Clinton Wagner, M. D. Cloth, 8vo., pp. 247. Price, $2.50. New York, Bermingham & Co.

Certain affections of the nasal cavities are so common in this country and others, less common, are of such gravity that there is abundant reason for grouping them under a speciality, and treating of them in a monograph. The one before us is not the only one on the subject, but it is perhaps the most complete and rich in practical instruction. The author is professor of this branch in the New York Post-Graduate Medical School, and in his position as surgeon to various large city hospitals has had unusually ample opportunities to study the several diseases of which he writes.

These diseases are rhinitis, acute and chronic, affections of the septum, epistaxis, tumors, polypi, calculi, abscess of the antrum, anosmia, and others. He describes ozena as chronic rhinitis with ulceration. The sense of smell is considered in its hygienic and medico-legal relations. A large number of illustrative cases are inserted, and also a number of wood-cuts representing instruments and pathological conditions. An excellent bibliography and index close the volume.

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GERMAN PRECAUTIONS AGAINST CHOLERA.

For some years past the empire of Germany has been a singularly successful and growing nation; its power in war and its influence in all peaceful pursuits has been very powerfully felt throughout the civilized world. This success, it would seem, is due to the fact that whatever this country undertakes to do, it does thoroughly, and in no instance is this thoroughness of action more perfectly illustrated than in the laws that have recently been enacted to enable them to successfully cope with the cholera.

When Dr. Koch returned to Berlin from Toulon, he made a report to the Berlin Medical Society of his investigations. This body appointed a conference committtee to meet and confer with Dr. Koch. At a meeting of this conference committee with the government representatives a series of laws were framed, which have since been enacted, that in substance provide as follows:

In every city and in every country district, a bureau is established, which is really a branch of the Imperial Board of Health, in Berlin, of which Dr. Koch himself is the president, and they all work on the same principle as the Imperial Board. In every district a government health officer is appointed, who, in connection with the legal officer of the district (*Landrath*), and the district government surgeon, forms the government medical board in each district. Since the legal officer has control of the police, we can readily see what great authority he possesses. In case of any danger to a district, from the occurrence of any epidemic, this board at once reports to the "medical college," which is the medical authority of the government for the whole province, and consists of the principal medical authorities of the province (military and civil), who receive the name of Privy Councillors, and are appointed by the emperor. All medical questions, of a hygienic nature, pertaining to a province, are decided by this college. The president of the province, who is the greatest civil executive authority, and the general commanding the army corps stationed in the province, are the presiding officers and executive authorities of this college. A German army

corps contains 60,000 men, so that should it become necessary, a cordon of well-trained soldiers could be thrown around a province in an incredibly short time.

In Berlin there is a "scientific deputation," of which every known authority in the city is a member, and which is the highest medical authority in the State of Prussia and the Empire of Germany. The staff of the General-in-chief of the German army, and the Minister President (prime minister) are the executive authorities of this board, and by a special royal decree, in case of national danger from a threatened epidemic, the whole military force of the empire (there are 1,200,000 men in the regular army), and the whole civic executive authority, the whole machinery of the government, police included, must be ready to obey, at a moment's notice, the orders of this board, so that in forty-eight hours' time the whole service of the government, regular army, militia, police, etc., numbering between five and six million of men can be made available to carry out the necessary precautions to prevent the spread of an epidemic.

In case of epidemics, the Imperial Board of Health acts in conjunction with this scientific deputation. All the various bureaus of which we have spoken are now sending every ten days ten medical officers to the office of the Imperial Board of Health, to become familiar with all that Koch has discovered in reference to cholera, and to become experts therein. As soon as all of these officers have been thus provided for, the different medical societies can send their representatives for the same purpose; thus ultimately nearly all the medical men in Germany will become cholera experts. Thus we see that Germany realizes the value of *prevention*, and that she is fully alive to the truth that epidemics are more devastating than wars.

MANUAL EXAMINATION OF THE RECTUM.

The discovery of Prof. Simon, of Heidelberg, that the human hand can be introduced into the rectum without injury to the parts, or at most with no more serious consequences than a loss of control of the internal sphincter, and even this generally of temporary character, has furnished clinicians and surgeons with a means of great value in diagnosis and also of treatment. In this latter application it is in fact by all odds the best method that can be employed in reducing involution of the bowels, and those allied lesions which arise from knotting or twisting of the intestines.

The other resources in this latter class of lesions have been the injection of solutions evolving carbonic acid, or immense enemata of warm water, or, as a dernier resort, the operation of abdominal section. All these are either less effective, or, as in the case of abdominal section, they are more dangerous. The more or less loss of control of the internal sphincter is indeed an annoyance, but it is not more than this, and involves no danger to life, and with moderate care, no impediment to the usual business of life. When it is a question whether it, or the vastly more serious operation of abdominal section shall be performed, no well-instructed surgeon will hesitate for a moment. With a moderately small hand and proper precautions as to thorough oiling and gradual introduction, the lower bowel may be distended to the required capacity without any danger of rupture. This is true of the male sex, and still more so of women. In them the parts are anatomically more spacious, and the pelvic tissues less resistent.

We refer to this operation because it seems that it is less familiar to the medical public than it should be, and its application in a variety of cases, where it would be preferable to others, is not adopted through some dread of its supposed ill results. In fact, beyond the comparatively insignificant one above mentioned, which should have no weight at all where a question of life and death is concerned, it has no such consequences. We do not recollect a case where laceration of the bowel has been reported from the operation.

QUACK MEDICINE ADVERTISEMENTS.

Another and not very uncommon instance of the amount of superstition which still prevails about medical matters came to light lately in a court in Washington. An advertising charlatan had un-

dertaken to guarantee the cure of a consumptive case. He wisely demanded his pay in advance, and he obtained it. Of course, the patient, a boy, died, and his father asked for the repayment of the money. The doctor refused, on the ground that it was due him anyhow, for medicines and medical attendance.

The question was carried from one court to another, until the decision of three had been obtained. They were all alike, and all in favor of the plaintiff, so that the doctor had to refund the money he had received under his guarantee.

It is not uncommon to see such guarantees printed in the advertisements of secret nostrums, but they are usually so cautiously worded that they leave a legal loop-hole for the advertiser to escape. Yet the mere fact that such barefaced claims are put forth as inducements to the public shows that there must be a surprising amount of gullibility in the people.

As one of the judges observed in reference to the case to which we have referred, all such claims are akin to Voodooism. They prove the presence of a wide-spread superstition among the classes who patronize them. How much of this is owing to newspapers which pretend to cultivate and improve the people, but who insert such notices, it might be well to inquire, did such inquiry lead to any positive result? As it stands, even the religious press of this country is not honest enough to exclude such advertisements, and what can we expect of other papers?

THE HYDROCHLORATE OF COCAINE—A JUDICIOUS OPINION OF ITS MERITS.

Dr. Charles S. Turnbull, Oculist to the German Hospital, tells us that on the 12th of November he successfully extirpated an eyeball for traumatic (cicatricial) irido-cyclitis, using no other than the new *local anæsthetic* and *hæmostatic* the hydrochlorate of cocaine.

After numerous experiments he insists upon the employment of a freshly made 4 per cent. solution, and of this one drop was instilled every three minutes until six to eight had been used. The instillations were made while the patient, a healthy German, æt. thirty years, lay on his back upon the operating-table.

The congested conjunctiva was *seen* to pale gradually, and after the eighth drop had been put in, the speculum was introduced and no pain was felt. The ocular conjunctiva being grasped, a circum-corneal incision was made, also producing no sensation other than that of touch. Tenon's capsule was then opened and one drop of the cocaine solution was allowed to flow into the cut. As each tendon was caught up with the hook a drop fell upon it, and the successive tenotomies each being preceded by a drop, were made at deliberate intervals. In a like manner cicatricial tissue at corneal margin was anæsthetized and freed from globe.

The large blunt-pointed scissors, curved on the flat, were next introduced from the nasal side, and with these in position, after thorough sponging, two or three large drops were so inserted as to flow down the blades, one on each side of the optic nerve as a guide. After waiting a minute the optic, and with it the ciliary nerves, were severed at one stroke. Assistants were stationed at each extremity of the man, and the one holding the good eye closed was advised, lest the patient should make a sudden start, as the nerve was about to be divided, but the warning proved unneccessary, as the patient made no response.

The amount of hemorrhage was much below the average, and the usual gush upon severing the nerve, with accompanying blood-vessels, was not noticed. A few moments served to sponge all blood from the eye, and a compress bandage held it closed until the next morning, when the absorbent cotton, usually caked hard from after-oozing, was removed dry and but slightly stained.

In all, less than half a drachm of the solution of cocaine was used, while the operation, as the patient said, was painless, he having objected only to the pressure caused by speculum.

Dr. Carl Seiler was present, and kindly manipulated the instillations of the solution, and he, with the resident physicians, Dr. E. G. Rehfuss and Dr. C. J. Irvin, as well as the patient, bore

enthusiastic testimony in favor of the new anæsthetic and hæmostatic, hydrochlorate of cocaine.

Dr. Turnbull does not propose this as a substitute for ether or chloroform, but takes pleasure in the consciousness that where exceptional cases occur to forbid the use of the agents named an enucleation of the eye-ball may be done without resorting to the, seemingly cruel, procedure of such an operation without any anæsthetic whatsoever.

Notes and Comments.

Colotomy, with a Collection of 351 Cases.

A retrospect of the operation of colotomy is of marked interest. Proposed and rejected, it was apparently forgotten, then revived and modified successively by several surgeons in its day; and, although over a century and a half has been consumed in its progress, it is even yet far from being in its true position amid the heroic measures of modern surgery. Such a retrospect appears in the October number of *The American Journal of the Medical Sciences* from the pen of Dr. Wilmer Ridgway Batt, of Phœnixville, Pa. A surgeon who subscribes to the doctrine that an artificial anus should not be made in the case of imperforate anus, is not justified in doing so on any principle of morality, since upon him rests an imperative obligation to employ to the utmost of his ability the means placed at his command for the relief of human suffering and the prolongation of human life. When we likewise consider of what vast importance is the prolongation of life in a human adult, and how vast may be the concerns which hang upon such an event, we find the same imperative duty no less binding. To obviate death from over-distension of the bowels, which is one of the most painful and distressing terminations of life, colotomy will be justifiable under conditions of the greatest gravity; and may be indicated in any obstructive complication of the lower bowel which has passed beyond the power of local remedies, and in which a judicious trial of medical treatment has failed to afford relief. Mr. Phillips, of London, tells us that one case of intestinal obstruction occurs in every one hundred deaths, and from 139 cases of obstruction which he collected, in which surgical aid was not given, 133 proved fatal. The fact that such a terrible fatality as this should exist, and an operation affording the advantages of colotomy be unperformed, must ever be a shadow upon the honor of modern surgery. The technique of the operation is fully discussed, and elaborate statistics are presented which show most conclusively that the dangers of the operation are very few, and that the number of recoveries depends very greatly upon the nature of the affection for which it is performed.

Treatment of Phthisis with Arsenic.

During the last two years a great number of observations regarding the treatment of pulmonary consumption with preparations of arsenic has been published in European medical journals. We ourselves have tried it, and our opinion agrees with that of many physicians of our country, that arsenic does not only act not favorably in this disease, but on the contrary causes harm by disturbing the digestion. About six months ago, the Med. and Surg. Reporter brought a report of a meeting of the Berlin Med. Society, in which a stormy debate had taken place with reference to the subject in question. In general, the weight of authority was against the use of arsenic in phthisis, though some experienced physicians believed they had seen some favorable effect from it. Considering the many ups and downs in this malady, we can easily imagine, how an apparent improvement might be wrongly ascribed to the remedy employed.

E. Leyden, the great Berlin authority and one of the most conscientious and reliable clinical observers, has since endeavored to solve the question. In the Charité Hospital he placed twenty patients suffering from pulmonary phthisis on arsenic. He reports a short history of each, and gives the result in an article in the *Charité Ann.*, ix., 1884, p. 164. From it we obtain the information that according to Leyden arsenic has no value whatever in pulmonary tuberculosis, that neither the general health, nor the nutrition, nor the physical condition of the lungs improve in the least, and that not even the expectoration is favorably influenced by the remedy. Though unfavorable, this result has at least the advantage of putting an end to the dosing of consumptives with arsenic, and the patients have the consolation that if their disease cannot be cured they do not run the risk of having their digestion ruined by a drug which does not do them the least good.

The Pathogenesis of the Ileus.

Several cases in which vomiting of fæcal matter, so-called stercoraceous vomiting or ileus happened, have of late been observed in the Charité Hospital of Berlin, which by the way is a similar

institution to the hospital of our almshouse, only that it is totally kept apart from the latter, and serves for hospital purposes alone. Dr. L. Brieger reports these cases (*Charité Ann.*, ix., 1884, p. 144).

The wife of a laborer, æt. 34, who had suffered repeatedly from perityphlitis, was attacked by typhoid fever. While the disease was at its acme, the patient was suddenly seized with violent ileus, and severe peristaltic movements of extensive convulvulus were observed. The post mortem examination revealed the following: General peritonitis, typhoid ulcerations of the ileum, and one perforation into the abdominal cavity. About one meter above Bachin's valve was found a diverticle of the bowel, five ctm. long, whose mesenterium was connected by adhesive bands with that of the ileum. In consequence of this adhesive band the affected part of the intestine had been twisted around its axis and been greatly narrowed in its calibre, and the process of induration, due to the chronic peritonitis and the augmentation in the succulence of the bowel, caused by the typhoid fever, had finally produced a complete stenosis of the intestine.

In a second case, that of a woman æt. 70, the stercoraceous vomiting was caused by a carcinous peritonitis, due to cancer of the stomach. Here the inflammation had induced the formation of an adhesive band, which was tightened around the commencement of the large bowel. But in this case the ileus was not produced only by the intestinal stenosis, but also by the cancer, which had first caused an adhesion between the stomach and the colon, and between the stomach and the duodenum, and then perforated into both parts of the intestines, so that a free communication had been established between the stomach and the segments of the bowels.

Diffuse Kidney Disease Caused by Uterine Tumors.

In the *Am. de Gyn.*, 1884, xxi. p. 1, Dr. Pozzi reports five cases, in which larger fibrous uterine tumors, by their pressure upon one or both ureters, caused an affection and degeneration of the respective kidney. In the first case both kidneys were the seat of a large number of small abscesses, and the patient died under all the symptoms of uræmia. In the second case Bright's disease had developed itself, though the pressure could not here be demonstrated as the original pathogenic element. In the third case the fibroma compressed the neck of the bladder, the organ had to be punctured, and the patient succumbed to a phlebitis. In the fourth case the woman died the third day after the operation of cysterotomy had been been performed; the bladder was found empty, the right kidney was in the state of cystic degeneration, and its ureter, upon whose lower end very near to the bladder the tumor had exerted the pressure, was greatly dilated. A remarkable incident of this case consisted in the fact of the patient not having passed a drop of urine after the operation, though she lived to the third day. The fifth case recovered. In this case, besides the uterine fibroma, a second large tumor was discovered in the region of one kidney, and careful percussion revealed it to be the diseased organ. Puncture emitted pus. The fibroma was first removed by laparotomy, and a short time after the kidney tumor was aspirated, and its purulent contents were withdrawn, the cavity being washed out with a solution of corrosive sublimate. No second accumulation of pus happened, and the woman made an excellent recovery.

Syphilis Hemorrhagica Neonatorum.

Occasionally cases are met with in the new-born where ecchymotic spots make their appearance in the skin, and a more or less profuse hemorrhage sets in from the umbilical stump. Authors in general have inclined to the opinion that these cases belong to the class of hereditary syphilis, and the disease, which seems invariably to have a fatal issue, has been called hemorrhagic syphilis of the new-born (syphilis hemorrhagica neonatorum). But recently more than one author has expressed himself against this view, and Dr. Petersen, who reports such a case in the *Vierteljahrschr. f. Derm. und Syph.*, 1883, p. 509, is positive that the symptoms mentioned never indicated a luëtic diathesis. In his case the child had the ecchymotic spots, suffered from hemorrhage of the umbilicus, and died. The post-mortem revealed as cause of the disease septic infection. The infant had been affected by a septic umbilical phlebitis, and from the thrombosis of the umbilical vein emboli consisting of mykotic masses had been carried into the lungs, to the skin, etc., and given rise to the hemorrhages in the usual manner, *i. e.*, after the embolus had occluded the terminal artery, the blood flowed back to the next open breach, and directly into the vein, there driving the blood backwards, and thus causing hyperæmia and venous stasis, with its attending capillary hemorrhages.

Thus far there has not yet been given any proof that the condition described may be caused by hereditary syphilis, and it is more than probable that a similar cause to that in P.'s case generally

produces the ecchymotic spots as well as the umbilical hemorrhage. The decision of the question is very desirable, as the treatment would depend upon the pathogenic element and a grave suspicion be removed from more than one parent.

Epilepsy.

Children of drunkards are apt to suffer especially from nervous diseases. Dr. R. Berand (*L'Encéphale*, 1884, 3) has recently seen several cases where the father having been a drinker, epilepsy developed in his children. He reports one case of a woman whose father had all his lifetime been a hard drinker. From her earliest youth she had suffered from epilepsy. The number and the intensity of the seizures later increased during each menstruation, but they became most severe during pregnancy. While the patient was in such a condition, she was treated by B. with preparations of bromide, oxide of zinc, and extract of belladonna. Of the first (bromide of ammonium and of sodium) āā eighty grains per diem were administered, and she besides took pills made of the oxide of zinc and the extract of belladonna. Under this treatment the attacks gradually diminished in severity and in number, and finally ceased altogether; and it may be specially remarked that it had no unfavorable influence whatever upon the course of the pregnancy, a healthy child being born at full time.

There are many diseases, especially those of an infectious, chronic character, as phthisis and cancer, whose progress is generally arrested during pregnancy, and which recommence with increased vigor as soon as parturition is over. Nervous diseases, however, are apt to evince no amelioration during the period of gravidity of the uterus, but on the contrary, they usually appear with greater severity. Of no nervous diseases this statement can be made with greater certainty than with epilepsy, and the cure effected in B.'s case is, therefore, the more remarkable. The case besides establishes the often-denied fact that an active treatment with the remedies mentioned finds no counter-indication in the presence of pregnancy, neither the mother nor the child apparently suffering from it more than would at any other time be the case.

Treatment of Rhachitis with Phosphorus.

Dr. M. Weiss has published in the *Prager Med. Wochensch.*, 1884, Nos. 23–25, an article on the treatment of rhachitis with phosphorus, and Dr. E. Hagenbach has reported his experience of the effect of the drug in the same disease in the *Schweiz. Arrzbl. Corr. Bl.*, 1884, No. 13. From these two publications we glean the following:

The first that recommended the employment of phosphorus in rhachitis was Kassowitz. W. treated eight children suffering from the disease according to K.'s method, but he observed only in one case a visible improvement in the morbid symptoms. Four times the phenomena of the disease continued exactly the same, and in three cases a decided exacerbation of the symptoms and a further progress of the disease were noted. With the exception of the one case, where the amelioration may have been induced by other causes, not even a single symptom evinced any sign of improvement or of retardation; the craniotabes, the spasms of the larynx, the profuse perspiration of the head, the bronchial catarrh, etc., all continued uninfluenced by the drug.

Hagenbach, on the contrary, speaks favorably of the effect of phosphorus in rhachitis, basing his conclusions upon the observation of seven cases. He found, especially, that the cranial bones ossified more rapidly, that the spasms ceased, and that the catarrh improved; but in opposition to the view of Kassowitz, he observed not the least favorable effect upon dentition, while K. had specially praised the action of phosphorus in that respect.

Cancer of the Male Urethra.

Cancer of male sexual organs is not rare, but that of the male urethra is comparatively seldom observed. Dr. R. Tryebicky had such a case under his charge, and reports it in the *Wiener Med. Woch.*, 1884, Nos. 20 and 21. Considering the theory, that an injury to the parts always precedes the malignant growth, the case has a special interest.

A man, æt. 68, had met ten years ago with an accident, he having fallen with considerable violence and alighted upon the perineum. But the immediate consequences of the injury soon disappeared, and for some years the patient was apparently well. But about six months ago those conditions developed themselves, for which he sought advice, viz.: When he consulted Dr. T. he presented all the symptoms of a traumatic stricture of the urethra, complicated by the formation of fistules. T. proceeded to operate, but he found the urethra as hard as cartilage and changed to a yellowish-white, marrow-like tissue, and it reminded the operator in every direction of what is usually met with when cutting through a carcinoma of the lip. The microscopical examination revealed the morbid growth to be cancer. The

operation was successful, but the growth later recurred, attacked the bladder and killed the patient.

Napheys' Medical Therapeutics.

The *eighth* edition of "Napheys' Modern Medical Therapeutics" is now nearly ready. The new matter it includes amounts to more than one hundred pages, and that which is retained from previous editions has been subjected to a thorough revision.

Those who wish to acquaint themselves with the novelties in the Materia Medica, which have been introduced within the last four years, will not find any more convenient and instructive work from which to do it than this. The doses and uses of these new remedies are given minutely, and from the best authorities.

Besides this feature, the many improvements which have been added to the clinical treatment of diseases from other sources have been carefully collated from the best authorities, and incorporated in the text. A portion of this is hitherto unpublished matter, having been obtained directly from eminent physicians for the purpose of the volume.

A fuller description of the work will be given on its appearance.

Blindness Due to Lead Poisoning.

In No. 24 of the *Berl. Med. Wochensch.*, 1884, Dr. R. Lubrecht describes a very interesting case of lead poisoning. After the usual symptoms of intoxication by lead had made their appearance for some time, the patient became somnolent and confused, and suddenly blind. Neither of the pupils evinced the least reaction to light. The ophthalmoscopic examination showed a slight opacity of the peripheral part of the papilla and its neighborhood. After a few weeks, gradual improvement of the other symptoms was accompanied by disappearance of the amaurosis. Dr. Lubrecht believes that in these cases of blindness a palpable disease of the optic nerve exists, which probably corresponds to the primary stage of the chronic saturnine neuritis. This kind of amaurosis might be mistaken for the uræmic form caused by diffused kidney disease, if due to lead poisoning, were it not for the fact that in the latter variety the reaction of the pupils is retained, while, as above mentioned, in cases of blindness, produced by saturnine brain lesion, the reaction is nil. A great deal regarding the final result depends upon early treatment—removal of the cause and the internal administration of iodide of potash, to which chloride of sodium has been added, being our only therapeutic means.

Resection of the Pylorus.

A woman, æt. 39, suffered for about one year from an affection of the stomach. On examination a tumor was discovered by Dr. V. v. Hacker, who handed the case over to Prof. Billroth's surgical clinic in Vienna (*Wiener Med. Wochensch.*, 1884, 29). The tumor usually disappeared behind the ribs, and could be felt only when the stomach was filled by a meal. Prof. Billroth performed the operation by excising a piece of the pylorus 10 ctm. long. The cut passed through healthy tissue about 2½ ctm. distant from the parts which microscopically could be recognized as diseased. The later microscopical examination left no doubt of its being scirrhus. The operation itself offered nothing peculiar, neither the period following it, except that no vomiting set in. From the cases thus far operated upon by Billroth, the celebrated surgeon concluded that vomiting, if it occur after the operation of resection of the pylorus, is a very unfavorable sign, and only exceptionally does not indicate a fatal issue. A lymphatic gland situated near to the larger curvature had also to be removed. Six weeks after the operation, the patient was still doing well.

Morbid Histology of Dementia Paralytica.

Dr. Binswanger has specially investigated the morbid changes which take place in the brain of individuals suffering from dementia paralytica, and published his observations in the *Central. f. d. Med. Wiss.*, 1884, Nos. 40, p. 718. The results which he obtained were as follows: Considering the changes in the circulatory apparatus, he found in the small blood-vessels of the cortex, and of the adjoining white mass, a narrowing of their lumen and degeneration in their coats, the so-called arteriitis obliterans. In consequence of this disease of the vessels circumscribed foci of the size of miliary tubercles and composed of cells and granular bodies are met with and generally surrounded by a fibrous ring-zone, which separates them from the neighboring tissue. He also observed alterations in the giant pyramid cells of the paracental lobule. They affect especially the middle kernel, so that it seems as if the primary morbid condition was not limited to the capillary vessels alone, as B. was not able to demonstrate any causal connection between their pathological changes and those found in the giant cells.

A Good Fever Mixture.

When quinine is found to be injurious or ineffective, Dr. Giovanni recommends the following formula:

℞.	Ergotine (Bonjean's),	gr. xv.
	Tinct. valerianæ,	f. ℥ss.
	Aquæ,	f. ℥iij. M.

S.—To be taken during the height of the fever or in the period of remittance.

Usually the good effects are obtained after one or two doses, but the remedy should be continued for some time after the subsidence of the fever. In rebellious cases the author substituted with benefit cherry-laurel water, one-half to one drachm, for the valerian. The best results were obtained in intermittent fevers, but good effects were seen also in remittents, in the hectic of incipient phthisis, and even in puerperal fever.

Cæsarian Operation After Porro.

Dr. Lumpe reports the following case of Cæsarian operation performed by Späth in the *Arch. f. Gyn.*, xxiii. 2, p. 276: The woman was a IXpara; during her last pregnancy osteomalacia had developed and produced extensive narrowing of the pelvis. The operation was performed at the end of pregnancy, fifteen hours after the escape of the fluid, and no aseptic precautions were used. The uterus was rapidly opened; the placenta was found opposite to the margin of the wound, and a living female infant was extracted. Späth then applied Billroth's ecraseur around the cervix and removed the uterus. The stump was treated outside the peritoneal cavity. The course was normal, and no incident occurred. Lumpe greatly praises Porro's operation (removal of the uterus), and contends that this procedure is far better and followed by more favorable results than the old Cæsarian section.

Paraldehyde in Mental Disorders.

From a German exchange we learn that Benda has used paraldehyde as a hypnotic in 34 cases of mental disorder, in doses varying from f. ℥ss. to f. ℥ij. In 12 cases in which it was used on men, 4, 2 of maniacal delirium, 1 of chronic dementia, and 1 of *manie circulaire*, were put to sleep. In a fifth case, of very restless insanity, f. ℥iss caused sleep, though the mental condition remained unchanged. In the remaining seven cases the action was uncertain or entirely negative.

Of the 22 female cases, mostly in the secondary stages, there were 12 in which paraldehyde caused peaceful sleep during the whole time that it was used. This effect was usually obtained by doses nor larger than f. ℥j. In 7 cases the effect was uncertain or very transient, and 2 cases were uninfluenced. The drug was at first given in oil, but wine was subsequently found to be the best vehicle, sleep being produced in fifteen minutes at most.

A Pleasant Quinine Mixture for Children.

The *Canada Lancet* says that a most pleasant and palatable disguise for quinine may be extemporized as follows:

℞.	Quiniæ sulph.,	gr. xj.
	Acidi tannic,	gr. xx.
	Tinct. opii camph.,	℥ss.
	Tinct. cinchonæ,	℥ss.
	Spts. lavand. co.,	℥iij.
	Syrup simp., ad.	℥iv.

M.

Shake well before using. The dose will be usually one teaspoonful three times a day, but the amount of quinia desired to be administered should govern the size of the dose. It will make a beautifully creamy mixture, if the quinia and tannin are rubbed together on a pill tile or a sheet of paper with a spatula until all lumps disappear, then put in a suitable bottle and first add the paregoric, shaking at once, then the cinchona and lavender, followed by the syrup.

Treatment of Gonorrhœa.

Dr. J. W. Lilly, of Pomeroy, Ohio, having been repeatedly disappointed, as we all are, in the treatment of gonorrhœa, cast about him for some reliable remedy, and as a result he publishes the following formula in the *Cincinnati Lancet and Clinic*, October 18, 1884. He claims that it will give entire satisfaction, if used as directed:

℞.	Hydrastin	gr. ss.
	Boracic acid,	gr. iss.
	Morph. acetate,	gr. ⅛.
	Chlor. sodium,	gr. j.

Pure cocoa butter q. s. to make bougie three inches long.

His method of using it is, first have patient urinate, then cleanse the urethra with *starch water*, after which introduce bougie. Continue this morning and evening until the discharge ceases (which it does in from two to five days), and then one each evening for five evenings more.

Peculiar Results of Bee-Stings.

In the *Cincinnati Medical News*, October, 1884, Dr. E. A. Cobleigh, of Athens, Tenn., calls attention to some peculiar phenomena that resulted from the sting of a bee in the case of his own children. In one case, a sting on the thumb was followed by extensive urticaria on one side of the

face, neck, and shoulder; while in a second case, a sting on the ball of the great toe of the *right foot* was followed in a few minutes by an œdema of the *left side of the face*, which persisted for twelve hours or more, and then gradually disappeared.

Piece of Coal in Left Bronchus for One Hundred and One Days.

In the *London Medical Times* Dr. James Oliver reports a case of the above, when on the one hundred and first day a violent fit of coughing liberated the piece of coal, which was expelled and the patient experienced immediate relief. Long before the offending body was gotten rid of, symptoms indicative of phthisis had developed, but a gradual improvement in these symptoms followed its expulsion.

Phytolacca Externally in Chronic Malarial Trouble.

While it seems very doubtful that phytolacca applied as poultices to the hands and feet will cure chronic chills and fever, yet Dr. J. W. Harner reports such a case in the *Columbus Medical Journal* for October, 1884. We heartily second his wish that any gentlemen who have had experience with this unique method will publish the results.

A Formula for Nervous Headache.

From the *Maryland Medical Journal* we note that Dr. A. L. Hodgdon, of Farmwell, Va., recommends the following recipe for nervous headache:

℞.	Alcohol dilut.,	℥ iv.
	Olei cinnamom.,	♏ iv.
	Potass. bromid.,	℥ v.
	Extr. hyoscyam. fl.,	℥ iss.
	Fiat lotio.	

S.—One to two teaspoonfuls, as required.

Dr. Hodgdon has used this combination with universal success. It is not disagreeable to take, and has no bad effects.

Correspondence.

Calomel in Chronic Ulcer.

Eds. Med. and Surg. Reporter:—

Several years ago, my foot slipped from the step of my carriage. The leg grazing the edge of the step it left an abrasion. I did not pay much attention to it for several days, when it became inflamed and very painful. Ointments, plasters, paintings of iodine, tincture of iron, and numerous other remedies, with bandaging, etc., rather added to than alleviated the irritation, and the characteristic "chronic ulcer" looked as though it had come to stay. I concluded that if I could get a scab to form over it, I would be on the road to relief; so I filled the ulcer with calomel; applied a large bunch of carded cotton over the calomel, and drew the stocking over the cotton, at night substituting a roller bandage for the stocking. The dressing was not removed for several days. The secretions being absorbed by the calomel and cotton, hardened and formed a crust, entangling a portion of cotton in the ulcer. When perfectly hard, and it was desirable to change the dressing, only the loose portions of cotton were clipped off with scissors, leaving undisturbed all that adhered to the ulcer. Where the ulcer was still discharging, more calomel was applied and fresh cotton to protect it from the clothing. In about three weeks the crust separated. All cotton that had been imbedded in the ulcer came away, leaving a thin eschar that required the cotton protection for a week or two longer. The result of this case was so satisfactory that I have used the treatment in all cases that have come to my notice since, and with universal success. I have had no constitutional effects from the calomel when quite large ulcers have been covered with it. I apply the calomel as an absorbent, and very liberally. Sometimes the secretions are so abundant that the cotton will not adhere; then I remove it daily, apply calomel liberally at each dressing, cover with cotton, and if any sticks, do not remove it; clip it off, apply more calomel and cotton; dress no oftener than is absolutely necessary for cleanliness, and "the opprobrium of surgery" will be mastered.

S. E. Wills, M. D.

Earleville, Md., November 19, 1884.

Double Uterus and Vagina.

Eds. Med. and Surg. Reporter:—

Mas. W., aged 21. Commenced to have her courses at 16. She consulted a physician and took medicine to bring them on at that time, but she did not become regular. She would go two or three months between her sickness. She was married at 18, and for the first year after marriage she was regular every month; then she became irregular again, and would go three or four months without seeing anything, and thought at one time that she was pregnant. For the past year she has had quite severe pain with her courses, and has had quite a leucorrhœal discharge. November 11, 1884, she consulted me for the above symptoms. An examination was suggested and granted. On making a digital examination in passing two fingers into the vagina, I found a membranous fold between my fingers. Endeavoring to get around this and get my fingers together, I found it impossible to do so. Then carrying my fingers further up, I found that each finger was in a separate passage, and that in each passage there was a cervix, and by conjoined manipulation each seemed to be attached together, the uterus was slightly anteflexed with each body attached together. There was a septum extending the entire length of the vagina from the cervices to the os vaginæ. There was no communication between the two passages. The lower border of the septum was irregular and was slightly colored with pigment. I examined with a valvular speculum, and found a small cervix about the size of the pulp of the middle finger in each passage. The sound would pass $1\frac{3}{4}$ inches

into each os. The os on each side was close to and turned toward the septum. The septum was easily pushed aside, and the capacity of one passage was nearly as great as that of the other. No precautions having been taken to prevent conception the woman is probably sterile. In an interview with her husband, he stated that he was aware there were two passages, and that intercourse had taken place in each passage.

E. G. Carpenter, M. D.

East Greenwich, R. I., Nov. 21, 1884.

"Elastic Ligature for Umbilical Cord."

Eds. Med. and Surg. Reporter:

In your issue of 8th inst., I notice an article by Dr. J. M'F. Gaston, of Atlanta, Ga., entitled "Elastic Ligature for Umbilical Cord," in which he claims priority over Dr. J. J. Reid, of New York, in its use.

As I have used India rubber for ligating the umbilical cord, to the knowledge of most physicians in Jersey City, for twenty years; and as my method was published in "Transaction Medical Society of New Jersey, 1870," fourteen years I deem it but justice to myself that proper recognition be taken of the same.

I refer to page 75 for the article as then published: "Dr. Craig details an original method of ligating the umbilical cord by a small band of India rubber, such as the stationers sell for holding papers together. He passes it four times around the index and middle fingers of the left hand, he then seizes the cord (elastic) with the index finger of the right hand, stretching it with the index fingers of both hands, and slipping the funis through, withdraws the fingers and allows it to contract upon the cord."

I would add that the rubber band used by me is known as Faber's No. 20.

Jersey City, N. J. James Craig, M. D.

A Query About "Avena Sativa."

Eds. Med. and Surg. Reporter:—

In the next issue of the Medical and Surgical Reporter will you be kind enough to give your opinion as to whether there is any poisonous ingredient in the following prescription, and if the dose of each ingredient prescribed is correct:

℞. Tr. avenæ sativæ (conc.),
Ext. cimicifugæ rac., āā fl. ℥j.
Elixir simplicis, f. ℥ij.

M. et Sig.—Teaspoonful in a wine-glass of sweetened water thrice daily.

Subscriber.

[*Ans.*—The ingredients are not poisonous, and the dose is correct.—Eds. Medical and Surgical Reporter.]

Fracture of Femur; the Result of Delivery.

Eds. Med. and Surg. Reporter:—

The case of Dr. Reid, in the Reporter of November 15, brought to mind a case I had in January, 1882.

In delivering a very muscular primipara of a ten-pound male child, breech presentation, by podalic version, I fractured a femur at the junction of the lower and middle third. I was greatly perplexed at the accident; but to make the best of it, I dressed the fracture with four splints; but they failed to keep the limb in place. I then put on a plaster of Paris dressing with a perfect result, and no untoward symptoms.

I am of the opinion that if Dr. Reid had dressed the arm straight, he would at least have avoided motion at point of fracture.

In cases of fracture of humerus through the condyles, with dislocation of head of radius, I have seen four cases. They were all dressed straight, by myself or at my suggestion, instead of in the flexed position, and the results were uniformly good. Israel B. Washburn, M. D.

Rensselaer, Indiana.

News and Miscellany.

Dog Meat as Food for Man.

From the *St. Louis Med. and Surg. Jour.*, Oct. 1884, we learn that according to the "Veterinary Medical Annals," the Professors of the Veterinary Medical College of Brussels answered the inquiry of the Minister of the Interior, "Is there a reason why dog meat should not be used as food for man?" The sale of it is now permitted, on an inspection certificate of an authorized veterinary surgeon.

The following are the points for the guidance of the inspector:

1. Lean dogs, or those having symptoms or lesions of serious diseases, such as rabies or even a suspicion of it, rachitis, dropsy, abscess, tumors of any kind, intestinal, hepatic, peritoneal inflammation, pneumonia, pleuritis, are excluded.

2. Pharynx, stomach and intestines are under all circumstances excluded from sale.

3. The sale is limited to *one* butcher's-stall, with a sign of "Dog Meat" for sale.

Only the carcases of dogs that had been slaughtered, or whose death was caused by the loss of blood from a divided jugular, can be offered for sale.

It is not known whether the Belgians have an especial taste for dog-meat; or is the dearth of meat-food so great that this extreme measure must be resorted to? However, *De gustibus non est disputandum.*

He Promised to Cure Consumption.

The *Boston Medical and Surgical Journal* says that a rather unusual case has lately been submitted to Judge Hagner in the Circuit Court at Washington, D. C., according to the *Evening Star.* This was a suit to recover from Dr. W. H. Hale one hundred dollars paid him by a colored man named Meredith under a guaranty of Hale that for that sum he would cure Meredith's son of pulmonary consumption, and in case he failed he would refund the money. The boy died, and Meredith sued Hale before a justice of the peace and obtained judgment. The case was re-opened, and judgment was given against Hale a second time, and he appealed. After the testimony of the parties was given, Judge Hagner affirmed the judgment below. He declined to consider the defendant's bill in bar for attending Meredith's wife, and decided the case solely as to the original claim.

Judge Hagner read the heading of Dr. Hale's circular — "Hearth and Home, sworn circulation 63,000 copies monthly"—and the signed guaranty to cure the son, and said, "This guaranty was to perform an impossibility, to reverse a decree of the Almighty, and was akin to gypsying and voudooism, which says: 'I don't want your money, but as I must touch silver I must have it before I can succeed.' The justice was right in [illegible] decision that the money should be paid back, and this court affirms that decision."

A Scandal in Berlin University.

Everyone familiar with [illegible] science has heard the name of Du Bois Reymond, and nobody knows Dr. Schweninger. This sentence probably contains the pith and marrow of the pretty little scandal which is going the round of the German press. Dr. Schweninger enjoys the proud distinction of having reduced the corpulence of the Chancellor of Germany; for this merit he was made an Extraordinary Professor in the University of Berlin, where Du Bois Reymond has long lived in fame. The honor done to the reducer of the Chancellor's growing obesity did not greatly please the reducer's new colleagues. It appears that Dr. Schweninger left cards the other day at the residence of the Rector Magnificus, who showed his sense of the compliment thus paid him by returning them to their owner. A challenge was the result. Du Bois Reymond does not fight, and told his would-be opponent so. And thus a welcome subject for tattle has been furnished to the gossips by those who sit in academic furs and purple.

Items.

—Professor Guyard, the Orientalist of the College of France, has committed suicide by a revolver. His having been ill with cerebral anæmia is the cause assigned.

—Doctor (who has been sent for at 2 a. m.)—"Madame, pray send at once for the clergyman, and, if you want to make your will, for the lawyer." Madame (horrified)—"Good gracious! Is it so dangerous, doctor?" Doctor—"Not a bit of it; but I don't want to be the only fool who has been disturbed in his sleep for nothing."

—In London, on the same day, recently two cases of throwing caustic fluids were the subjects of inquiry. In one case, a man threw sulphuric acid over his wife's face, hand, and clothes; in the other instance, one man threw over another's face a quantity of solution of potash which he was using for the washing of bottles. This form of outrage, hitherto rare in England, appears to be on the increase.

—In "definitions of the height of meanness," our contemporary, *Truth*, gives some funny illustrations, as "getting advice and medicine gratis from a friendly doctor and asking him to buy back his own bottles," "to recover from a dangerous illness and fail to pay the doctor's bill," "a lady, after being attended and physicked gratuitously by a medical man, because her husband was a clergyman, sending the doctor's own bottles back to his surgery to be sold."

—M. Dr[illegible], of Lyons, as quoted in the *Lancet*, states, [illegible] the result of a series of experiments with [illegible] six [illegible]rine, that it can be given in doses of from [illegible] to eight grammes, especially in meningitis, acute rheumatism, and typhoid fever; that it is an efficient antipyretic, even when quinine fails; that it acts "by lowering the activity of the tissue changes;" and that ill effects from its use are rare.

—The sanitation of Naples, according to the *Medical Times and Gazette*, is to be prosecuted vigorously. A wide street is to be carried through the most perilous quarters, and new accommodations are to be provided for the operatives. The destruction of houses found to be unsanitary, as well as that of wells and cisterns, is promised; and it is to be the duty of the municipality to see to it that none but pure water is used.

—The word "microbe," now so commonly used, was coined by M. Charles Sedillot, of Strassburg, in February, 1878, in a paper which he read on the application of M. Pasteur's discoveries to surgery. Coming from the Greek words mikros, small, and bios, life, it aptly describes the thing intended. In replying to M. Sedillot, M. Pasteur used the words twice, and scientific men have since generally adopted it.

—Professor Charles F. Chandler, who sailed for Europe early in the summer, represented the United States in the International Health Exposition in London, and later in a similar body convened at the Hague. He has devoted some time to examining the European factories of applied science with the idea of improving the apparatus under his charge in Columbia College. He is especially interested in glass and ceramics; and will bring home many specimens of these to add to his museum of applied chemistry. His lectures on organic chemistry this winter will be enriched by new material and facts gathered during his stay in Germany. He will return early in October.

—A girl presented her nose to a surgeon for improvement. It was very conspicuous and undeniably destructive of the beauty which her face would otherwise have possessed. She said that she had read about his straightening out and reforming a nose that was flattened and askew, and she wanted him to take a section out of her Roman feature, thus transforming it into a Grecian one. She had a pretty clear notion, too, as to how the operation could be performed; and he had to admit that the plan was entirely feasible—that her masculine beak might be altered into a feminine bill, with only a scar across it to mark the point where some of the superfluous material had been removed. But he did not feel satisfied in carving human faces for such a purpose, and had to decline the job. She vowed, however, that she would find a surgeon to do it if it cost $5,000.

MARRIAGES.

BLAND—WILLIAMS.—October 28, 1884, at the residence of the bride's mother, by Rev. Mr. Broadhurst, Dr. M. A. Bland, of Clarksdale, Miss., and Miss Maggie Williams, of Clarksville, Tenn.

SHIPPS—THOMPSON.—November 5, 1884, in Christ church, Bordentown, by Rev. Howard E. Thompson, assisted by Rev. Nathaniel Pettit, Dr. William H. Shipps and Margaret Hance, daughter of Lewis P. Thompson.

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

THE PATHOLOGY OF BRONCHO-PNEUMONIA.*

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I shall offer for your consideration, this evening, some observations on the subject of broncho-pneumonia. I venture to do this, for the reason that I believe that this particular lesion suffers from the effects of tradition, from having been called catarrhal pneumonia, and from its relations to pulmonary phthisis. It is also doubtful whether the profession appreciate what a common lesion it is.

I do not mean that the real lesions and symptoms of the disease have not been described. They have been described by different observers; but their descriptions have been, for the most part, fragmentary, and have failed to give a picture of the disease.

The current notions concerning the disease have remained somewhat obscure and indefinite. The prevailing ideas concerning broncho-pneumonia may be stated as follows:

That the terms broncho-pneumonia, lobular pneumonia, catarrhal pneumonia, and capillary bronchitis may all be used to designate the same lesion—although it is customary to use the words broncho-pneumonia and lobular pneumonia when the disease occurs in children; capillary bronchitis when it occurs in adults; and catarrhal pneumonia when it is believed to be a form of phthisis.

That the inflammation begins in the bronchi, extends to the small and capillary tubes, and then to the groups of air vesicles which belong to these bronchi, and that for this reason the hepatization assumes a lobular form.

That obstruction of the bronchi with inflammatory products frequently produces areas of atelectasis.

That the catarrh may become chronic, the products of inflammation in the air vesicles undergo cheesy degeneration, interstitial changes be developed in the framework of the lung and so a form of pulmonary phthisis be produced.

This, I think, is a fair enough example of the ordinary accounts of broncho-pneumonia—accounts which fail to bring out the essential features of the disease.

Let us, then, turn to the conditions themselves—to the clinical symptoms and the lesions of broncho-pneumonia as we all can see them for ourselves.

To approach the subject properly, we must consider the symptoms and lesions of acute bronchitis, as well as those of broncho-pneumonia.

First, then, of *acute catarrhal bronchitis*. This is a disease of very common occurrence, especially in children, but one which seldom proves fatal. Our knowledge of its lesions is derived from exceptionally severe cases, from cases which are complicated by other diseases, and from the symptoms which we observe during life.

The inflammation involves regularly the trachea and the larger bronchi, less frequently the smaller

*Read before the Pathological Society of Philadelphia, October 23, 1884.

bronchi also. As a rule, the bronchi in both lungs are equally affected.

The first change seems to consist in a congestion and swelling of the mucous membrane of the bronchi with an arrest of the functions of their mucous glands. This is attended with pain over the chest, a feeling of oppression, rapid or asthmatic breathing, and a dry cough.

Fever and prostration are present in a degree corresponding to the extent and severity of the inflammation and to the age of the patient.

After this the mucous glands resume their functions with increased activity, the congestion and swelling diminish, there is a more rapid desquamation of the superficial epithelial cells, an increased growth of the deeper epithelial cells, and a moderate emigration of white blood-cells, Sometimes the red blood-cells also escape from the vessels.

The patient now has less pain and oppression, the cough is accompanied with an expectoration of mucus, mixed with epithelium, pus, and sometimes blood. After death the only lesions visible are the increased quantity of mucus, the growth of new epithelium, a few pus-cells infiltrating the stroma of the mucous membrane, and sometimes a general congestion. If the smaller bronchi are involved, they contain pus-cells.

In a moderate number of cases, especially in very young children, certain accessory lesions are added. There may be a general congestion of the parenchyma of the lung, and even a filling of some of the air-vesicles with inflammatory products. Still further, the filling of the small bronchi may lead to the collapse of the groups of air-vesicles to which they lead, and thus are produced areas of atelectasis, which may be further changed by inflammatory processes.

In acute catarrhal bronchitis, then, the inflammation involves regularly only the mucous membrane of the bronchi; and in this mucous membrane the only changes are: congestion, swelling, changes in the epithelial cells, and in the functions of the mucous glands.

As complicating conditions, we may find atelectasis, congestion of the parenchyma, and areas of diffuse pneumonia.

Now let us consider the lesions and symptoms of broncho-pneumonia.

This disease is of common occurrence in children as an idiopathic inflammation, and as a complication of measles, whooping-cough, scarlet fever, and diphtheria. In adults it occurs less frequently, but in them also it may be idiopathic, may complicate the infectious diseases, and may follow injuries of the brain and spinal cord. Constitutional syphilis also may give rise to broncho-pneumonia, and in pulmonary phthisis this same inflammation constitutes an important part of the lesions.

In children, while the inflammation always presents the same essential characters, yet there is considerable diversity, both in the symptoms and in the lesions, in different cases. Thus, in infants a few weeks old, often the only symptoms are rapid breathing, a febrile movement, prostration, and death.

In older children there are well-marked constitutional disturbances—fever, prostration, and cerebral symptoms; in some cases the cerebral symptoms being excessively developed. The breathing is rapid. There may be cough. The physical signs are those of bronchitis alone, or of bronchitis with consolidation of the lung. If there is consolidation, it is developed slowly, and disappears slowly. Not infrequently, successive portions of the lung become consolidated. The disease terminates in the death of the patient, in recovery, or it assumes a chronic character. This disposition of the broncho-pneumonia to become chronic is one of its characteristic features, a feature in which it differs from acute bronchitis and lobar pneumonia. The cases vary, however, as to the degree in which the disposition is carried out.

In some children the disease after running its regular course of one or two weeks subsides, the constitutional symptoms are less marked, the child seems better in every way. But yet the physical signs of consolidation continue, there is still a slight rise of temperature and convalescence does not fairly begin. In this condition the child may remain for a number of weeks and then get entirely well, except that the percussion-note and the breathing remain somewhat changed.

In many such cases as these the recovery is permanent and the child has no further trouble. But in other cases, after the lapse of several months, the child is attacked with acute general tuberculosis. Thus it is not uncommon in children's asylums for an epidemic of measles complicated with broncho-pneumonia to be followed after the lapse of a year by an epidemic of acute tuberculosis.

In other children the course of the disease is more protracted. The physical signs of consolidation continue, there is a febrile movement, the child has no appetite, it gradually emaciates and dies at the end of several months. These cases resemble pulmonary phthisis in their symptoms,

but they are really only examples of a broncho-pneumonia which has become chronic.

In still other children the physical signs and the constitutional disturbances continue, but the child does not succumb to the disease. It continues to live with the evidences of a chronic bronchitis which go on year after year. So the child may grow up to adult life, sometimes better, sometimes worse, never entirely well. Cough, expectoration, dyspnœa, occasional fever harass the patient at intervals. The lung becomes more and more solid, the bronchi more dilated, the pleura thicker, and the affected side of the chest more retracted.

In the cases of acute broncho-pneumonia which die within from two days to three weeks, there is some variety in *the post-mortem appearances.*

The lungs may be large and well aërated, but on section the cut ends of the medium-sized and smaller bronchi are unusually prominent and thick, and around them are little zones of hepatization of red, or gray, or white color. This appearance of the lung may be further modified by a cylindrical dilatation of the thickened bronchi.

In other cases the lungs are denser and more congested, and a larger or smaller portion of them is consolidated. The consolidated portions are unaërated, dense, and smooth, of red color, or pinkish gray, or dark red. Or the color may be mottled—small, rounded gray or whitish areas surrounded by red hepatization.

The distribution and extent of the consolidation also varies. The hepatized areas may be small, encircle the bronchi, and situated at some distance from each other. Or they may in some one lobe or part of a lobe be close together, and between them is a more diffuse hepatization so that this part of the lung may be completely solid.

The appearance of the consolidated lung may be further changed by a cylindrical dilatation of the bronchi.

In still other cases the consolidated portions of lung are of some size and of somewhat regular shape as if they were portions of lung corresponding to bronchi. These portions are dense, unaërated, of a dark red color, and somewhat shrunken.

If the inflammation has become chronic, then over one lobe or part of a lobe the pleura is thickened, bands of fibrous tissue run into the substance of the lung, and the lung tissue is dense, hard, and unaërated.

When we examine these lungs more minutely we notice first some peculiarities which belong to them because they are the lungs of children and not of adults. The bronchi and the connective tissue frame-work of the lungs occupy a larger relative space than they do in the lungs of adults; and in any inflammation of the lungs they are apt to take a more prominent share. The air vesicles are small and products of inflammation which have been formed within them are absorbed slowly and with difficulty. The walls of the vesicles are lined with a nearly continuous layer of epithelial cells. When the vesicles are inflamed there is a greater production of new epithelium and a less of fibrin than in adult lungs. The small size of the air vesicles render a simple congestion and dilatation of the capillary vessels within their walls a more serious condition than it is in adults. The bronchial glands are more regularly and intensely inflamed. These peculiarities of the child's lung seem to account for its liability to certain forms of inflammation.

The same exciting causes, apparently produce in a child under five years of age, broncho-pneumonia; in a person between the age of five and fifteen, broncho-pneumonia, or lobar pneumonia; in an adult, lobar pneumonia.

Now let us consider more in detail the lesions of broncho-pneumonia in children.

The trachea and large bronchi are congested and coated with mucus as in acute bronchitis; but in the smaller, and to a less extent in the capillary bronchi, the changes are of a different character. In these small bronchi, the entire thickness of their walls is infiltrated with cells—partly new connective tissue cells, partly pus cells. This change may affect the small bronchi equally in all parts of the lungs, or it may be confined to those situated in one lobe or part of a lobe. Around every bronchus, of which the walls are infiltrated with cells in this way, is a zone, either of intense congestion or of pneumonia, the inflammation extending directly outwards from the bronchus to the surrounding vesicles.

In the zones of peri-bronchitic pneumonia, the walls of the air vesicles are infiltrated with cells in the same way as are those of the bronchi. The cavities of the vesicles are filled with pus and epithelium, or with an organized tissue composed of a basement substance and cells.

These constitute the essential features of the lesion—a bronchitis which involves the *walls* of the bronchi, and a pneumonia which involves the vesicles *surrounding* the bronchi, and which produces changes in the *walls* of the vesicles as well as in their cavities, while the inflammatory products within the cavities of the vesicles are not only pus and fibrin, but also organized tissue.

To these essential lesions are often added other accessory changes. The bronchi, of which the walls are infiltrated with cells, may be dilated. Between the zones of peri-bronchitic pneumonia the lung is congested, and there may be areas of diffuse red hepatization, which do not, however, correspond to bronchi. There is often a layer of fibrin on the pulmonary pleura. There may be areas of atelectasis corresponding to obstructed bronchi.

The bronchial glands are swollen, and the seat either of simple or of tubercular inflammation.

When the broncho-pneumonia passes into the chronic condition, the inflammation usually persists only in part of a lobe, or a single lobe, while the rest of the lung returns to a normal condition. In that portion of the lung in which the inflammation persists, we find the small bronchi with their thickened walls and their zones of peri-bronchitic pneumonia. The number of bronchi involved may be moderate, and then a section of the lung will look as if it were studded with fibrous nodules. Or most of the bronchi may be involved, the zones of peri-bronchitic pneumonia are close together, and the entire lung tissue is dense and solid. In either case the bronchi may be dilated and the pulmonary pleura thickened. As the inflammation goes on, its interstitial character becomes more and more marked, until the affected portion of lung becomes converted into a mass of fibrous tissue, in which the bronchi still remain, while the air vesicles are obliterated. The blood-vessels, however, are, for the most part, not obliterated, so that the lung does not become necrotic or degenerated. Still occasionally areas of cheesy degeneration exist.

These are the characteristic features, then, of the broncho-pneumonia of children.

In adults broncho-pneumonia occurs in one of four forms: As an idiopathic inflammation of acute and severe type. As a subacute inflammation. As a complication of the infectious diseases, and of lesions of the brain and spinal cord. As one of the lesions of phthisis.

1. The acute, idiopathic broncho-pneumonia of adults.

The invasion of this disease is acute and severe. The patients have rigors; pains in the head, back, and chest; vomiting and marked prostration. The temperature runs between 102 and 105; the pulse is rapid; the breathing is rapid and unsatisfactory. There is cough, at first dry, later accompanied by profuse muco-purulent and bloody expectoration. There is venous congestion of the skin, albumen in the urine, and cerebral symptoms. When we examine the chest we find the percussion note normal, or exaggerated, or dull. There are crepitant, sub-crepitant, and coarse râles with sibilant and sonorous breathing.

The cases usually terminate fatally in about seven days. After death we find both lungs large, heavy, and congested. There is fibrin on the pulmonary pleura. The trachea and large bronchi are congested and coated with mucus. The smaller bronchi contain pus, their walls are thickened and infiltrated with cells, and around them are zones of air vesicles with their blood-vessels gorged with blood, and in their cavities epithelium, pus, and fibrin.

2. *The subacute broncho-pneumonia of adults.*— This is a rare disease. It has a clinical history much resembling that of acute of phthisis.

The patients are attacked with prostration, fever, cough, and muco-purulent expectoration, dyspnœa, pain in the chest, coarse râles all over the chest, with dullness over the consolidated portion of the lung. These symptoms continue, the patients lose flesh and strength, and die at the end of several weeks.

After death we find fibrin on the pulmonary pleura. The larger bronchi are congested and coated with mucus. There is an irregular, diffuse red hepatization mottled with small white nodules from the size of a pin's head to that of a pea. In the diffuse red hepatization the air vesicles are filled with pus, epithelium, and fibrin. The white nodules correspond to sections of bronchi with zones of peri-bronchitic pneumonia. These bronchi are of small size, they contain pus, their walls are thickened and infiltrated with cells, and they may be dilated.

In the peri-bronchitic zones of pneumonia the walls of the vessels are thickened and infiltrated with cells, but the blood-vessels remain pervious and can be injected. The cavities of the vesicles are filled not with pus and fibrin alone, but also with a basement substance of homogeneous or finely fibrillated character, in which are imbedded polygonal, round, and fusiform cells.

3. *The complicating broncho-pneumonia of adults.* It is not uncommon for some of the infectious diseases, and some of the lesions of the brain and spinal cord to be accompanied by the development of this form of inflammation of the lung.

In typhoid fever we sometimes find a broncho-pneumonia exactly resembling the same lesion as it ordinarily occurs in children.

In pyæmia the inflammation is of the same kind, but is apt to be less extensive, involving only part of one or both lungs.

With lesions of the brain and spinal cord the changes are the same as with pyæmia.

4. *With phthisis*, both acute and chronic, broncho-pneumonia often forms an important part of the morbid changes in the lungs, but yet it is never the primary or the only lesion. It is only one of a number of pathological changes which go to make up the complex whole of pulmonary phthisis.

From what has been said, then, I would draw the following conclusions:

There is a form of inflammation of the lung which may properly be called broncho-pneumonia.

In children it is the most frequent form of pneumonia; in adults it is less common.

It differs from bronchitis and from lobar pneumonia in that the inflammation effects changes in the *walls* of the bronchi and of the air vesicles, and this peculiar interstitial character of the process exists from the very outset.

The inflammation extends from the bronchi, not to the group of air vesicles into which they lead, but directly outwards to the vesicles which surround the inflamed bronchi, and in these vesicles the walls are changed.

The interstitial character of the inflammation is its most important feature. It accounts for the severity of the symptoms, the frequent long continuance of the consolidation, the dilatation of the bronchi, and for the tendency of the broncho-pneumonia to assume a chronic character.

The complicating tubercular inflammation of the bronchial glands may give rise later to general tuberculosis.

Broncho-pneumonia is not a form of phthisis; it is doubtful if it is ever directly followed by phthisis; but it constitutes a part, and often an important one, of the lesions which constitute phthisis.

I have endeavored to describe in a somewhat incomplete way the characteristic symptoms and lesions of an ordinary disease. I am well aware that I have described conditions which are familiar, and that nothing which I have said has not often been said before.

But the very common occurrence of this form of inflammation of the lung renders it all the more important. The varying character of the lesions has confused their essential and their accidental characters, and I think it is worthy of consideration whether the views which I have advanced concerning the pathology of the disease, are not the true ones, namely, that the inflammation is essentially and from the outset an interstitial one, more or less complicated by other conditions.

ACCIDENTAL CURE OF STRICTURE OF THE ŒSOPHAGUS.

BY T. CURTIS SMITH, M. D.

Of Aurora, Ind.

John R. when twenty-two months old drank a little of a strong solution of concentrated lye. The mother had the good sense to cause the child to swallow, at once, considerable oil, and followed this by the use of milk. The mouth, fauces and œsophagus were badly seared by the strong solution of lye as it passed over them. It was soon discovered that the child had stricture of the tube and that it was probably down near the stomach. He was naturally a very hardy, robust boy, a twin, the two boys being about equal in size weight and figure—as bright and strong a brace of boys as one will meet in a day's ride.

After the stricture developed the child was compelled to live on fluid diet, or very thin semi-liquid foods, and must needs take this in small quantities at a time and slowly. This was not always an easy matter to control, for his vigorous body and otherwise sound health was also accompanied by a demanding appetite, and frequently by an imperious will. Often some solid food would find its way down his throat, only to be regurgitated after being retained a short time.

Still, for two years the child continued to be fairly well nourished, living largely on milk, meat gravy, soft eggs, bread-soup, etc. It was also noticed that at long intervals there would seem to be a time when the child could retain a few mouthfuls of solid food. But this lasted for only a very brief spell.

After about two years of this condition of his œsophagus, he was, by a visitor, one day, given a piece of dried peach. Of course he ate it. It was not regurgitated. Soon it became apparent that even milk or water did not find its way to the stomach. When swallowed it was immediately regurgitated. The thirst soon became intense and the child wanted to drink almost constantly, yet as constantly the fluid was returned. The degree of agony was certainly intense, and was telling rapidly on the child's strength. I was sent for. Anodynes and anti-spasmodics were given in doses of a few drops at a time, and soon controlled the most of the pain, so that the child slept some. That was late on Sunday afternoon.

On Monday morning the treatment was continued, and a little nourishment added, in very

small quantities frequently given, and an attempt was made to use a tonic and stimulant in the same way, but this failed. The remedies were then used per rectum, and also some light fluid foods were thus given.

On Tuesday the case seemed desperate, the prostration extreme, and it was evident the case would terminate fatally, unless better sustained or soon relieved. He was now given enemas of bisulphate of quinine in tonic doses in concentrated beef tea made of "Johnson's peptonized fluid beef." Anodynes were also added in the same solution. This he retained, and with this he was sustained and the pain controlled. His condition was at once so much improved that it was very noticeable. He was thus supported until the piece of dried peach became, as I suppose, softened, disintegrated, and passed on through the constriction in the œsophagus. This seemed to occur on the fifth day. At once there was a demand for food and drink; and from that date to the present time the child has been able to eat anything it has desired, without the least trouble as to its reaching the stomach or being regurgitated.

It seems clear that the piece of dried peach must have lodged in the constriction of the œsophagus that had been caused by swallowing the concentrated lye, and when the fluids came in contact with it, of course it swelled and expanded the narrowed opening to a sufficient extent to allow it to pass through, and so has permanently overcome the constriction. The ultimate termination of the accident proved to be a great boon for the child, but it brought it very near to a fatal issue before the favorable result was attained. I do not believe it could have successfully endured until the obstruction was removed if it had not been sustained by the fluid beef, given, as it was, by injection.

It might be pertinently asked: "Why not use a bougie to push the obstruction out of the way?" It is not an easy matter to use such an instrument on a child of this age, the tissues are delicate, and force sufficient to remove the peach might have been enough to tear the œsophagus across, or to slit it and allow the bougie to pass into tissues outside of the proper channel. Especially was this true before the dried peach became softened. The slow steady expansion of the peach constituted a splendid dilator and has made its work permanent. It is now eighteen months since the peach was swallowed. In a similar case I would advise that the syringe be at once resorted to and that food, drink and remedies be thus administered from the very outset of the case. In this way there would be far less danger of loss of life from the pain, thirst and exhaustion resulting from want of food supply.

I have met with a number of cases where children have had constriction of the œsophagus caused by swallowing concentrated lye. In one case some ten years or more ago, there seemed for a time to be a good recovery, but later the child died of inanition in connection with a very slight attack of fever.

The subject of this paper has made the best and most permanent recovery of any one of this kind coming under my observation, and even this may have a relapse of the trouble, but I think not. In a case, dangerously constricted, would we be justified in attempting relief by this method? When the constriction is not relieved, it seems to become more complete as its age advances, and finally brings about inanition. This has been my experience, at least, in every case, except the one related in this paper.

TREATMENT OF TYPHOID FEVER.

BY R. W. HUTCHINS, M. D.,
Of New York.

No disease requires a greater amount of experience in its treatment than typhoid fever. It is not only what to do, but what not to do, that causes the difficulty to the young practitioner. It is a safe rule to avoid, as far as possible, all perturbating remedies. Typhoid fever is a self-limiting disease, and there is no known specific for it. Many cases if let alone would run their course favorably, without any medication whatever. An experienced nurse is almost absolutely necessary. The diet should be regulated, the bed-room well-ventilated, and the temperature of the room in winter not allowed to rise above 65° F. Milk, to which pepsin or lime-water is added, should form the basis of the diet; prepared barley is a useful adjunct.

Sponging the body with tepid water keeps the temperature down, and is generally agreeable to the patient. The cold bath system of treatment is impracticable in private practice. When there is insomnia or much restlessness, grs. xv. to xx. of chloral will generally produce refreshing sleep. The indiscriminate use of stimulants is uncalled for. Many cases get along much better without them; others require a pretty liberal supply to tide over dangers. The diarrhœa should not be interfered with unless excessive—in that case opium is the best remedy. Tympanites is best

relieved by small doses of turpentine, and the application of tepid compresses to the abdomen. The best remedy for the peritonitis, hemorrhage or perforation that sometimes complicates the disease, is opium. Pulmonary complications should be met by counter-irritation and dry cupping. Salicylate of soda has a very marked effect in lowering the temperature of the body, but seems to have a bad influence on the brain and bowels, increasing the hyperæmia of the former, and often producing hemorrhage from the latter. Quinine also has a decided antipyretic effect, but I consider it a dangerous remedy, especially as prescribed by some of the "hobby" doctors. Salicin produces many of the good results of these two remedies, and is unattended by any of their ill effects. It has been uniformly successful in my hands, all the cases in which I have used it having recovered. It has a beneficial effect on the bowel trouble, and it is there where the chief danger lies. I prescribe it in grs. x–xx. every two or three hours.

Hospital Reports.

A CLINICAL LECTURE DELIVERED AT THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

BY HORATIO C. WOOD, M. D., L.L. D.,

Professor of Diseases of the Nervous System.

Reported by William H. Morrison, M. D.

Simulated Pulmonary Symptoms.

Gentlemen: I wish to-day to call your attention to a case which is a somewhat perplexing one, and one which calls for a good deal of thought. It seems to me chiefly interesting as showing how we are forced to our conclusions by a process of exclusion. The history is peculiar, and I shall relate it before the man is brought into the room.

He is a Russian Jew, who about two or three years ago fled from Keith at the time of the frightful persecutions to which the Russian Hebrews were subjected at the hands of the populace. He came to this country, and applied to one of the prominent drug firms of this city, stating that he had been engaged as an apothecary. He was employed and put to work at some of the finer branches of the trade, but being found incapable, was transferred to another department, and finally was put in charge of the washing of the bottles. He is said to have been, under these circumstances, an industrious, steady sort of a man showing a creditable affection for his family, frequently sending money home to his mother.

In May, seven months ago, he began to have a very peculiar character of breathing, and complained of general weakness, languor, and inability to attend to his work. This peculiarity of breathing continued, until the unrythmical character of the breathing became excessive. The man declared that he was unable to work. His employers then sent him to a physician to be examined. It was stated that he had emphysema. He was then examined by a second physician, who stated that the man had myelitis, and that the myelitis had produced the emphysema. The man was then sent to me. I shall now have him brought in.

As the man sits before you he seems to be well-nourished, and shows no signs of disease, except this peculiar breathing, which now occurs at intervals which are sometimes shorter and sometimes longer. He says that he has pains all over, but at present they are most marked in the shoulders. For the past couple of weeks he has had some headache. As he walks, his gait exhibits no peculiarity; and as he can walk a long distance, there is evidently no failure of power in the legs. The patellar reflex is present on both sides. The dynamometer shows that on both sides he has a good grasp. There is no apparent failure of power in the arms. I shall try another reflex. I do not know how many of you are aware of the fact, that if you pinch the back of the neck of an ordinary individual, dilatation of the pupil will be produced. This affords a good test for discovering any derangement of the apparatus which is connected with the movements of the pupil. I cannot to-day occupy time with an elaborate discussion of the physiology of the pupil, but recent researches in disease have made the study of its action very important. In some cases of locomotor ataxia, for instance, the diagnosis is made with more certainty from the pupil than by almost any other means. On applying this test, the movements seem to be entirely perfect.

It is plain to my mind, in the first place, that the man has not myelitis. He has no disturbance of sensation except certain asserted pains, no loss of power in the arms or legs, impairment or exaggeration of the reflex movements, no evidence of interference with coördination; in other words, with the exception of certain asserted pains, there is no symptom of spinal disturbance. The peculiar breathing with which this man is affected could not arise from myelitis. It might, possibly, arise from some disorder, in the neighborhood of the origin of the pneumo-gastric or phrenic nerve.

In the next place, looking for signs of emphysema, we find no dilatation of the chest; and in the history of the case, no cause can be found for the existence of emphysema. You know that emphysema is almost invairably a secondary disorder, that it is a rupture of the air-vesicles due to some disorder of respiration. If we find a corpse with acute emphysema, death has almost certainly been caused by strangulation. If a man has emphysema, which has developed gradually, we find that he has suffered from asthma, chronic bronchitis, the pressure of a tumor upon the trachea, or some other interference with respiration. There is no history of any such cause. Therefore, in view of the fact that the chest does not present the barrel-shape of emphysema, and that there is no history of the causes of this condition, we proceed to the physical examination, with a very strong belief that emphysema does not exist. On percussion, the chest is resonant, but not excessively so. Auscultation reveals no

râles, but a perfectly normal breezy murmur. There is no dry crackling, as it is called, which, when present, is characteristic of emphysema. There is no distinct shortness of breath upon going upstairs, or at other times—only this perverted rhythm. The man goes up and down stairs fairly well.

Examining the heart, I find no murmurs and no lesion whatsoever. I have examined the large arteries for evidences of aneurisms pressing on the phrenic or pneumogastric nerve, but I can find no indication of such a conditiou.

I may say that there is no abdominal tenderness. There is no enlargement of the spleen. The area of percussion dullness over the liver, is not increased. In order to still further probe into the matter, we have examined the blood; but in the absence of splenic or grandular enlargement, there was no probability that the man was suffering from leucocythæmia, pseudo-leucæmia, or pernicious anæmia. The microscope showed no increase in the number of the white corpuscles, and no decrease in the number of the red.

Then we have studied the renal secretion. I am quite certain that chronic contracted kidney may exist with perfectly normal urine; and therefore the habit which many have formed of relying on a single examination of the urine is not a safe one. This man passes urine in normal quantity, its specific gravity is normal, it does not contain albumen or sugar. As this examination has been repeatedly made with the same result, we must conclude that he is not suffering from kidney disease.

The patient was now removed.

In this case, the kidneys and abdominal organs, the heart and lungs, have also been examined with the same result. There are no distinct indications of the presence of any nerve disease, unless it is a very localized medullary affection. You, perhaps, noticed in the man's answers to questions, the peculiar generality, so to speak, of his symptoms. He has a little of everything. He has trouble in his stomach, a morning call, pains which are everywhere. They are not localized, never associated with soreness, or pain on movement. He has this peculiar breathing. He eats heartily and sleeps well. The very aspect of the case suggests that the disease is not real.

Finding that he had so many symptoms, and that careful examination revealed nothing, I have had the man watched. It has been found that when by himself he had not this disorder of breathing, but when the doctor came into the ward, the altered breathing rapidly developed, and increased as it was talked about. He says today that he has headache. This has appeared since he was questioned about it. At first, he had no difficulty in going up and down stairs, but now he says that this increases the trouble. When the man is well fed, I find that he eats his meals with commendable avidity. There is present a little constipation, but there is no reason for suspecting severe constipation.

In the absence of any detectable sign of disease, in the presence of the fact that this man certainly does put on symptoms, that they grow worse as they are talked about, we come to the conclusion that his disease is rather mental than physical. I am not sure myself whether he is suffering from any distinct mental disorder which deserves to be called a disease. He certainly has sort of hysterical symptoms. He may be a masturbator, but we have never been able to detect him. You might call it a case of male hysteria of a mild type. A possible diagnosis might be that which the wife of one of my patients made. At one time I had under my care a man who, before the rebellion, had been a strong and vigorous man. He was with Sheridan in the war, and his nervous system was worn out. Ever after the war he was good for nothing, and was supported by his wife. One day he came to me with a newspaper in his hand and said, "This is what my wife says is the matter with me," and handed me the paper. It was the account of a man who had consulted an Indian doctress. The doctress told him that he was in a very bad condition, and there was little chance of anything being done for him. The diagnosis was "damned laziness struck in." I told the man that I thought his wife was two-thirds right. I think that such a diagnosis would be nearly right in the present case.

Medical Societies.

PROCEEDINGS OF THE KENTUCKY STATE SANITARY COUNCIL,

(*Concluded from page* 618.)

"Following butter, it is but proper to speak of milk, and without my mentioning the fact, you are all aware that the chief adulteration used for this is obtained from the well, spring, or branch. While water is the substance ever to be looked for in milk, it not unfrequently happens that finely-powdered chalk, or flour is added in order to bring up the specific gravity when an unusual amount of dilution has been found necessary in order to supply the demands of the milkman's usual run of customers. The adulterations of this substance should properly be classed as deleterious, as in every community there are members amongst the old and the young depending almost entirely upon this article of food to sustain life, and when weakened by water, or tampered with in any way, those using it must suffer. Though there may be no actual adulteration of the milk *per se*, it not seldom happens that the hygienic conditions surrounding cows are such as naturally to produce milk unfit for use.

"There is a very important class of substances used upon the table under the name of condiments, and when we come to examine the members of this group in detail, when powdered before they are sold, it not seldom happens that specimens of pepper, spice, cloves, mustard, etc., are found that have but little of the proper material present, being made up almost entirely of foreign matter. Mustard, as bought put in boxes, almost invariably contains either sulphate of lime, chromate of lead, flour, turmeric, or yellow lake, with the addition of red pepper to keep up the strength. Black pepper and the spices are largely made up of ground beans, sawdust, flour, linseed meal, and other materials of similar nature, in order to give bulk. So it is well never to

buy the ground article, but the material and grind it at home.

"When we come to speak of jellies, many are made from apple jelly or gelatine, and colored with aniline to the proper tint, the flavor being given by artificial essences.

"Then vinegar is not always what it seems to be, since sulphuric and muriatic acids are pressed into service to serve as such, the color coming from the addition of burnt sugar, and the odor being due to the addition of a little good apple-vinegar.

"Pickles are now and then made with the artificial vinegar I have just referred to, and at the same time a beautiful color is given to them by the addition of copper. And so I might continue for hours, taking up each article of food in detail, and show you that they are not always to be judged by appearances to be as they are named; but out of the small list we have hastily studied to-day, I think sufficient has been brought to your notice to impress you with the importance of the subject, and cause you to use great care in the selection of what is of such vital importance to good health.

"The buyer is to a considerable extent to blame for the practice of food adulteration, and when we recognize the fact that every commercial article is worth a living price to the seller, then we can demand a good article and enforce the demand by proper legislation. Housekeepers are in a position to deal with this question, and when they are aroused to calmly view the situation, a change for the better must follow.

"In conclusion, I will say that a cheap article in any line of goods is a dear one in time, and accordingly I can only advise you to buy your food articles from reliable dealers, and pay the market value for a good article."

Prof. J. N. Payne made a short talk on "How the Laws of Health Should be Taught in Our Schools."

Following this, Dr. E. Warfield, of Elizabethtown, read a paper on "Ventilation."

At the evening session, after the reading of a paper by the Secretary on "Disposal of the Dead," contributed by John D. Bengless, M. D., of Brooklyn, N. Y., Prof. L. Eddy, of Danville, read a paper on "Sanitation a Religious Duty," as follows:

"Remarks in some of the papers upon the exemption from cholera of the Jews at Marseilles and other places in France suggested this subject for this occasion. These Jews claim, and others claim for them, that their exemption is owing to their obedience to the Mosaic laws. Let us then inquire whether Moses was as a sanitarian in advance of the scientific French who have been so cholera-stricken, and of the solid English and the enterprising Americans who are now in such fear.

"That Moses was in advance may be inferred from the fact that while the merchant caravan from Egypt, India, and Persia passed through Palestine, and the Hebrews were thus exposed to the plagues of those countries, they were yet never visited by these plagues while they obeyed the Mosaic laws of purification; this being in accordance with the promise that if they obeyed, sickness and evil diseases would be taken away. Specified diseases from which freedom was promised were consumption, fever, inflammation, extreme burning, the botch of Egypt, scab, itch, bindness, and madness; and their crops should escape blasting and mildew, or fungoid growths. Some of these may have designated what we call cholera, yellow fever, and small-pox.

"Sanitation was a part of the Hebrew religious service, a preliminary requirement for good standing in the church, or for admission to church ordinances. To be ceremonially clean, frequent washing was necessary, and especially after any contact with filth or with any source of infection. This washing was for from one to seven days, and officials could add another week. Two classes of diseases, leprosy and issues, were excluded from the camp, and those whose purification required a week or more. Here was the establishment of quarantine and the pest-house.

"A dead body was taken out of the camp, and all who had touched it, or who had touched any person or thing that had been in contact with the corpse, must wash; also after contact with the body of an animal dead by disease.

"Next to the care of the person is that of dwellings. The presence of bad odors, of disease, or of mildew in a house, the law met with scraping, washing, changing the material of the worst parts, and if this did not avail the house was destroyed, everything being taken out of the town. Once a year, in the spring, was the feast of unleavened bread, when no ferment was allowable in any dwelling for seven days. For some days previous to the feast the housewife led her servants in a careful cleansing of the entire premises from all fermentable matter. This done, the head of the household, upon the eve of the feast, took a lamp, and the entire family following him, a solemn search was made in every corner and cranny to make it sure that no ferment actual or possible was anywhere present, a strict examination as to the entire freedom of the premises from anything decaying or that could decay. Every summer thus began with a perfect sanitation of one's premises, under the penalty of loss of the privileges of a citizen till it was done.

"The laws concerning food prescribed certain animals for food, and prohibited the use of all others; also, of any dying by disease or accident, and with particular emphasis prohibited the use of blood. Modern science has shown that the prohibited swine, rat, mouse. cat, and dog, are sources of trichinæ, and that the hare eats poisonous vegetables. Shell-fish were forbidden, and passing over their indigestibility, we have found them deleterious, even poisonous, at certain seasons, and so we refrain from the use of oysters for one-third of the year with true Jewish particularity. A Hebrew could eat only those fish having scales, and it has been shown that eels and other scaleless fish absorb poisons, and while containing them are dangerous articles of diet.

"Nature would seem to prohibit the drinking of blood, but if men will use it, then the knowledge that disease germs are surely in it, if in the system—that the venous half of it is full of the waste of the body, and that in it are poisons which, if not eliminated by the proper organs, speedily cause death—should induce the enactment of special laws against its use.

"So far as modern science has gone, its proofs

of the wisdom of the Mosaic prohibitions lead to the conviction that these prohibitions all stand on equally good footing, and if our sanitary laws do not prohibit the same, it is because we are behind the times. As to the use of alcohol, an allusion only is necessary. We all know that the Bible is one of the most thorough temperance books, and its descriptions of the physical, mental, and moral effects of alcohol are thrilling in their truthfulness.

"The dry-earth system is the best yet devised for its purpose, and while the Hebrews were in camp this was the course prescribed to them. Filth was scattered on the ground and covered. In their closely-built towns, that chief pet American nuisance, the household privy—so carefully kept as offensive as possible—a jealously-guarded American right, which, wherever we go, sends out its fragrance on the evening air—was unknown. They had public places which were frequently emptied, dry matter of various kinds being added for convenience in the removal. This method also prevailed among other nations, and we find a common threat of kings for punishment and disgrace was that the offender should die and his house be made a dunghill—a public convenience.

"As cities grew in size, the disposal of filth became a more important matter, and a place was chosen where it was consumed by fire. At Jerusalem the offensiveness of this place being continual and the fire perpetual, its name became a synonym for hell. Though all these precautions were taken against contamination of the soil in towns, yet wells were never dug inside the walls, and it is noteworthy that the water supply, whether from wells or springs, was without the walls. Cisterns for rain-water were within them, and were provided to meet the exigencies of a siege.

"Mosaic sanitation had one more provision. Much sickness and much of the liability to disease in this country is due to the physical and mental exhaustion resulting from the strain under which we all work. The three great Hebrew feasts of the year, each covering seven or eight days, afforded seasons of rest and recreation, and they occurred at the beginning, during, and at the close of the summer's work. The observance of the weekly Sabbath was the most imperative observance of all, and its breach the first noted. Whether the keeping of one year in seven as a Sabbatic year should be ranked with the sanitary measures, is an open question.

"If I have succeeded in my attempt, it is now plain that thorough sanitation was a religious duty of the Hebrew, and as such, it constitutes a part of our Bibles. Some may plead that it was all swept away with the rest of the ceremonial law, but we have at least the Christian precept to abstain from things strangled and from blood; and it is not to be hastily admitted that a system of rules, based on reasons as good now as then, has been summarily abolished, while the reasons remain. That part of the ceremonial law which was fulfilled in Christ has passed away. That which is unfulfilled, not pointing forward to anything, but a helpful law for all men, everywhere and always, should in all reason remain.

"The first question is, whether the laws or facts of sanitation which we proclaim are truly such. The Bible gives us a quasi-certificate that they are, and we believe them so. We believe that the presence, or an atmosphere, of filth lessens human powers, certainly shortens life, and may at any time suddenly terminate it. We believe the seeds of some diseases float in the air, that the seeds of others are in drinking water, and that they enter the system by the help of these agents. We believe that these germs can be destroyed. We believe that in a perfect state of physical health the seeds of most diseases cannot get a foothold in the human body, but that filth is a most powerful agent to so weaken the body that disease germs can readily grow. We believe that filth—using the word in its broad sanitary sense—is to-day mowing down the human ranks as minie-balls mow down the ranks of an army in battle.

"If these things are so, then any locality containing filth is like a loaded firearm. I may fool with it and, as usual, not believe it is loaded, but when it goes off I am dead nevertheless; and the same verdict should be rendered as in the case of the others, 'died for lack of sense,' and I am a suicide. Again, fooling with a pistol, I may point it at some one else—the state of my premises may injuriously affect my neighbor—and manslaughter is the result. I have an impression that one State has made the pointing of a firearm, whether it is loaded or not, at another a felony. It ought to be so in every State. I have no right to put lives in jeopardy; and so I have now come to only the utterance of truisms, and quote one: 'My neighbor has no more right to kill me with a stench than with a bullet, with water containing typhoid germs than with water containing arsenic.'

"The truths which are the foundation of these utterances lay a responsibility upon us, and where there is responsibility there is corresponding duty. Human life is *sacred*, not merely valuable. Human laws can only reach positive acts and proved intentions. Divine laws go deeper, and impose more and heavier obligations. It is my duty to preserve my life, to preserve it as long as possible. To allow myself to be killed when I could prevent it, is to commit suicide, whether the death comes by the hand of another, or by so-called accidents or mistakes. If any ignorance leads to death, it is a culpable ignorance.

"Whatever tends to injury is wrong, and it is duty not only not to do it but not to tolerate it—to remove it if it is a thing. Cleanliness is next to godliness, because godliness preserves the life of the soul, and cleanliness preserves the life of the body. The 'Thou shalt not' of the Commandments mades the refraining from the specified acts a religious duty. To refrain from murder, stealing, and other injuries, and from acts tending to them nearly or remotely is a religious duty.

"Now, to dispose of filth in a certain way makes an end of it. Disposing of it in another way, death or sickness results to some one. Knowing this, if I take the second way am I not guilty of indirect murder or theft?—for sickness deprives of property and of time, which is money. If a number of bricks are set on end in a row and so that the end one can do some damage in falling, does my responsibility for the damage vary

according to the distance of the particular brick from the end which I may choose to tip over? He who touches off a barrel of powder is a Guy Fawkes, but if a fuse sufficiently long is connected with it, and he only fires the end of that, he is guiltless. Such seems to be the reasoning of some in this matter, the question being merely one of time, of the difference between one link and a chain of causes and effects.

"The characteristic of the Christian religion, the feature distinguishing it from all other religions or irreligions, is its unselfishness, or rather its benevolence. Selfishness has no place and the Christian religion makes duties to our fellowmen equally binding with our duties to God. This is the reason for the assertion contained in the title of my paper, and this being stated, my assertion follows as a matter of course. As I am responsible to God for my life and health, and that of my family, I must obey all the rules of sanitation as to my premises and property; it is my duty to learn these rules, to so keep my premises that my neighbor shall suffer nothing from them, and to cause others by instruction and persuasion to do the same by themselves and their neighbors. Failing in these duties, I am a suicide or murderer or particeps criminis, ugly as it sounds. But how much more agreeable than a cut-throat is he who is debased so near the level of a beast that he can live in filth and will do it, though at the cost of the lives of members of his family? The use of soap is an index of civilization, and one who, brought up in a Christian country, is filthy in his habits or surroundings merits the name which Mohammedans give us—a Christian dog.

"As we advance in Christianity and do our duty, we more and more obey the rules of sanitation. Doing our duty, the plagues of cholera, yellow and typhoid fevers, etc., shall not come nigh us. Afflicted with them as we now are, with all our superior knowledge, we are living on a lower, less civilized plane, than the ancient Hebrews. As Christians, our lives should be lives of warfare against sin and of constant fighting with dirt. Conquered though we be at the last, it shall not be such an ignominious foe as dirt; and when we lie down in a good old age, there will be no cause for us to utter the lament of the woman immortalized in the 'Housekeeper's Tragedy:'

"'With grease and with grime from corner to center,
Forever at war and forever alert,
No rest for a day, lest the enemy enter—
I spend my whole life in a struggle with dirt.
Last night, in my dreams, I was stationed forever
On a bare little isle in the midst of the sea;
My one chance of life was a ceaseless endeavor
To sweep off the waves ere they swept over me.
Alas, 'twas no dream! Again I behold it!
I yield; I am helpless my fate to avert!
She rolled down her sleeves, her apron she folded.
Then laid down and died, and was buried in dirt!'

"She should have known about cremation."

Dr. Wm. Cheatham, of Louisville, then addressed the meeting on the subject of "Nearsightedness; its Cause and Prevention," illustrating his subject by the aid of the magic lantern.

Resolutions of thanks by the visiting delegates to the hospitable citizens of Elizabethtown for the courtesies extended and the interest manifested in the work of the council; to the members of the Y. M. C. A., who had kindly tendered the use of their hall for the purposes of the meeting, and to the ladies and gentlemen of the city for the excellent music furnished, were voted, and the council adjourned to meet in Bowling Green next April.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

Semi-annual conversational meeting, October 23, 1884, the president, E. O. Shakespeare, M. D., in the chair.

Dr. Francis Delafield, of New York, by invitation, read a paper on

The Pathology of Broncho-Pneumonia. (*See page* 637.)

Dr. Pepper said he had listened with very unusual interest to the paper of Dr. Delafield, in which he had so distinctly and concisely set forth his views on this very common disease.

He thought all who had listened to Dr. Delafield would agree with him in congratulating the author upon the clearness and force with which he had described a condition which had hitherto often been confused by prolix description and by want of definiteness in separating different anatomical conditions. In regard to the term "broncho-pneumonia," which Dr. Delafield prefers, he has proved by his anatomical studies of the infiltration of the bronchial walls and of the surrounding parenchyma, that this term is strictly applicable to the cases upon which this paper is based.

Dr. Pepper stated, however, that though chiefly from a clinical standpoint, he was inclined to prefer the term catarrhal pneumonia, as probably including the form described by Dr. Delafield, as well as certain other forms which seem to him to be necessarily included in a complete picture of the disease.

For instance, there are many cases in adults which begin with rigor, followed by high fever, with temperature of 102½° to 104° F., with cough hard and dry at first, and later with muco-purulent expectoration, with no very definite physical signs; careful examination will show local impairment of resonance, coarse crackling rales on deep inspiration, and weak vesicular murmur. This condition may be limited to the apex or to the neighborhood of the root of one lung, or may occur elsewhere. The cases have a duration of from eight to twelve days, and terminate by lysis with resolution, though not rarely some cough remains, and the lung is sensitive and prone to recurring attacks, which in subjects predisposed to phthisis may induce that disease.

It seems to me difficult to regard these cases as anything else than mild catarrhal pneumonia; for this type of pneumonia agrees with other catarrhal affections in the wide range of severity presented by different cases. On the other hand, there are cases much more common in children, in which disease extends from the bronchial tubes into the lobules to which they lead.

The commonly-accepted opinion that the lining of the alveoli and air vesicles are susceptible to catarrhal inflammation, appears to me well established. In such cases the disease may extend outwards to the peribronchial tissue, as emphasized by Dr. Delafield, and lead to secondary interstitial changes, and also in consequence of ob-

struction of the bronchi, atelectasis occurs; the aspiration of irritating bronchial products fills some of the alveoli, or finally they become impacted with the results of catarrhal inflammation of their walls. Subsequently, caseation with softening may give rise to small abscesses, with breaking down of the walls of the air vesicles or with perforation of the pleura, or inspissation may occur with reabsorption of infectious material, with the development of general tuberculosis.

It did not seem necessary to dwell upon the cases in which atelectasis occurred as a primary condition, with the subsequent development of pneumonic centres.

It seems to him impossible to consider catarrhal pneumonia without taking the comprehensive view which would include all the varieties above indicated; though the term of "broncho-pneumonia" as used by Dr. Delafield, might be most appropriate to the special conditions described by him.

Allusion was made to the very interesting physical signs attending the course of atelectasis in the course of catarrhal pneumonia of children or of adults, where considerable areas of the lung, or even an entire lung, might pass into this state, to be followed before long by the reëstablishment of respiration and the disappearance of the physical signs. Difficult questions of differential diagnosis may present themselves, requiring critical examination. From an allusion made by Dr. Delafield, it appeared that he regarded lobar pneumonia as being like broncho-pneumonia, induced by the ordinary causes of idiopathic inflammation. The argument does not favor all lobar pneumonia being a specific constitutional disease, or as dependent upon a special microbe, did not appear to Dr. Pepper to be conclusive, and he was glad to know, from the remarks of Dr. Delafield, that he holds the same view.

Dr. Bruen said he rose to call attention to the observations of Hamilton, of Aberdeen, in reference to the peculiar basement membrame of the bronchial tubes, which determines the chronicity of bronchitis, and probably the interstitial changes in chronic broncho-pneumonia. Hamilton, in speaking of the denseness of this basement membrane, gives it the importance of a fascia, which determines the direction in which the inflammatory products of bronchitis shall be absorbed, viz., by the lymphatics, rather than by free exudation into the bronchial lumen. The interlobular connective tissues are permeated with fibrous bands, which radiate from the fibrous coat of the bronchi toward the pleural surface. Dr. Bruen thought that if careful study of the lymphatics were made, the absorbed products of an acute or a subacute inflammation could be traced throughout the lung, finally leading to enlargement of the bronchial glands.

The importance of the basement membrane is further illustrated by the phenomena of pneumonikoniosis and anthracosis. Immediate absorption from the bronchial tubes does not occur; although the tubes are always exposed to carbonaceous matter as evinced by the blackened sputa, yet the tubes are unpigmented, the carbonaceous or organic dust being carried down into the alveoli, whence it is absorbed, and the whole parenchyma of the lungs and the bronchial glands are blackened, but always strictly in the course of the lymphatics.

In children of a strumous habit, forms of bronchitis of an obscure nature often occur. Congested areas near the root of the lung are recognizable—abundant mucous rales and frequently laryngeal spasm at intervals is an important symptom. These symptoms are often referable to enlargement of the bronchial glands, and the nervous symptoms are due to irritation of the pneumogastric nerves.

Dr. J. C. Wilson asked whether Dr. Delafield designed to describe one variety of a group of affections to which the terms broncho-pneumonia, catarrhal pneumonia, desquamative pneumonia, etc., are somewhat vaguely and interchangeably applied, or to include the whole group in his account, and under the designation of broncho-pneumonia. If Dr. Wilson had understood the paper aright, he thought it certainly had referred to an especial variety of the affection in question, for there are encountered cases which differ both clinically and anatomically from the disease described by Dr. Delafield, and in which the lesions spread not only in a direction internal from the affected bronchial tubes to the peribronchial structures, but also in the direction of the long axis of the tubes to involve the terminal (sub-pleural) vesicles, and this, according to widely-accepted views, often without antecedent atelectasis.

Dr. Carpenter said that he had very little, indeed, to give of value in a pathological discussion, but would say, at the same time, that after thirty years' experience he had arrived at certain conclusions, not perhaps new, but which had been gathered in one set of cases, viz., anthracosis. They are a very striking set of cases. They all originate in a bronchitis, which differs from the ordinary form of that disorder in one very striking symptom, viz., great oppression of breathing. This oppression is far greater than can be accounted for by ordinary bronchial inflammation. It depends on interstitial disease or peribronchitis. A true broncho-pneumonia is set up, the cause being a special one, viz., inhalation of coal dust. In these cases so great obstruction to the circulation is caused by the interstitial exudation that the circulation is very seriously embarrassed. The heart suffers—dilatation, or hypertrophy with dilatation, is produced, and a form of dyspnæa, known as miners' asthma, occurs. These cases are essentially chronic ones. He had only the day before seen a patient die with this disease who had been under his care for several years, and in whom no lesions but those of peribronchitis could be detected.

Many of these cases, however, in a chronic progress, do develop all the symptoms of phthisis. Slow alterations of structure occur, cavities form, and all the pathological conditions of the so-called fibroid phthisis are found on post-mortem examination. He, therefore, claimed that these cases are entitled to constitute a special form of broncho-pneumonia. He agreed with Dr. Pepper that acute or sub-acute broncho-pneumonia left sensitive areas, leading often to subsequent phthisis. In his observation, fibroid phthisis was not a true tuberculosis, but a chronic degeneration of lung-tissue, due to a pre.existing broncho-pneumonia, such as he had observed in anthracosis.

Dr. Osler said that his experience in many points tallied with that of Prof. Delafield. In the broncho-pneumonia of adults the pneumonic process, he believed, most usually spreads from the bronchi. He referred also to those cases of broncho-pneumonia which followed brain injury or disease affecting the pneumogastric centres. In such cases the disease was deeply seated, and we find that the morbid process often surrounds the bronchi, but does not involve the terminal alveoli. The reverse is true in the case of children, in whom the disease is more peripheral, is nearer, and may be just beneath, the pleura. He was glad that Dr. Carpenter had raised the point as to anthracosis. Dr. Osler had been able to examine several cases of this affection in its very earliest stages, and could testify that it begins in the bronchi and thence extends to the peribronchial tissues. It is primarily then a broncho-pneumonia, and in every case he had found small disseminated black lumps resulting from localized broncho-pneumonia, which, by their fusion and extension, produce a form of fibroid phthisis.

Dr. Tyson had little to add to what had already been said. He had, however, first expressed his gratification at the simple clearness with which Dr. Delafield had presented the question. Dr. Tyson had been very much impressed with the diversity of nomenclature of the disease under consideration, and it would be useful if we could agree upon some common term. For a long time desquamative pneumonia had seemed to him to be the best term, but from a study of the pathological histology, he thought the term peri-bronchial pneumonia more suitable. If now the adjective desquamative be added, we have a term which will be still more comprehensive and exact. Dr. Tyson thought that our understanding of the enormous peribronchial cellular infiltration would be much simplified if we lose sight altogether of the idea that there is essentially any form of inflammation except interstitial inflammation. He had come to the conclusion that there is no such thing as catarrhal or parenchymatous inflammation, the phenomena usually considered characteristic of these being secondary. The wandering out and massing of leucocytes is the one essential factor of the inflammatory process. He would like to ask Dr. Delafield where he would draw the line between this process and tubercular phthisis. He presumed that Dr. Delafield agreed with all other observers in admitting that broncho-pneumonia does sometimes terminate in tubercular phthisis, and when this occurs it is often difficult to say where the broncho-pneumonia ends and where the phthisis begins, although the extremes may be easy of recognition.

Dr. Formad would like to ask the lecturer's instruction how to distinguish broncho-pneumonia in its *chronic* form from *tubercular* broncho-pneumonia. Like Dr. Tyson, he felt that he was unable to draw a line of distinction between the two affections. Indeed, Dr. F. was unaware of a non-tubercular form of broncho-pneumonia in man until he saw Dr. Delafield's excellent records and representations of this lesion; this being explained by the fact that Dr. F. dealt almost entirely with the dead, while most of the speakers had shown that although broncho-pneumonia in its *acute* form was a common disease, it did not prove fatal in the vast majority of cases, the patients either getting well or the disease assuming a chronic course.

Dr. Formad fully recognized *acute* broncho-pneumonia as an independent affection, although he believed to have observed this lesion *post-mortem* only in dogs such as induced artificially by means of forced inhalations of a spray containing irritating particles. Dogs with such artificial broncho-pneumonia (even if tuberculous sputum was resorted to to induce it) Dr. Formad had observed always to recover within a couple of months; but if the dogs were killed before the end of the first month after the operation, the post-mortem showed invariably an acute broncho-pneumonia not distinguishable from that described by Dr. Delafield as occurring in man. Throughout the lung substance are seen small nodes of irregular outlines, in size resembling tubercles.

Under the microscope these nodules are shown to consist of mere unorganized collections of cells, often in a state of retrograde change and mixed with mucus and débris; this exudate being limited to the lumina of the bronchials and their pertaining groups of air-vesicles (the acini) which they fill. On section these artificial boundaries give rise to the appearance of nodes. Very often epithelial cells and mucus from the bronchi have been seen intermingled with the purulent contents within the air vesicles; this suggests that the exudate contained in the latter may have been partly aspired from the bronchi (during forced breathing) and was lodged in the air vesicles as foreign material.

These lesions have been mistaken by stupid observers for true tubercles. *Acute* broncho-pneumonia in man appears to be a lesion perfectly anologous to the one described above in dogs. The human disease once becoming chronic, its distinction from tuberculous broncho-pneumonia ceases.

Dr. Delafield, in closing the debate, said that all the speakers had brought out what was one of the most difficult points concerning broncho-pneumonia, namely, its limitations. Strictly speaking, every pneumonia is a broncho-pneumonia, and the application of the term to a certain group of cases is of course arbitrary. He believed, however, that the name is most properly employed to designate the group of cases which he had described.

In anthracosis there is a chronic bronchitis and also a chronic pneumonia, but yet the lesion is not, properly-speaking, a broncho-pneumonia.

He did not believe that the inflammation traveled directly from the bronchi to the air vesicles into which they entered, but that the appearances which simulated this were due to atelectasis.

He thought that the term catarrhal pneumonia was a very bad one, and that the air vesicles were structures entirely different from mucous membranes.

He did not believe that broncho-pneumonia was a form of phthisis or led to phthisis, but that phthisis had its own special anatomy from the very beginning.

PHILADELPHIA CLINICAL SOCIETY.

Stated meeting held September 26, 1884.

Dr. Clara Marshall read a report of two cases of imperforate anus with recto-vaginal fistulæ in the adult. The paper was reserved for publication by the reader.

A case of

Atresiæ Vaginæ with Retention of Menses

was reported by Dr. E. E. Montgomery. Miss F., æt. 44, single, of healthy parentage, was brought to my office July 5, 1884, by Dr. Sibbald, of Wissahickon, with the following history: She commenced menstruating at 16 and continued without disturbance until her thirtieth year. Two years previously, she had fallen upon a curbstone, receiving quite serious spinal injury, which lasted a year when she fully recovered. The menstrual periods, which were always regular, lasting from three to four days, normal in quantity and color, at thirty became painful. Since then the pain has been constant and increasing with each period. The discharge now lasts from seven to ten days, is of a dark bloody nature, and offensive odor. During the menstrual intervals, there is a continuous discharge of "corruption," as she calls it, necessitating the constant wearing of a napkin, and producing excoriation. All of these symptoms have been increasing during the past eight years, and she has been compelled to discontinue work a week or more at a time. She complains of a sensation of weight or pressure in the pelvis, attended with severe pain during defacation. There is no pain during micturition. Her nervous system has become much affected. Upon examination, the vagina was found relaxed, and the external parts red and bathed with secretion. The vagina was about two inches long ending above in a lateral cicatrix. No uterus could be felt. Upon withdrawal, the finger was found bathed with a dark, thick, highly offensive discharge. The use of a Sims's speculum disclosed a cicatricial line running from side to side across the fundus of the sulcus, just posterior to which the membrane looked thinner. Slight pressure against this with a sound perforated it, and was followed by a profuse discharge of broken-down blood and pus. A pair of Ellinger's dilators were then introduced and spread to their full extent; over four ounces of the fluid flowed out. The cavity was then washed out with a carbolized solution. In this cavity above the cicatrix the uterus was found retroverted and firmly fixed, forming the roof. The cavity was dressed with carbolized glycerine on cotton. Subsequent treatment was conducted by Dr. Sibbald. He informs me that there has been no difficulty since, and that she now feels perfectly well.

Dr. W. H. Parish: That the treatment adopted in this case was proper the result showed, though it was not in accordance with the treatment directed by the text-books. We are there told to puncture the cavity with a trocar and draw off the confined liquid drop by drop. This is undoubtedly wrong, and its disadvantages have been demonstrated in my own practice. The crucial incision is undoubtedly best.

Dr. Collins related the details of a case treated in the manner of the text books by exploratory needle, trocar, and drop by drop drainage. The cartilaginous membrane acting as septum was one and a half inches from the vulva and probably congenital. A crucial incision was made after drainage and the corners cut off; and no further trouble was experienced by the patient.

Dr. Montgomery, in closing the discussion, said: As Dr. Parish has said, the free incision is best, though it was precipitated in the case related by an opening occurring during examination. The danger of septicaemia is certainly increased by a small opening. A particular point of interest in this case was the lateness in life and the time that elapsed between the injury and the retention.

G. Betton Massey, M. D.
Reporting Sec.

Editorial Department.

Periscope.

The Treatment of Neuroses of the Viscera.

Dr. Clifford Allbutt thus terminates his excellent lectures on "Neuroses of the Viscera:" Although the basis of all therapeutics must be a clear diagnosis, yet, on the other hand, the most elaborate diagnoses are but laborious idleness if not made the means of cure. We cry out with the child in La Fontaine,

> "Eh! mon ami, tire moi de danger
> Tu feras, après, ta harangue!"

The beginning of all successful treatment must be to convince the patient of the true nature of his malady. Now, your neurotic is one who has no reserve. This want is probably due to a congenital instability of nerve, showing itself as waste, so ceaseless, that the reserve once dissipated is never reaccumulated. This reserve may have been spent in beneficent activities; or it may have been dissipated in fidgets, fretfulness, or shrewishness; in sleeplessness, in anxiousness, or in pain, according to the quality of the person. We are disposed to forget that the silent work of nutrition uses more force perhaps than many people expend in their neuro-muscular life; hence the early failure of the digestive resources in neurotics, hence the fall of the balance of nutrition below the needs even of a controlled expenditure. We know that good nutrition is the main source of steady work, good temper, and self-control; we know, too, that to trade daily only upon the supplies of the day is to court collapse; we must have more brain, more spinal marrow, more liver, more kidney, than we want for the day. must have stored-up force, partly for greater occasions, partly to secure the equable running of our machinery. A neurotic person is an engine with a light fly-wheel and a small furnace, whose work, therefore, is fitful and unsafe. In the early life of neurotic subjects, especially, we must hus-

band the reserve, we must control expenditure, and cherish nutrition. To heap up again a wasted reserve is always a long and laborious task, and, as years go on, becomes harder and harder. Many people, even when under middle age, never wholly replace their reserve, if wasted, let us say, by acute disease; so that this factor of steadfastness and safety is never wholly replaced. In an exhausted neurotic, the secret of treatment therefore is—by food, fresh air, exercise, and happiness—to lift up your patient from the invalid-couch, not for the day or for the month only, but to teach him so to manage expenditure and so to promote nutrition as to replace his capital. He must establish in himself the habit of a cool temper and rhythmical work, and root out the habit of wasting volumes of good worry upon forecasts of events which never happen, and on visions of unsubstantial things.

Unhappily, however, nine neuralgics out of ten are possessed by the belief that they are dyspeptics, and that the cure of their malady is to be found in some farther defalcation of their diet, in some new arrangement of it, or in the use of some new combination of stomachics. Once convince them that the stomach is the seat of neuralgia, and that any pain caused by food is as accidental as is the increase of pain in tic douloureux during the act of mastication; once let them realize that, so far from waving their dishes aside, like the physicians of Sancho Panza, you would rather prompt them to indulge as liberally as their impaired forces will permit; once persuade them to throw all their alteratives, their pepsines, and their mineral waters, to the dogs, and your battle is half won. I cannot read the lives of men like De Quincey or Carlyle without suspecting that a timely or untimely course of Fowler's solution would probably have deprived us of the letters of Mrs. Carlyle and of the "Confessions of an Opium-Eater." Assuredly a gastralgic can no more eat a good dinner than he can walk a league; but by careful advances, and the repetition of small, light, highly nutritious and social meals, he will eat his way upwards. The first dread of food over, he will begin to digest *con amore*, and he may perhaps be helped to this end by the aid of pepsine, though my patients seem to do nearly as well without it. In severe cases, the warmth of bed for a few days, or even for two or three weeks, is of great value; economy of work and economy of heat is thus secured. Many a case of neuralgia which had resisted all medicines, has been cured by a course of bed alone. The very common association of cold extremities with gastralgia, and, indeed, the oft-noted influence of chilled feet in setting up an attack, is an indication of the need for equable warmth. Dwindled meals fail to supply both heat and nutrition; and in extreme cases the Weir-Mitchell system, by stimulating nutrition, may reopen the fountains of warmth and vigor. The visceral neuroses again, like the rest, are aggravated by cares and sorrows, and by depressing conditions of life. Release from toils or worries, and a change of air and scene, take a leading part in the cure. Gastralgics as a rule do better inland than at the seaside. At the sea they are apt to become irritable or sleepless; but these ill effects are lost on withdrawing a mile or two inland. On the other hand, the high mountains are not favorable to neurotics; they fare ill at St. Moritz and Davos. Milder upland airs like Malvern or the Sussex Downs (dry sunny slopes a little remote from the seashore) suit them best. For how many patients can we write the prescription—to take two months' holiday, to withdraw from all toil and care, and to live in good company on refined and delicate food? And yet how potent are such means when all else may fail! Mr. Teale and myself tried in vain to cure a clever, impulsive, and overworked Leeds clothier of gastralgia, mixed with some actual dyspepsia, until we sent him on a sea-voyage. His own words on his return were: "After a few days, bile could not live in my stomach, and my tongue was as clean as if I had manufactured it myself." The only things necessarily to be forbidden are tea, coffee, tobacco, and the stronger meats, such as beef. Over many persons thus susceptible, tea has an evil power; it retards the pulse, and creates the horrible empty exhausted feeling, which seems as hard to bear as very pain. Alcohol I do not encourage in neurotics; that there is a little occasional help in it, I admit; but, on the whole, alcohol, drawing as it does upon the reserve fund which we wish to protect, is better away from persons who may learn to take it rather as a dram than as a small addition to meals; this error, in them, is a radical one. A like danger may follow the use of morphia, but severe cases cannot be treated without it. The repeated attacks so exhaust the patient, that it is only by economizing his forces with warmth, rest, and morphia, that he can retain any for the absorption of his food. Morphia may be given fractionally in ordinary mixtures, or periodically in larger doses, but in either case the remedy should be kept under the control of the doctor; in many cases it is even well to keep the patient in ignorance of the agent. For this reason I often order Dover's powder in pills, in order that the compound may not be recognized in the prescription as opium. Of other drugs, arsenic in gastralgia takes by far the chief place; indeed, it is hard to say how gastralgia was cured before the time of its introduction by Dr. Leared. Yet, even now, its power is not sufficiently well known, for, on turning to Dr. Ross's work on the "Nervous System," which I suppose to be the best in our language, I find no record of arsenic as a remedy for gastralgia; and Dr. Spender's rules for the use of the drug are too timid. Yet, after all, with soft nutritious food, warmth, rest, and lenitive or narcotic doses of opium, many cases of gastralgia still resist treatment. Oddly enough, a repetition of small blisters to the epigastrium may then be of service; and of other drugs, quinine, boldly pushed on, with belladonna, form a valuable combination; and so, again, do quinine and bromide of ammonium dissolved in hydrobromic acid. The infusion of the Prunus Virginiana makes an excellent vehicle for such mixtures. Not uncommonly gastralgia is a product of malaria. Of this nature I have two cases before me, and in one of them very large doses of quinine cured a most intractable gastralgia, which had resisted all other measures. Luckily, I knew my friend had traveled in the East, and had had ague there. The silver salts, again, are of undoubted use; with nitrate of sil-

ver I cured one case which had defied all my previous measures; of manganese, I have no experience. Of iron, I speak last; it has only been of much use to me in a few cases, for I do not, in fact, observe that anæmia, apart from the general lowering of all nutrition, has been so marked a feature in my cases of gastralgia as many authors definitely assert of their own. Where any distinct anæmia exists, iron, of course, is indicated, and often works a cure. Phosphorus is not so useful in gastralgia as its kinship to arsenic would lead us to expect; but the pharmaceutical compounds of hypophosphites now sold do, by virtue of some one or more of their constituents, seem to answer well. As the stomach gains vigor, cod-liver oil should be added to the dietary; it will help on nutrition and forward recovery. In a word, arsenic and quinine are the only specifics; and the rest of the treatment may be summed up in rest, sedation, nutrition, and tonics. Some gastralgics find that alkalies give them a temporary relief from pain, even in cases of neurotic and periodic type. It is not generally so, however, and the practice is not a sound one. When we leave the vagus nerve, when we leave asthma, angina pectoris, and gastralgia, we find that the specific powers of arsenic are no longer so trustworthy. In enteralgia it may have some value, but far less than in gastralgia; in enteralgia, quinine and belladonna seem best to forward restoration, though arsenic is, even here, by no means to be despised. In all visceral neuroses a most careful search must be made for any kind of peripheral irritation, and such irritation soothed and its causes averted. Of the infinite pains, moral and dietetic, which are needed for vomiting cases, I need not speak, for the management of them is sufficiently well known. The only unfamiliar drug which I can recommend for these cases is the walnut-spirit sold by Messrs. Corbyn and others. This medicine, which was indicated some time ago in the *Practitioner*, I have certainly found very useful in cases of neurotic vomiting. It must also be remembered that gastralgic vomiting is spasmodic asthma of the stomach, and that a few whiffs of chloroform, or a little subcutaneous morphia, may cut the one short as well as the other.

The Value of Recent Researches on the Blood-Corpuscles in the Pathology of the Anæmic and Lucæmic Diseases.

Before the last International Medical Congress, Dr. Laache (Christiania) read a paper on this subject. He said that the importance of the more recent methods of research on the blood-corpuscles lay in the greater precision with which the anæmic state could be perceived. By means of the methods introduced by Vierordt and Welcker, and improved and greatly simplified by Malassez, Hayem, and others, the physician was enabled to determine with accuracy not only the relative number of blood-corpuscles, but also the condition of the coloring matter of the blood.

1. In anæmia following hemorrhage, the number of red corpuscles, as well as the amount of hæmoglobin in the blood, might fall far below 50 per cent. without death being an immediate result, and without restoration to a healthy state being impossible, even when fresh blood was not added by transfusion. During recovery, the hæmoglobin was not, as a rule, formed so rapidly as the blood-corpuscles. In other forms of secondary anæmia, apart from complicating hemorrhages, the reduction of the amount of the blood was in general relatively small; cancer was an exception, but only when the nutritive power was essentially impaired.

2. In chlorosis, two forms must be distinguished, according to the condition of the blood-corpuscles; in one, pseudochlorosis, the blood-corpuscles were not at all, or in any case only very slightly, affected; in the second, true chlorosis, the alteration of the blood-corpuscles was beyond doubt, and sometimes very considerable. In the latter, as a rule, not only the coloring matter of the blood, but also the number of red corpuscles, was more or less reduced, especially the coloring matter. The diagnosis of the two forms was of practical importance, as it was in true chlorosis that iron exercised its well-known influence. The use of large doses of this medicine was attended by an active new formation of red corpuscles and of hæmoglobin, especially the latter.

3. In pernicious anæmia, the number of red corpuscles might fall below half a million in a cubic centimetre, without the immediate occurrence of death, and without the impossibility of recovery. In this disease, the condition of the red corpuscles was peculiar in this respect, that they were, on an average, larger and contained more hæmoglobin than in the normal state.

4. While the proportion of the white blood-corpuscles was inconstant in all the above-mentioned diseases, in leucæmia their increase was a predominant symptom. Their size was, for the most part, greatly altered. The red corpuscles might, even when the disease was strongly developed, retain their normal proportion; and, even when the disease had lasted for years, the reduction in their numbers did not of necessity reach an extreme degree in the three diseases mentioned above. Arsenic had a destructive action on the white blood-corpuscles.

Mud Baths.

Dr. O. E. Davis thus writes in the *Cinn. Lancet and Clinic*, October 11, 1884:

The principal mud baths of which we have any knowledge are in France, Germany, and Italy, a few resorts in each, and at Hot Springs, Arkansas, and Las Vegas, New Mexico, on our own continent. The *mud holes* at the thermal springs in New Mexico have been resorted to by the natives for over three hundred years, many of whom would travel on foot hundreds and thousands of miles to reach their favorite mud.

At these resorts, when mud-baths are given it is certainly in a very old-fashioned, primitive way. A cavity is scooped out of the mud, sufficiently deep to allow the body of the patient being received in it, the head and shoulders being slightly raised. Quite recently at Las Vegas they have some wooden tubs in a wooden shanty, where mud baths are given.

Mud baths excite the skin much more than liquid baths; they cause a greater degree of redness, bring out more eruption, and stimulate both the vascular and nervous tissue of the skin.

Mud baths are more active in their operation upon the human frame than those of the mineral waters, owing in part to the concentration of the saline principles and the greater pressure and tenacity of the application.

These baths are used not only with marked benefit, but with wonderful effect, in chronic cutaneous diseases, nervous affections, rheumatic gout, and in the stiffness and contraction of joints, the results of rheumatic gout.

Miraculous cures have been effected by their use in a great many ataxic difficulties, neuralgia, and paralysis, together with all forms of blood diseases, such as syphilis, scrofula, etc.

Having myself been for nearly five years a sufferer from blood poison, received in an operation for necrosis of tibia, and having consulted the best surgeons in America, whose directions and prescriptions I had honestly and faithfully carried out to the letter, and after having tested sea air and baths, and visited the Hot Springs of Arkansas, and the Mineral Springs of Michigan, being still an invalid, I was induced by friends to go to Las Vegas, New Mexico. When I reached the place I was suffering from a large ulcer upon the left wrist, involving the lower end of the ulna, the carpal and metacarpal bones. I had also numerous large ulcers upon the scalp, and a large one on the spine of left tibia, and a very painful exostosis of the internal malleolus of same limb. I was suffering greatly from rheumatic and neuralgic pains all over my body, and felt myself to be a total wreck, and that the time had come for me to pass to that undiscovered country. But thanks to the mud baths of Las Vegas, I am restored.

While taking the baths (of which I took sixty-eight), and watching closely their effects upon myself and numerous others, I was led to exclaim, Eureka! and reasoned in this manner with myself: I am poisoned; it makes no difference what the nature of the poison may be, it enters the circulation and floats with the blood to the entire organism, producing all the peculiar effects known to science of each particular poison. How am I to get rid of it? The system has but three channels through which poison may be eliminated, the bowels, the kidneys, and the skin.

The skin is the emunctory par excellence, and the huge poultice of mud opens the exhalants of the skin, and the poison, whatever it may be, is eliminated or deposited in the tub. These baths of mud at the springs are made of earth found near by, and through which the hot mineral waters have percolated for ages. The earth is a mixture of organic and mineral matter with vegetable debris.

These deposits are not inexhaustible, and the time is not far distant when it will all have been used.

The idea occurred to me, that organic matter, mud, bog, or peat, found in any locality, could by medication be made equal, if not superior, to the mud in use at the springs.

Medicated mud baths may be acid or alkaline, saline, sulphurous, ferruginous, mercurial, iodated, or bromated.

The mud now in use is made by medication, the same as the Las Vegas mud, but physicians can have them medicated according to their own formula, to suit each case.

Eucalyptus as a Dressing in Surgical Cases.

Dr. George F. Beasley thus writes in the *Fort Wayne Journal of the Medical Sciences* for October, 1884:

In all surgical dressing, the main features to be kept in view are simplicity and effectiveness.

By simplicity, I mean those that require no cumbersome or complicated means for preparation, that can be applied by the laity, or if needs be the patient.

To be effective, they should limit or relieve pain and inflammation, check sloughing, prevent or limit to the minimum the formation of pus, disinfect and counteract the poisonous, offensive odors arising from decomposing tissues. Lastly, they should be as cheap as possible. This is the goal towards which all have strlven during the past, and are yet pressing on in search of.

When Lister brought out and demonstrated his manner of surgical dressing, when he so extolled the virtues of carbolic acid, it seemed as though we had "found a pearl of great price."

But time and practice demonstrated the complicated minutiæ as taught by him were not necessary.

That cleanliness and free drainage, with disinfecting applications, were the ends to be sought.

That some persons were so unhappily constituted that carbolic acid was an irritant of such degree as to preclude its use. Among these unfortunates is the humble subscriber. With him, be the solution weak or strong, the result is the same—the development of an eczematous eruption on the hands which was far from conducive to an amiable temper, and caused a waste of words which might have been put to much betteruse.

I then found that for cleansing purposes plain hot water did as well as the carbolized, and the odor was much sweeter.

I then looked for something to replace the great disinfectant (carbolic acid). Iodoform, occupying as it does a prominent place in surgical therapeutics, was tried, alone, mixed with various substances in form of powder, and in ointments of varying strength.

But the diabolical odor which hung around, making life a burden to the sufferer and rendering him a nuisance to all in the vicinity, bade me seek further.

I tried the various balsams alone and in varying instances, with generally good results; but they were objectionable on account of their adhesive properties.

Eucalyptal preparations, occupying a prominent place as disinfectants, were tried with a result that pleased as well as surprised me; and so well have I been satisfied that I have used them almost exclusively ever since.

The preparation I have most used is the fluid extract, using it with various tinctures and with alcohol, forming a saturated tincture.

The mixtures which I have found of the most use are: with tincture opium, tincture ammonia and balsam fir, and mixed with cosmoline, making an elegant ointment.

In cases where there is contusion as well as laceration, the combination with tincture arnica gives the best results.

In injuries of the distal phalanges, when there is much suffering from the injury to the nerve

filaments, the combination with tincture opium relieves the pain. When there is laceration without contusion and incised wounds, I use it with alcohol. When first applied, it produces a slight stinging and in some slight burning sensation, which soon passes away. I use it in the following manner:

First, carefully cleansing the wound of all foreign matter with water as hot as comfortable—not the scalding-hot as recommended by some. Carefully examining all the soft tissues and placing in the position that will the least interfere with the circulation, then over it pour the solution, being careful that it penetrates all the recesses, and that all the raw surfaces shall be bathed. Then apply over the whole a layer of marine lint, which is to be kept moist with the mixture. The dressing is to be changed when the discharge makes its appearance at the edges, or there are constitutional evidences of imprisoned pus. Then remove, cleanse, and carefully re-apply.

It being slightly astringent, there is, during its use, a notable absence of the exuberant granulations so common in this class of cases. By its use, I am fully satisfied that the period of convalescence is materially shortened, and there is a notable absence of those odors so common in these cases. Under its use, when there is sloughing, the sphacelated mass becomes mummified, and is almost odorless. I have tried the preparation eucalyptol or the oil, but have found it was no better, while the cost was increased.

I might go on and give the treatment of various cases, but as that would be adding insult to your weariness, I desist.

Since I read the foregoing letter before the Society at Springfield, I have found this formula does the best:

℞. Fluid extract eucalypti, 2 ounces.
Alcohol, 6 ounces. M.

When used with the other tincture, the dressing becomes hard and difficult to remove. This is obviated in the above.

The Pathology of Uræmia.

The *Lancet*, September 27, 1884, very truly says that "the pathology of uræmia reminds one of attempts to thread a needle in darkness, the distance of the point of the thread from the eye of the needle being very difficult to determine. One year we are informed on good authority that urea may be injected into the system without serious results, and the next year the direct opposite is affirmed. This is but one aspect of the many-sided subject. The chief dispute in the pathology of uræmia is as to the nature of the toxic agent. MM. Gréhant and Quinquaud have returned once more to the question, and in an experimental method. Subcutaneous injections of aqueous solutions of pure urea have been employed in gradually-increasing quantities on frogs, guinea-pigs, rabbits, pigeons, and dogs. The result was constant for the different kinds of animals, and consisted in a more or less rapid death from tetanic convulsions, similar to those produced by strychnia. The most numerous experiments were performed on dogs. The toxic dose of urea in the blood was fixed with exactitude, and the influence of urea on muscular contractility was studied. Death always ensued when a dog received into its system 10 grammes of urea for every kilogramme of body weight, or, in other words, when a hundredth part of the body weight of urea was injected. The proportion of urea in the blood, as estimated just before or after death, was .6 gramme for every 100 grammes of blood, and the relative proportion obtained in all the other animals employed. In a case of anuria in a man the proportion of .410 per 100 grammes, and in another case of retention of urine .278; in a case of interstitial nephritis, the patient suffering from uræmic dyspnœa, it was .210, and in a case of uræmic coma, .215. Under the circumstances of the experiments, all the tissues of the animals were impregnated with urea, so that 100 grammes of blood yielded 613 milligrammes of urea; 100 grammes of liver, 580 milligrammes; 100 grammes of cardiac tissue, 311 milligrammes; 100 grammes of spleen, 662 milligrammes. The observers always noticed that the urea injected under the skin was never completely absorbed, even at the time of death, though death might have been delayed for ten hours. By exposing the sciatic nerve, and displaying the calf muscle, to the cut tendo Achillis of which a dynamometer was connected, the authors decided that uræmia does not increase or diminish muscular contractility. The blood of the dead animals, when submitted to distillation at a temperature of 40° C. *in vacuo*, furnished a liquid absolutely free from ammonia; the conclusion drawn from this experiment is that urea does not act as ammonic carbonate.

The Pathology of Myxœdema.

Before the last International Medical Congress, Dr. W. B. Hadden (London), in a paper on this subject, said that myxœdema was a disease characterized by a general swollen condition of the body. The appearance of the patients suggested ordinary dropsy, but the parts did not pit on pressure. The face was swollen and puffy, the lips and alæ nasi thickened, the eyelids œdematous-looking, and on each cheek there was a well defined flush. The general expression was placid and inert—in a word, cretinoid. The skin everywhere was dry and harsh; perspiration and the secretion of the sebaceous glands were almost absent. The hands were broad, clumsy, and spade-like. The hair was soft and scanty, and tended to fall out. The nails and teeth shared in the general mal-nutrition. The thyroid gland wasted, although it was difficult often to determine this, in consequence of the swelling of the tissues of the neck. Soft masses were usually to be felt in the supra-clavicular regions. The temperature was almost constantly sub-normal. The speech was slow, thick, monotonous, nasal. The tongue seemed to be too large for the mouth. There was general muscular feebleness. The gait was slow and tottering, and all movements were retarded. There was marked mental lethargy. An indisposition to all bodily and mental activity was one of the most striking features of the disease. The urea excreted by the urine was much diminished, but, with this exception, there was no constant change. In the latest stages, albuminuria and

true dropsy might supervene. Somnolence, insanity, impairment of memory, disorders of the special senses, and certain subjective sensations, were frequently experienced. The tongue, uvula, soft palate, and larynx were generally swollen, and difficulty in deglutition was often observable. The appetite was bad, and defacation usually difficult, in consequence, probably, of swelling of the mucous membrane of the rectum. The disease usually attacked adult women, but it occasionally commenced before the age of twenty, possibly sometimes in childhood. It occurred among rich and poor. Climate and race were probably without influence. Syphilis and excess of alcohol had no share in its causation, but permanent mental disturbance and exhaustion from excessive childbearing were occasional antecedents. As regarded family history, phthisis was remarkably frequent, acute rheumatism and insanity occasional, and, in at least one case, myxœdema had been observed in the collateral relatives. As to morbid anatomy, the constant factor was a diminution in size of the thyroid gland. According to Dr. Ord, there was solid œdema of the connective tissue throughout the body, and a great increase in the amount of mucin; hence the name myxœdema. The author believed that the disease was probably dependent on change in the sympathetic nervous system, and he thought it not unlikely that the thyroid was in some relation with the peripheral sympathetic nerve-fibres. This view had recently been borne out by *post-mortem* evidence. Improvement had occasionally been effected by drugs, especially jaborandi.

Case of the Restoration of the Natural Color of Human Hair, After Having Been Gray for Several Years.

Dr. Vandeleur C. Isdell thus writes in the *London Medical Times*, November 15, 1884:

"In conversation with Dr. George Harley, F. R. S., of London (during his homeward voyage from attending the recent meeting of the British Association in Canada), regarding the changes in color which occasionally take place in human hair, I mentioned a curious circumstance in connection with the restoration of color with which I am intimately acquainted, from its having occurred in the case of my own father, Dr. James Isdell, of Dublin.

"The main features of the case are the following:

"In the year 1861, when at the age of 62, both the hair of his head and beard were completely gray; whereas in 1882, that is to say, 21 years later, when he died, at the age of 83, the hair of his head was of its original dark color, the whole of it being quite dark, with the single exception of a few gray hairs on each temple.

"Unfortunately, as regards the condition of the beard at the time of his death I can say nothing, from his having shaved it off many years previously, and never allowed it to grow again.

"I may mention that my father had been a teetotaller for upwards of 40 years, and that his mode of life had been an exceedingly regular one. Moreover, no constitutional or other reason, that I am aware of, could be assigned for this strange freak of Nature in restoring to its natural color my father's hair, after it had become decidedly gray; and it is on account of authentic cases of this unusual occurrence being exceedingly rare, that, at Dr. George Harley's suggestion, I send you this brief history of the case, as I think it may be useful to persons collecting data in connection with the anomalies of hair coloration."

Reviews and Book Notices.

BOOK NOTICES.

A Manual of Dermatology. By A. R. Robinson, M. D., etc. Cloth, 8vo., pp. 647. Price, $5.00. New York, Bermingham & Co., 1884.

The author in a measure disarms criticism by saying at the outset that this is not the *magnum opus* that he is preparing to offer the public, but a compilation prepared for a temporary purpose. Judged by that standard, it is well enough done. That is to say, it is the production of a well-read specialist, who has carefully considered the recommendations of the leading dermatologists, and has tested them in a discriminating manner in his own practice. It is a judicious rehearsal of what the best authors have to say on the symptoms, diagnosis, and treatment of diseases of the skin.

The paper, printing, and other details of the manufacture of the book, are quite satisfactory, except the printing of some of the illustrations, which betrays a negligence in underlaying.

The Science and Art of Surgery. A Treatise on Surgical Injuries, Diseases and Operations. By John Eric Erichsen, F. R. S., LL. D., F. R. C. S., etc. Eighth edition. Revised and edited by Marcus Beck, M. S. Vol. I. H. C. Lea's Son & Co.

Erichsen's "Surgery" needs no introduction from us. A text-book that for more than thirty years has steadily grown in favor with both practitioners and students is too well known and too highly esteemed to require laudation or to be exposed to criticism. It is sufficient to say of this edition that it has undergone a thorough revision not only by the author, but by several assistants in special departments, and by the general editor, who took especial charge of the portion on pathology. It is safe to to say therefore that the most recent conquests of this progressive art will be found incorporated. Such we have ascertained to be the case on an examination of the text.

We must express our regret, however, to find the work divided into two volumes, and each of them of a discouraging bulk. This first volume has 1124 closely printed pages. The distinguished author always pleased his readers with his happy faculty of condensing without forfeiting instruc-

tiveness. Now, between author, editor and assistants, that eminent merit is no longer present. Would that he had kept before his eyes the example of the great SYME, the last edition of whose surgery was shorter than the first, and it is needless to add, better also. It is a great deal easier to write with prolixity than with brevity, but the reader has to pay in more senses than one for the writer's amplification.

The Principles and Practice of Midwifery, with some of the Diseases of Women. By Alexander Milne, M. D. Second edition. Cloth, 8vo., pp. 371. Price, $2.00. Bermingham & Co., New York, 1884.

By the use of small type and a careful condensation of his material, the author presents in this handy little volume a full treatise on obstetrics. The illustrations are fairly good, and the typographical presentation of the text judicious.

The author belongs to the Edinburgh school of obstetricians, a school of ancient renown, and that still maintains its prominence. It has, however, some traditional beliefs and customs which are not accepted by the rest of the world. We do not know whether to attribute to such local influences, or to a want of recent revision, the backwardness of the chapters on anæsthesia, maternal impressions, and some others. The practical instructions, however, will be found satisfactorily set forth.

A Naturalist's Ramble About Home. By Charles C. Abbott. Crown, 8vo., pp. 485. New York, D. Appleton & Co.

What a world of animal life is in busy activity around us, even in thickly settled country places! What untiring sources of entertainment are furnished by its study! What extraordinary parallels do the passions and emotions of the lower animals bear to our own! What man with the use of his senses can complain of the dullness of country life!

Such are some of the thoughts that rise in the mind in laying down the volume whose title is given above. It is the unassuming record of one whom nature has admitted to her inner circle, of one to whom the songs of woodland birds and the hidden ways of the denizens of groves and brooks, and the mysterious night wanderers of the fields, are better known and better liked than the strife of the mart or the dispute of the schools. There are passages in it redolent of that intimate insight into nature's higher phases which Wordsworth possessed and Thoreau affected. But the author's insight is not merely that of the lover of nature. It is that of the scientific mind, as when he writes: "Most of the great problems of biology can, after all, only be solved by careful study of animal life in its native haunts."

In these rambles the writer first takes up the mammals in his neighborhood—the mice, the squirrels, the minks and weasles, and such like creatures. One of them is the opossum, whom he considers does not "play 'possum," but is in reality paralyzed by fear. His argument here is less satisfying than usual. The same phenomenon is observed in various insects, and seems to be a veritable voluntary hypnotism. The migration of birds, the architecture of their nests, their hybernation, and their language, furnish themes for entertaining chapters. The loves of turtles, the affectionate disposition of snakes, the strong parental feeling of fishes, the vocal sounds they produce, their games, and their cannibalistic tendencies—these and many other curious traits of the many beings who pursue their various lives unobserved around us, are related with the fresh flavor of personal observation in the enticing pages of this volume.

It cannot fail to be welcome to every naturalist, and can scarcely fail to turn all its readers into naturalists who are not so already.

Doctrines of the Circulation. A History of Physiological Opinion and Discovery in Regard to the Circulation of the Blood. By J. C. Dalton, M. D., etc. Cloth, 8vo., pp. 296. Philadelphia, H. C. Lea's Son & Co., 1884.

In the progress of physiological study no fact has been of greater moment, none has more completely revolutionized the theories of teachers, than the discovery of the circulation of the blood. This explains the extraordinary interest which it has to all medical historians. The volume before us by the distinguished New York professor, is one of three or four which have been written within the last few years by American physicians. It is in several respects the most complete, and in the appendix gives a number of extracts from original sources which are very satisfactory to the reader.

The author explains what seems so obscure—that so many eminent physicians of the age following Harvey refused to accept the doctrine of the circulation. He intimates that many of our terms, such as "reflex action," "animal ferment," and the like, may appear to posterity quite as meaningless as does the distinction between "vital spirits" and "animal spirits" to us.

The volume, though small in size, is one of the most creditable contributions to America from an American pen to medical history that has appeared.

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A PECULIAR CASE OF SUFFOCATION.

In a meeting of the Berlin Medical Society of October 15, 1884, Prof. Ewald reported the following case of suffocation, that had been brought to him the day previous for the purpose of post-mortem: In Berlin is an institution for old and destitute women. Many of those who there live the rest of their days, evince peculiar animal instincts; while eating, they often are afraid of each other and swallow their food with such a haste, that it has happened more than once, that a large piece entered the larynx and the life of the individual could only be saved by the rapid extraction of the food. The day previous, Professor Ewald was sent for in haste to attend one of these old women, who had suddenly sunk down unconscious on her chair. Her face was completely cyanotic, the pulse could not be felt, and the patient gasped but a few times when he arrived. E. at once pushed his finger into her throat, but found, to his surprise, not only the entrance to the œsophagus open, but also nothing in the larynx. As cyanosis and unconsciousness still continued, E. performed within a few minutes tracheotomy, and then pushed a female catheter through the opening. He was still more amazed, when he found the passage upward and downward unimpeded. The patient meanwhile died.

The post-mortem showed the following interesting condition: The patient had suffered from a well and evenly-developed goitre of the fibrous gelatinous kind. This tumor was far greater behind than in front, and had exerted backwards such a pressure that the trachea was bent at an angle, thus producing a stenosis of the œsophagus to a degree, that it was difficult to force the finger through the narrowed part. Above this stenosis the œsophagus had formed a kind of cavern, and in this cavern E. found a large piece of meat. From here a small elastic band had pushed itself between the two Santorini's rings, and there placed itself in such a position as nearly completely closed the entrance to the larynx. It was thus impossible, during life, even to guess the real condition of things. Remarkable was only, what E. had, however, also noticed in similar cases at

this institute, that the agony was so extraordinarily short and mild; and he thinks he can attribute the fact to the lowered vital energy of the women, as they all are far advanced in age.

The physician who has to perform all post mortem examinations in Berlin of cases of violent death, Dr. Limau, remarked that it is by no means rare that persons are said to have died of apoplexy, when after death he discovered that food had accidentally entered the larynx and thus caused death by suffocation. In such cases he usually found the food lodged in the larynx, and closing the entrance to the trachea. In one single case Limau discovered a piece of plug-tobacco, which had passed through the larynx and trachea and lodged in the bronchus. With reference to Ewald's remarks, that the easy manner of death was to be ascribed to the old age of the women. Limau related the case of a young and vigorous Englishman, who died in his presence without evincing the least agony. In this case the man suffered from an infiltration of the cellular tissue of the neck, compressing the trachea and producing œdema of the glottis. Limau believes, therefore, that there must be still other factors besides old age, which cause the death to appear so rapidly and without any sign denoting violence.

TREATMENT OF LUPUS.

In the clinic of Dr. Schultz (Krenznach) for skin diseases, patients affected with lupus are treated in the following manner, as we learn from a report published by Dr. Ritter in the *Allg. Med. Centr. Zeit.*, 53, '84:

A ten per cent. watery solution of permanganate of potash is brushed with a camel's hair brush on the diseased skin, until a thin black crust has formed. This procedure is repeated daily or every second day; if the latter, according to the sensitiveness of the patient, either simple cerate or a salve made of one part permanganate of potash to twenty parts of fat, is employed on the free day. Under this very little painful treatment the nodules are gradually softened, so that the whole lupus tissue can finally be wiped off with cotton. This mode of treatment usually reaches the desired result within from eight to ten weeks, but the course may be greatly shortened by scraping off the diseased epidermis with a sharp spoon. The scars, which form under this procedure, are characteristic by their thinness and smoothness. Relapses are rare, and rapidly yield to the same method of treatment, which in lupus erythematodes has been employed with the same uniform success. In cases of universal lupus, besides the local application of permanganate of potash by aid of the brush, the same remedy is also added to the baths, which the patient receives daily or every second day. Here about two and a half drachms of the drug are added to each bath.

The treatment of lupus at this clinic has gained such a reputation that patients suffering from it come a great distance to be cured, and all are astonished at the rapidity of success and the mildness of the method. They usually are patients who were afraid of the knife.

ANTIPYRIN AND ITS EXANTHEM.

The effect of antipyrin, of which febrifuge the MEDICAL AND SURGICAL REPORTER has recently published a number of observations in its favor, has now also been investigated in the clinic of Prof. Kussmaul, in Strassburg. The chief of his clinic, Dr. A. Cahn, has reported the results in the *Berl. Klin. Wochensch.*, 36, 1884.

The remedy was administered in cases of acute febrile diseases, as typhoid fever, croupous and catarrhal pneumonia, erysipelas of the face, and pleuritis. In no case has it failed to reduce the temperature, and when the latter again increased no chill announced the higher temperature. In some cases of pneumonia, where on the fifth or sixth day larger doses of antipyrin had been administered to the patient, the temperature continued for several days subfebrile, though the condition of pulse and respiration proved that the crisis had not yet set in. This observation seems to indicate that antipyrin is not only a symptomatic antifebrile remedy, but has also a direct influence upon the whole morbid process. The peculiar antipyrin-erythema, which had already

been noticed in the clinics of Breslau and Zurich, was also met with in Strassburg, especially in those suffering from typhoid fever. This erythematous eruption made its appearance without any subjective phenomenon, and without in the least influencing the course of the fever; it consisted of round, red, slightly elevated spots, their redness yielding to pressure. The extensor surfaces of the extremities showed more such spots than those of the flexors, and the back more than the chest and the abdomen ; head, palmar-surface of hand, and the sole of the foot were exempt. On omitting the antipyrin the eruption became pale and ceased, to reappear on the resumption of the remedy.

A PECULIAR CASE OF INFECTION.

That iodoform does not destroy the poison of the soft chancre, may be inferred from the following case, which Dr. E. Lesser, of Leipsic, reported in the *Viertelsjahrsch. f. Dermat. u. Syph.*, 1, 2, 1884:

In consequence of a cut. a young girl had a small wound on the anterior surface of the right forearm. To try the rapid healing generally induced by iodoform, some of it in powder form was brushed over the wound with a camel's-hair brush, which, as was later discovered, had been used on the previous day on a patient suffering from soft chancre. Two days later the wound of the girl had changed to a deep ulcer of the size of a pea, and its appearace as well as further progress completely harmonized with those of a soft chancre.

L. remarked that he cannot say for certain that iodoform does not destroy the virus of the soft chancre, as he does not know how intimately the iodoform had been mixed with the discharge from the sore. The case teaches us to be careful with those of our instruments, may they be brushes, probangs, scissors, knives, or anything else, which we employ in cases of specific ulcerations. It would be safer if physicians would keep a special set of instruments for cases of syphilis, and it is only remarkable that not oftener an infection is caused in such a manner. Regarding lunar caustic, which, perhaps, of all things used in a physician's office, is the one most likely to be promiscuously employed, it has never yet been determined whether the specific virus, where in contact with the virus, is effectually destroyed or not, though we may presume that it is.

NOTES AND COMMENTS.

A Remarkable Case of a Juvenile Earth-Eater.

The following case, which Dr. Clement Dukes reports in the *Lancet*, November 8, 1884, possesses considerable interest:

"P. B——, aged five years, residing quite in the country, was brought to the Rugby Hospital on December 18, 1883, by her mother, who carried with her in a bottle a characteristic specimen of the common round worm, ascaris lumbricoides. The mother gave the following history: Two years ago the child did not seem well, and after a day or two she became sick, and threw up a large round worm. The mother then gave her a dose of castor oil, and she passed by the bowel three more. A week after this the mother noticed that the child ate the soil in the garden, or that by the side of the road. To stop this vicious habit the child was kept indoors and scolded and whipped, but without effect; for whenever the mother was engaged in her household duties, the child would immediately run out and eat the dirt. She always said, when reprimanded, that she ate the earth to relieve the gnawing pain in her stomach. So urgent was the demand for this soil-eating that the child would, if she could get earth, eat sand, would pick the mortar out of the walls between the bricks; and she would even store a supply in her pocket to eat at her leisure, when she could not get out to obtain it. She has continued to eat the soil, in spite of continual punishments, until the time of her entrance into the hospital on February 12, 1884, when she ceased, as far as could be ascertained, to eat the soil. The mother states that she would put the earth in her mouth, suck it, and then swallow it. She further states that during the two years of earth-eating she has brought up or passed by the bowel about a hundred large round worms. From the number I have seen myself, and from the respectability of the mother, I fully believe this statement. While in hospital she passed many, but under santonin they failed to come away ; and after being without any for a month, and having become fat and strong, I discharged her on April 10, 1884, as I thought cured. But on May 2d, her mother

brought her back, she having passed another worm, but she had not again taken to eating earth. During the child's stay in hospital her perverted taste had apparently been cured. I re-admitted her, when she soon passed a worm, and vomited another; but under two-grain doses of santonin three times a day, which she took for several weeks without physiological effects, she gradually ceased passing any more, and regained her health, strength, and good looks.

Cobbold says round worms are rare in British practice, and usually only one occurs; this is my experience. But he also records that Mr. de Morgan had a patient at the Middlesex Hospital from whom thirty-seven were expelled. After the little patient's return to the hospital, I examined the well water microscopically, but failed to find any eggs of the round worm. On October 4th I again saw the child by accident. She was looking well, and had not been troubled with more worms, nor had she again taken to earth-eating."

The Treatment of Retro-uterine Hæmatocele.

From a foreign exchange we learn that in a paper ublished in a recent number of the *Archiv. für Gynäkologie*, Dr. Paul Zweifel advocates more frequent intererence with these effusions than has hitherto been considered good practice. It seems to us, however, that the facts he adduces do not strongly, if at all, support his contention. He advises incision per vaginam, under antiseptic precautions, followed by frequent washing out of the cavity in which the blood has been contained. He relates four cases of his own in which this practice was followed: three got well, and one died. He quotes from other sources 24 cases treated by incision per vaginam, of which five died. In two of these cases death occurred by sudden collapse following the washing out which Dr. Zweifel recommends. As he thinks the washing out was not done in these cases in a proper manner, our author eliminates these two, and reckons, including his own, four deaths out of 26 cases, or a mortality of 15.3 per cent. In our view, however, the two omitted cases ought by no means to be lost sight of, for the washing out of such cavities is not a thing to be done with perfect confidence in its safety. Our own impression is that most cases do just as well without it. Dr. Zweifel then adduces a collection of 66 cases treated by puncture, with 10 deaths, or 15.1 per cent.; a result much the same as that gained by the practice of incision. Bearing in mind the fatal cases of injection, puncture seems to be the safer practice. Lastly, Dr. Zweifel gives for comparison a collection of 129 published cases treated on the expectant plan, with a mortality of 18.4 per cent. But it must be remembered that published cases available for comparison contain an undue proportion of fatal cases, and of cases in which the hæmatocele discharged into a mucous tract; for it is only in such cases that (independently of treatment) the diagnosis is certain. It is familiar to every gynæcologist that small pelvic tumors, accompanied with the history and having the signs of hæmatocele, are very common, and generally get soon well, the mortality among such cases (of which the diagnosis, although not scientifically certain, is yet as sure as that of the cases calling for operation) being nothing like 18 per cent. We regard Dr. Zweifel's figures, combined with daily experience, as confirming the old rule, not to meddle with hæmatoceles unless urgent symptoms, either of pressure or pyrexia, are present. We agree with him that, if we do anything at all, a free incision is best; but the subsequent washing out adds a new source of danger, and, if free exit for discharge be maintained by a drainage-tube, it is not required. If an India-rubber tube will not keep open, a glass one can be used.

The Treatment of Wounds.

At a recent meeting of the Sheffield (England) Medico-Chirurgical Society, Mr. Garrard read a paper on this subject, in which he said that he thought we owed a debt of gratitude to Sir Joseph Lister, whether we adopted his treatment of wounds or not, for he had been the means of bringing home to every surgeon the importance of personal attention to every detail of dressing as well as absolute cleanliness, thus making it possible for the humblest provincial surgeon to obtain results equal to those of the most eminent, except in such cases as opening large joints and deep cavities, as empyema, psoas and other deep abscesses connected with carious bone. He did not adopt his method in all its details, believing that as good results were obtained by simple means. In amputations and other large wounds, he washed them first with hot iodine water, as recommended by Mr. Bryant, and then dressed with dry absorbent cotton, drainage, when necessary, and gentle elastic pressure, keeping the wound always dry. He considered the absorbent cotton impregnated with salicylic acid was much better than the favorite gauze, which was not sufficiently absorbent to keep the wound dry. Taking the last seventy-nine cases at the Rotherham Hospital, and excluding four who died in a few hours from very severe injuries requiring

double amputation, there were four deaths. One was an old man, who had both legs amputated for severe injury, and died on the fifteenth day; another on the sixth day, after herniotomy, the hernia having been strangulated eight days before admission; the bowel sloughed. Neither of the two other cases died from blood-poisoning. For the arrest of hæmorrhage Mr. Garrard, whilst admitting that the catgut ligature was an excellent method, much preferred torsion, which he always adopted, believing it to be the simplest, the nearest approach to nature's own method, and not liable to be followed by secondary hæmorrhage. He had never seen an artery bleed again after having been once properly twisted, and had never had to reopen a wound on that account.

The Physiological Effects of Tobacco Smoke.

From the *British Medical Journal* we learn that Dr. Zulinsky has recently published, in a Polish medical paper, the result of a large series of experiments on men and animals made for the purpose of ascertaining the physiological action of tobacco smoke on animals. He has found that the smoke is a powerful poison, even in very small quantities. In the case of man, tobacco smoke, when not inhaled too freely, is only deleterious to a limited extent. Zulinsky declares that the poisonous character of the smoke is not entirely due to the nicotine which it contains. Tobacco smoke rendered free from nicotine remains poisonous, though not to so great a degree as before. The second poisonous principle is an alkaloid, colidin. Carbonic oxide, hydrocyanic acid, and other noxious principles, are also contained in tobacco smoke. The bad effects of excessive smoking depend very much both on the kind of tobacco consumed, and on the manner of consuming it. In cigar smoking the greatest amount of poison is inhaled, in cigarettes much less, in pipes still less, whilst those who indulge in the nargileh, or any similar luxury, where the smoke is drawn through water, take tobacco in its least mischievous form. Such are Zulinsky's conclusions. There can be little doubt that many of the light-colored tobaccos have been partially bleached in order to give them that pale tint which moderate smokers believe to be an infallible indication of mildness. The decolorizing agent is suspected to be, in many cases, a deleterious chemical compound. Some of the light tobaccos smoke exceedingly hot, owing to the quantity of of woody fibre which they contain. This is especially the case with "bird's-eye," which is cut near the stalk of the leaf, the slices of the midrib, thick in this part of the leaf, giving this variety of tobacco the characteristic appearance from whence it derives its name. "Bird's-eye" is very apt to cause slight inflammation of the tongue, on account of the irritant character and heat of its smoke; and, together with other light tobaccos, must act very prejudicially in elderly smokers, who may be prone to cancer of the tongue or lip. Dark tobaccos are readily adulterated; but when pure they are probably the most wholesome for pipe-smoking.

Introduction and Extraction of Needles.

M. Després, in a lecture which he delivered at La Charité (*Gazette Médicale*, May 17), made some interesting observations. A young woman striking a table with the palm of her hand thrust a needle into the base of her middle finger, and this, striking against the first phalanx, broke and became fixed there. When seen two days afterwards, the fragment of needle had completely disappeared amidst the inflamed tissues. On pressing at the base of the middle finger, however, a foreign body, pressure on which occasioned pain, could be felt. An incision was made at this point, and a fragment of needle, measuring 1½ centimetre, removed by the forceps. Here the incision was justified by the fact that the foreign body was firmly fixed. The subject of a second case was a young woman into whose breast a needle was driven obliquely by a blow, and entirely disappeared under the skin. Guided by the patient, the presence of the needle could be ascertained; but in this case an incision for its removal would be improper, for the integuments of the breast are so mobile that an incision made in the skin would not correspond to the foreign body. The presence of the needle having been exactly determined, we should seize it in its length and make pressure on its two ends. At one of these we may perceive a slight cracking sound, and here the patient also feels a sharper pain than elsewhere, aud this is the point of the needle. If we now press firmly upon the other end, this point will be forced through the integument, and can then be seized with a forceps. An incision should never be made except when the body is fixed in the tissues, as in the first case. One caution must be borne in mind, and that is, we should never attempt an extraction on the mere statement of the patient that a needle is present in the tissues, and when we are unable to verify its presence; for sometimes persons declare that they have needles in their tissues when they have not; or when we are consulted the needle may

have already migrated to another part of the body, this migration sometimes taking place very rapidly.

Pathology of Alcoholic Paralysis.

To the Pathological Society of London (*Medical Press*, October 25, 1884):

Dr. W. B. Hadden showed specimens from two cases. The first was a woman, aged 33, who had been a heavy drinker. She had a loss of memory for three months, and ten days before her death came for loss of power in legs, and œdema. She had retention of urine, and was noisy and delirious. There was no power in her legs, but no tremor, the reflexes were absent, and the muscles of the legs did not respond to the electrical current. The liver was enlarged. At the *post mortem*, generalized tuberculosis was found, and ulceration of the intestine. The medulla and brain were normal, also the spinal cord. The second patient was aged 42; and her father had died of diabetes. She had suffered from delirium tremens; she could not walk alone. There was no loss of power over bladder or rectum. Her limbs were cold, the arms wasted; there was drop-wrist, the extensors being more affected than the flexors; the interossei were affected. The reflexes were absent, the muscular sense was normal, there was no anæsthesia of the trunk. The legs were emaciated, drawn up, and she could not bear to have them touched. At the *post mortem* examination there was some atheroma of the aorta and a little broncho-pneumonia. The liver was cirrhotic, the brain healthy, and the cord, on microscopical examination, was also healthy. The sciatic nerve showed the tubes much reduced in size, and the medullary sheath and axis cylinders reduced also; there was no segmentation of the myelin. There was some thickening around the nerve tubes. The right gastrocnemius showed absorption of the muscular fibres with interstitial fat in considerable amount. Thus in both cases the cord was healthy, confirming the view that the disease was one of the peripheral nerves. In another case he had found atrophy of the hypoglossal nerve. The association of cirrhosis of the liver and general tuberculosis was found to be common in these cases.

Tetanus Treated by Ether Spray.

Dr. Bouteillier has communicated to the *Progrès Médical* a case of traumatic tetanus and another of chorea treated successfully by him, with the application of ether spray in the spinal column. A man whilst driving struck his horse with the end of the reins, and received the *contre-coup* upon the third finger. A small wound, which bled profusely, was the result, and a week afterwards cicatrization was complete. However, his business called him out again, and he had to make a long journey when the weather was very cold. On returning he felt great oppression, and two days afterwards he could with difficulty open his mouth, and in the night of the same day he was seized with constriction in the chest every five minutes. When Dr. Bouteillier arrived, he found the patient motionless in his bed, the jaws tightly shut, and the lateral muscles of the neck contracted, opisthotonos well marked. A purgative was ordered, and pulverizations of ether on the spine every hour for five minutes at a time. The next day the patient was notably better. Calabar bean according to the formula of Watson was also administered. From this time the attacks diminished, and the ether spray was kept up every two hours for a few days longer, when the patient was considered entirely convalescent. The second case was no less striking. A boy, æt. 11, was suffering from well marked chorea, for which he was treated with opium, bromide of potassium, arsenic, and calabar bean, for five weeks without the slightest advantage. It was then that the author thought of the treatment of Lubelski. Ether spray was applied to the spine morning and evening from three to five minutes at a time. The second day the boy was better, and at the end of a fortnight of the treatment all chronic symptoms had ceased, and never returned.

Mullein Leaves in Phthisis.

We have already adverted to the experience of Dr. Quinlan on this subject, and as of interest in this connection, we note what Dr. J. B. Richardson says in the *Brit. Med. Jour.*, November 8, 1884:

"About twelve months ago I first tried this remedy; and, since that time, I have given it to eighteen persons. Fourteen were cases in one or other stage of phthisis, and four were ordinary healthy children, varying from 10 to 14 years of age. Of the cases of phthisis treated with three ounces of the leaves boiled in one pint of milk, to be taken in the morning, some increased in weight, and others did not do so during a fortnight's trial; but when the milk was given alone, the result was the same; or if there were any difference, it was slightly in favor of the milk treatment alone. I think this was due to the want of appetite produced by the mullein leaves. In the four children, during one fortnight on the

mullein treatment, the increase was, on an average, half an ounce a day. On the treatment of milk without the leaves, the result was exactly the same. I then treated them on mullein leaves for one week, and milk only for another. The result was an increase, but not so great as before. The children were poor, and not well fed. I should like to hear the opinion of other members of the profession on this treatment. I have, perhaps erroneously, but as the result of the above experiments, come to the following conclusions:

"1. The taste of the leaves is very disagreeable, and it is difficult to get patients to take the mullein.

"2. Mullein tends to do away with the appetite of patients taking it.

"3. It does not so nourish the body as to cause increase of weight.

"4. In the treatment of phthisis it is useless."

Sulpho-Carbol, the New Antiseptic.

From the *London Med. Times* we learn that M. Pierre Vigier, the able writer of the "Pharmaceutical Contributions" in the *Gazette Hebdomadaire*, giving an account (in the number for Aug. 8) of a paper on a new antiseptic, read at the Société de Biologie, by M. Ferdinand Vigier, a *pharmacien* of Paris, observes that the fact of its author being his near relative is an additional security for his examining the pretensions of the substance to an important position. The substance in question is orthoxyphenil-sulphurous acid, which may be more conveniently named *sulphocarbol*, as more simply indicating a combination of sulphuric acid with carbolic or phenic acid. The antiseptic and antifermentative properties of this compound are remarkable, and it has the advantage over carbolic acid of being soluble in water in all proportions, and of being neither poisonous nor caustic. It is a syrupy, rose-colored liquid, of a pungent odor, but no wise disagreeable in solution. It is volatilized in a water-bath, and may be used for fumigation. It was discovered in 1841 by Laurent, and has since then engaged the attention of many chemists. Recently its properties have been investigated by M. F. Vigier, with the assistance and in the laboratory of M. Laborde, and its great antiseptic powers have been duly demonstrated. It may be given internally also, in syrup and water, in doses of from one to five grammes daily. Indeed, being an inoffensive product, its doses may be increased *ad libitum*, which of course is not the case with carbolic or salicylic acids.

Alcoholic Injections in Uterine Hemorrhage.

Dr. Thomas F. Hopgood, in the *Brit. Med. Jour.*, October 25, 1884, says:

"It is always useful to know any remedy which can be used, upon the spur of the moment, in cases of uterine hemorrhage; and it is useless to talk about injections of cold or hot water, when there is no injection apparatus at hand to use. So also is it with perchloride of iron and subcutaneous injections of ergotine; but if you do not go prepared with these remedies, the patient in most cases would be dead before they could be obtained.

"I have used the strong perchloride once, with perfect success, in a very bad case, taking it with me in a case of *post-partum* hemorrhage: once in a case of this accident, which recurred after twelve hours; and once when the patient died, it arriving too late to save life. Being driven into a corner over a case where most severe hemorrhage took place immediately after the placenta was expelled, the blood running off the bed into the room—one woman who was present fainting and another running away—I caught hold of a bottle of whisky, which was standing near the washstand basin, and pouring half the spirit into the basin, I soaked a napkin and introduced it into the uterus, when I had the satisfaction of feeling the uterus immediately contract; the hemorrhage ceased, and my patient made a good recovery. I have used this treatment several times since, and with the same result.

Death From Methylene.

Our ordinary anæsthetics are sometimes dangerous, and it is well that we should realize this fact. Hence we note the following case, which Dr. W. A. Buchan reports in the *Lancet*, November 15, 1884:

"John B——, aged nineteen, a miner, was injured six months ago by an explosion of gunpowder while he was "tamping" a hole. A number of pieces of stone were blown into his arm, and his right ulnar nerve was divided. On September 19th, he was put under methylene, and several pieces of stone were removed. On that occasion he took the anæsthetic perfectly well. On October 17th he was brought into the theatre for suture of the ulnar nerve, when methylene was given on a leather mask. The patient took the anæsthesia badly from the commencement, struggling violently, and it was with difficulty that anæsthetic was induced. The pulse during the induction was good, but on the commencement

of the operation the patient became rapidly cyanosed, and the heart's motion suddenly ceased, the pulse having given no indication of danger.

"A post-mortem examination was made by order of the coroner, when the right ventricle was found full of blood, and the left ventricle slightly hypertrophied and contracted. The valves of the heart were quite healthy.

"I may mention that a sample of the methylene used was tested, and found to be pure."

Treatment of Marsh Fever by Subcutaneous Injections of Carbolic Acid.

Dr. Dieulafoy communicated to the Société Médicale des Hôpitaux of Paris (Oct. 10), the history of a patient who, since 1877, had had tertian fever three times, which had always been successfully treated by the administration of sulphate of quinine. The fever having returned last June, the patient came under the care of Dr. Dieulafoy, who on the first day injected subcutaneously two centigrammes and a half of carbolic acid dissolved in a hundred parts of water. The quantity was increased on the following days to five centigrammes, and to seven centigrammes on the days of apyrexia. Recovery was complete at the end of seventeen days. The patient had then absorbed eighty-four centigrammes of carbolic acid, without showing any signs of poisoning. In the subsequent discussion, Dr. Laverau reverted to the fact that carbolic acid injections had been employed against marsh fever so far back as 1869, with questionable success. He doubted the propriety of attempting to supplant so certain a remedy as sulphate of quinine. Dr. Huchard related the case of an Arab in whom quotidian attacks of fever, which had resisted all other remedies, yielded to bromide of potassium; and Dr. Labbé alluded to the good effects, too often overlooked, of arsenical medication in malarial poisoning.

Phenic Acid in Intermittent Fever.

Dr. Dieulafoy read an interesting paper before his colleagues of the Société Médicale des Hôpitaux upon the treatment of intermittent fever by phenic acid, and cited a case in point. A patient, æt. 36, fell ill with ague of the tertian type in 1877, for which he was treated successfully with quinine; several times the fever returned, and gave way each time to the same drug. Four months ago another attack came on, and the patient entered the hospital under the care of the author. Subcutaneous injection of half a grain of phenic acid was administered the first day, and a grain the following days. After seventeen days of this treatment the man was cured. He had absorbed in all fifteen grains in that time, without producing any symptoms of intoxication. M. Laverau refused to recognize the advantage of this treatment, adding that it had been already tried in America without result. In this opinion he was supported by another member. M. Huchard said that bromide of potassium was an excellent agent in intermittent fever. He had seen an Arab cured by the salt when every other method failed. M. Léon Labbé thought that phenic acid could render real services in intermittent fever, and he thought arsenic was too much neglected now-a-days.

Fracture of the Penis.

In the *New Orleans Med. and Surg. Jour.*, Dr. H. A. Veazie reports the case of a young man who met with this accident during coition. On examination, it was found that the penis had been broken through and through, except the cutaneous covering. The two fragments could be moved upon each other, and on making traction, a distinct sulcus could be felt at the seat of the break, which was about an inch and a half back of the corona—the urethral spongy body and the corpora cavernosa all evidently broken through. His urine was drawn off, quinine and opium given, and incisions made through the skin to give exit to the extravasated urine. The next day he had high fever and severe rigors. Sloughing occurred in patches, none larger than a half-dollar piece. A disinfectant lotion of liq. sodæ chlorinat. was applied to the penis, and he was instructed to draw his urine with a catheter when necessary. He made a good recovery, all openings healed well, but the distal fragment did not become erect until six months after the accident. The organ finally recovered its former usefulness. This was a case evidently of fracture of the healthy penis, there having been no disease of that organ up to the time of the accident.

Excision of the Cæcum.

From the *Brit. Med. Jour.*, November 8, 1884, we learn that Mr. Walter Whitehead recently excised, at the Manchester Royal Infirmary, the cæcum and the ascending colon of a man suffering from a carcinomatous growth encircling a large extent of the bowel. After the excision, the ileum was attached to the skin below, and the commencement of the transverse colon to the skin above, in the primary incision made through the abdominal wall just outside the rectus. The superior mesenteric vein was wounded during the

removal of an infiltrated mesenteric gland, and had to be ligatured. The operation, which was conducted on Listerian principles, occupied nearly two hours, and was found to be more tedious than difficult. We learn that, four days after the operation, the patient was free from a single untoward symptom, and promised to make a complete recovery, the temperature never once having exceeded normal limits.

Strange Migration of a Needle.

Dr. D. Campbell Black reports the following case in the *Lancet*, November 8, 1884:

About the end of November, 1883, a lady called upon me, stating that the greater portion of an ordinary sewing-needle had broken in the first joint of her left thumb. I remember having felt the needle point, and, after ineffectual attempts at its extraction, having advised my patient to let it alone, lest the attempt to remove it might result in greater injury to the joint. A few days ago the patient called upon me to inform me that a day or two ago previously she felt a pricking sensation in the right forefinger, and, having broken the skin, she without difficulty removed the greater portion of the lost needle from the point of the finger. The point of it was quite clear, the remaining portion rusty. Of all the strange journeyings of needles in the flesh, this is the strangest which has fallen under my observation.

Ricord on the Contagion of Cholera.

M. Ricord, at a recent meeting of the Académie de Médecine, made what he described as a confession of faith. He had witnessed all the epidemics of cholera, the first, in 1832, included. At that moment there were 600 patients in the hospital where he was physician. Not one of these 600, either before the entry or during the residence of the cholera patients, was attacked with cholera. Not one of the nurses, male or female, nor of the medical officers, caught cholera. Dr. Ricord adds that, during this epidemic, he did not see any facts which lead him to believe that cholera is contagious. His conviction remains the same after studying the subsequent epidemics, and he is strongly opposed to quarantines, which are irksome and useless.

Treatment of Gleet.

In the *Lancet*, November 15, 1884, Dr. Hudson describes a method of treating gleet by means of metal bougies anointed with carbolic oil, iodoform and resin ointment, or iodide of sulphur ointment. The bougie was retained *in situ* for from twenty minutes to four hours, and passed at first every four days, and afterwards weekly till a cure was effected. He had used the method in eighty-eight cases, and more than fifty had been cured. He attributed the success to the long-continued application of the drug, and the paralyzing influence of the bougie on the urethral muscle.

Correspondence.

Lyell's Displacement of the Radius.

Eds. Med. and Surg. Reporter :—

Prof. P. S. Conner reports in *Clinic*, April 20 1872, two cases of this displacement; and not having seen any other case reported, it has led me to suppose that this displacement is considered of very little importance, or does not happen frequently; the latter I am inclined to believe, as in a long practice, extending over a quarter of a century, I have seen but one case, which was brought to my notice a few days ago.

H. McC., twelve years old, blonde, of delicate frame and lax muscle, came to my office, stating that while swinging from a trapeze his hold gave way, and he had not only been thrown upon the ground, but slid some distance upon the external side of the forearm, thereby apparently, as Dr. ——— had told him, straining the elbow-joint, and, indeed, such seemed to be the case. The integuments about the joint were tumefied, along with eccehymosis and general soreness; the arm was unnaturally crooked outward, with a round appearance about the joint, that sent the hand smartly pronated. Unlike other dislocations, the joint was perfectly movable within certain limits; extension and supination were slightly impaired, while rotation was perfect. Upon a careful examination of this joint, it was apparent that the head of the radius had ruptured the attachment of the coronary ligament and rested upon the outer edge of the coronoid process, under the edge of the attachment of the brachialis internus, thereby causing the tumefaction; the biceps flexor cubiti seemed to be contracted, and owing to its attachment into the posterior part of the tubercle of the radius, the hand was pronated to some extent; such, at least, seemed to be the condition in this case.

Reduction was easily accomplished by placing the palm of the right hand upon the palm of patient's left, and bringing the patient's elbow across the left knee with the thumb of the right hand pressing outward upon the head of the radius; extension and pronation accomplished by the left hand, the radius slipped nicely into place, the arm immediately returning to a straight and natural appearance, although some difficulty was had in retaining the bone in place, with stiffness of joint; both were overcome with splint and passive motion.

Thinking that such a case may again be mistaken for a strain, I have taken the liberty to call the attention of the profession to this displacement.

I. Nutt Plummer, M. D.

Shoals, Ind., Nov. 16, 1884.

Prepuce Grafting.

EDS. MED. AND SURG. REPORTER:—

I notice on page 568, vol. li., No. 20, of the REPORTER, an article entitled, "Prepuce Grafting," stating that the suggestion is made in the *Lancet*, October 4, 1884, by Dr. R. Clement Lucas, that the skin removed in the operation of circumcision can be advantageously used for the purposes of skin grafting, to fill large granulating surfaces left after burns.

I wish to state, that the same idea was suggested to me by my friend, Dr. F. L. Hirschmann, of Norway, Michigan, in May, 1884, when called in consultation with me to see a case of extensive burn, involving the whole of the lower extremity, from the ankle to within three inches of the scrotum, and taking in the whole circumference of the limb. The grafts were obtained from the skin of the scrotum removed from a healthy individual in the operation for the radical cure of varicocele. The piece of scrotum was enveloped in oiled-silk, and packed in saw-dust and ice, and sent from Chicago, Illinois, to Norway, Michigan, a distance of 325 miles, where the grafts were cut and applied after the lapse of over eighteen hours from the time of operation, with good results.

We also obtained good results from grafts taken from the skin of a man killed in the Vulcan mine. The grafts were taken from strips of skin cut from the arms fifteen hours after death.

B. W. JONES, M. D.

Vulcan, Mich.

NEWS AND MISCELLANY.

Panics in Public Assemblies.

We note the following from the *Lancet*, November 8, 1884:

We have so repeatedly, and at such length, from points of view special as well as general, discussed the subject of panics in public assemblies, that it is difficult to offer any suggestion that can claim notice on the score of newness. There is, however, more than sufficient food for thought in this topic; and, without dwelling on the details of the recent lamentable occurrence at Glasgow, or attempting to determine the exciting cause of the catastrophe, which is, indeed, *sub judice*, it may be worth while to offer a few observations on the matter as a whole. Panics will take place as long as assemblies are held; and without in the least abating anything of the remonstrance we, in common with our contemporaries, have from time to time addressed to local and central authorities against the neglect to *enforce* proper precautions, it must be conceded that, even if the assembly in which a panic occurs consisted of a dense concourse of people in the centre of an open plain, without buildings or rails, or anything whatever to prevent the crowd from dispersing, dire accidents would be sure to befall the innermost of the persons congregated, and deaths would probably ensue either from pressure, suffocation, or trampling. It is therefore useless and misleading to wholly blame the surroundings of a panic-stricken crowd for the commotion which occurs in it, or for the consequences which ensue when silly, or, for the moment, senseless people rush madly on their own destruction. The real fault is in the average mind; and, unfortunately, the very dwelling upon these "accidents," and the word-picture painting of their horrors in the newspapers, inevitable and necessary as publicity must be deemed, are evils inasmuch as they aggravate the susceptibility to panic which, above all things, it is most desirable to reduce and relieve. If only reason could be retained, and weak-minded and excitable folk would not go stark raving mad the instant some fool or knave cries "Fire" in a public assembly, all would be well. No punishment is too great for the wanton scoundrel who raises a needless terror. He is worse than a murderer. Hanging is too good for such a criminal. No words can adequately express the indignation that must be felt against an offender of this class; but the fatuous and contemptible excitability of the majority of sight-seers is scarcely less abhorrent to common sense and humanity. Is life so very precious, is death—the inevitable—so appalling, that the poor mean fool must lose his wits and forget everything but his miserable lien on existence, the moment this right of property seems to be assailed? If half a dozen savage dogs, or a few stalwart men with cart-whips, could be let loose on a panic-stricken assembly, the best possible treatment would be adopted. This is how the shrieking multitude ought to be reduced to order. We begin to think stern reproach should take the place of compassion for the victims of panic. Harm has been done, and is done, by laying too much stress on the need of special precautions. Let crowds be taught to take care of themselves. Let those who go to crowded assemblies of all sorts and conditions clearly understand that they go with their lives in their hands, and at their own sole risk; that they must shift for themselves, and if they behave like idiots they must take the consequences.

This is the line of argument which strikes us as not merely politic, but proper to the case. There is too much trusting to others, and to the provisions for safety which the managers of public assemblies ought to be compelled to make. It is nonsense, idle and worthless ignorance, to talk of the possibility of emptying a building in so many minutes or seconds. All such calculations are rendered useless and inapplicable the instant a panic occurs. A doorway out of which ten men might walk abreast would not suffice for the safety of even one hundred persons if they all rushed to it at once. The *reductio ad absurdum* is made by almost every "accident." The wider the exit the greater the rush, and the greater the rush the greater the accident, without regard to the structure or the way of the exit. If a thousand persons can be quietly got out of any building in two minutes, the whole thousand will be jammed together in trying to get out in half the proper time. It is the madness that causes the calamity, not the limitation of the means of exit, provided always that these are fairly adequate. Something must be done to secure immunity from panics, and still more needs to be done to induce or compel persons to act as sane creatures instead of lunatics in the face of danger. We would urge this subject on the consideration of members of

our profession and the public generally. Lectures on the folly of panic might with advantage be delivered from time to time, and it would be well if a serious attempt were made in every city, town, and populous district to discipline crowds and to inculcate the great lesson of safety, which consists in the experience that cowardly craziness in the presence of real or supposed danger is alike discreditable to men, to women, and even to little children, who might be taught betimes that all *must* die, and that to rush madly away from death is to surrender the claim to live, and to show that the gift of life has been unworthily bestowed and is unmerited.

Notes on the Mortality of Providence, R. I.

From the City Registrar's report, we note that the 205 persons who died in Providence during the month of October included males and females nearly equally divided; also married, single, widows, widowers, and divorced; also natives of eight different nations, and individuals of nine different nationalities. The decedents also included persons of every age, the youngest being a female of foreign parentage, who remained only four hours in this world, and the oldest being a female of American parentage, who reached the mature age of ninety-six years and six months.

Of the whole number, 16 lived less than one month; and 75 or 36.58 per cent. lived less than five years. Of the decedents of American parentage, 33.68 per cent. were under five years, and of those of foreign parentage 39.09 per cent. were under five years. The number of aged decedents was unusually large in October, there being 14 between 70 and 80 years of age, 12 between 80 and 90 years, and 5 between 90 and 100 years. In the first decade of life there were 82 decedents; in the second decade there were only 15.

Though the number of deaths in October was larger than in September, there was a great change in the causes of death. In September there were 72 deaths from diarrhœal diseases; in October there were only 13. In September there were 8 deaths from fevers; in October, 17. In September there were 5 deaths from scarlatina; in October, 11. In September there were 4 deaths from accidents; in October, 12. There were 11 deaths, each, in October, from typhoid fever and scarlatina, both diseases showing considerable increase. It is probable that scarlatina will increase still more before warm weather comes again.

There were 5 deaths reported in October, from the effects of malaria, either "malarial fever" or "typho-malarial fever," and two or three of them had the addition "pernicious chill," or "congestive chill." This is an astonishing mortality from this class of diseases in Providence, and at first sight seems impossible, as "malaria" has generally been considered a very troublesome cause of sickness and suffering, but not often fatal. I find on examination that it is much oftener reported as a cause of death than I had supposed. Thus in Detroit, malaria in some form was reported as the cause of 9 deaths in September; in Chicago, 6 deaths in September; in New Orleans, 20 deaths during the *week* ending October 4; in Brooklyn, 13 during the *week* ending October 18. The *cases* of "malaria" in Providence during the last three months may probably be reckoned by thousands.

There were 59 deaths in October from zymotic diseases, or 28.78 per cent. of all the deaths. The number was 15 less, and the percentage 8.78 less than in September.

There were 13 deaths in public institutions, including those drowned in the river, during the month of October, as follows: Rhode Island Hospital, 6; Butler Hospital, hotel, and police station, one each; Dexter Asylum, 2; drowned in river, 2; total, 13.

Items.

—Mr. Sampson Gamgee, F. R. S. E., has been elected a Corresponding Member of the Medical Society of St. Petersburg.

—Dr. W. M. Fuqua, of Hopkinsville, Ky., has been recently elected to the Chair of Anatomy in the Memphis Hospital Medical College.

—At the recent examinations for the externat in the Paris hospitals there were 347 applicants, among whom were six women and one Turk.

—At the graduating exercises of the Medical Department of Dartmouth College, held on November 11, the degree of M. D. was conferred upon eighteen graduates.

—There were twenty-four deaths from yellow fever at Havana during the month of October, out of a total mortality of 549, and two deaths from yellow fever during the week ending November 8.

—The Baltimore surgeons have been using cocaine extensively in eye and venereal diseases. The reports are very satisfactory. Dr. Michael found it very useful in opening buboes and cauterizing venereal sores.

—In Algeria, from October 4th to the 10th, there were 49 deaths from cholera; during the succeeding week there were 55. The Governor-General of Algeria, with the concurrence of the Sanitary Council, reduces the quarantine imposed on French travellers to 28 hours.

—Dr. Louis Alexander Dugas has recently died at his home in Augusta, Ga., in the seventy-eighth year of his age. Dr. Dugas served several times as President of the Medical Association of Georgia, and from 1851 to 1858 he acted as editor of the *Southern Medical and Suryical Journal.*

—The attendance at the Cincinnati medical colleges this winter is usually small. (So says the *Medical News*, November 22, 1884.) The Medical College of Ohio still takes the lead with a few more than two hundred students, while the Miami has about one hundred and the Cincinnati forty.

—An influential committee has been formed in Stockholm, under Prof. Axel Key's presidency, to carry on the work of collective investigation in Sweden in connection with the International Committee. A similar committee has been formed, at Professor Runeberg's instance, in Finland. The recommendations of the sub-committee as to the lines of inquiry to be pursued are at present under the consideration of the International Committee.

—Dr. Arning, at present in Honolulu (*Virchow's Archiv.*, vol. xcvii.. 1884,) excised portions of the ulnar nerve in two cases of pure anæsthetic leprosy, and found bacilli lepræ in the connective tissue between the nerve-fibres. This is the first time that the presence of bacilli in the pure anæsthetic form has been demonstrated.

—A physician in extensive practice has daily opportunities of judging of the force of the maxim that "truth is stranger than fiction," and we have often wondered that some of these experiences have not found their way into print, disguised as short tales. Some of the stories in Dr. Warren's "Diary of a Late Physician" could be easily matched.

—There was an amusing picture last March, in *Punch*, of one kind of character in our profession, not uncommon. It represents the drawing-room at a winter health-resort, and one lady says to another, "Oh, that's your doctor, is it? What sort of a doctor is he?" "Oh, well, I don't know much about his ability; but he's got a very good bed-side manner!" The man who drew that picture drew it from life.

—Cases of cheese-poisoning are attributable, according to Dr. Vaughan (*Proc. Am. Pub. Health Assoc.*), to a chemical substance soluble in alcohol, the production of which is attributable to the rapid growth of the Bacillus subtilis. As it is present in new cheese, the difference between the poisonous and non-poisonous is one of degree rather than of kind.

—According to the *Gaulois*, a doctor engaged in the laboratory of Professor Vulpian has swallowed some pills made from the vomit of a person who died from cholera. The medical man is still in perfect health, but two guinea-pigs which were inoculated with the same vomit succumbed at once. The experiment was made with a view to proving that the microbes discovered by Dr. Koch are innocuous, and that the vomit of choleraic patients is not infectious.

—The Medical Jurisprudence Society of Philadelphia, at its stated meeting held November 11, considered some questions of present interest connected with a recent criminal case before the courts, in which a prisoner on trial for the murder of his keeper had set up the plea of insanity. Two papers were read—one by Dr. Charles K. Mills on the case of Joseph Taylor, the other by Dr. H. C. Wood on "The Absurdities of the Law as Illustrated in the Taylor Case." An interesting discussion was held, in which the President, George W. Biddle, esq., District Attorney Graham, Drs. Robinson, Packard, and Cohen, and Messrs. Carson and Shapley, participated.

OBITUARY NOTICES.

DR. HARVEY L. BYRD.

A Baltimore dispatch announces the death there on November 29 of Dr. Harvey L. Byrd. He was born at Salem, Sumter district, S. C., August 8, 1820. After receiving a classical education there, and having the degree of A. M. conferred upon him by Emory College, Georgia, he entered the Jefferson Medical College, of this city, and subsequently the University of Pennsylvania, graduating therefrom in 1840 with the degree of M. D. He then began practice in Salem, S. C., and subsequently removed to Georgetown, S. C., to Savannah, and thence to Baltimore. He remained in practice in the latter city until his death. On going to Baltimore, soon after the close of the war, he began a movement for the reopening of the Washington University, which had suspended operations for several years, for the establishment of a Southern medical school. He was successful in this movement, and the school was finally opened, with Dr. Byrd as Dean of the Faculty. After five or six years he withdrew from this school in order to join several other physicians in the establishment of the College of Physicians and Surgeons in Baltimore. He held a number of professorships in this college, besides being the first President of its Faculty. He wrote a number of valuable papers on medical subjects. He was a member of the medical associations of Georgia and South Carolina, and a corresponding member of the Gynæcological Society of Boston. He edited the Oglethorpe *Medical and Surgical Journal* for three years. During the civil war he served as a surgeon in the Confederate army. On October 31, 1844, he was married to Miss Adelaide Dozier, who died December 24, 1874, leaving two children.

MARRIAGES.

BLOOM—GETTY.—October 1, 1884, at Getty's Farm, near Norristown, Pa., by Rev. William H. Burr, Dr. Homer C. Bloom, of Martinsburgh, Pa., and Mary J., daughter of Daniel C. Getty, esq.

GLASER—HERZ.—November 23, 1884, by Rev. D. Cahn, Dr. Joseph Glaser and Miss Virginia Herz, both of New York city.

HUGHES—BURTON.—November 19, 1884, at St. Mary's church, West Philadelphia, by Rev. Gideon J. Burton, assisted by Rev. Dr. Yarnall, Dr. Donnell Hughes and Sarah Summers Burton, daughter of the officiating clergyman.

KILBRETH—MURPHY.—November 6, 1884, in Cincinnati, Ohio, at the Second Presbyterian church, by Rev. Jas. Eells, D. D., John C. Kilbreth, of New York, and Miss Nora M., daughter of Dr. John A. Murphy.

LANGSTAFF — MEREDITH. — November 19, 1884, at Christ church, New Brunswick, New Jersey, by Rev. E. B. Joyce, J. Elliot Langstaff, M. D., of Canada, and S. Josephine Meredith, daughter of the late Bridgewater Meredith.

NICHOLSON—WISE.—November 25, 1884, at Epiphany church, Washington, D. C., by Rev. Mr. Leonard, Dr. Wm. Nicholson and Henrietta Wise, daughter of the late Capt. Henry A. Wise. U. S. N. San Francisco papers please copy.

REINOEHL—DILLON.—November 27, 1884, at the residence of the bride's parents, No. 547 North Twelfth street, by Rev. H. L. Duhring, rector of All Saints' church, Mr. John K. Reinoehl, M. D., of Lebanon, Pa., and Miss Emma M. Dillon, of this city,

DEATH.

ADAMS.—November 21, 1884, at North Canton, Conn., Dr. A. R. Adams, of New York city, aged 36.

AUBERY.—In Cincinnati, Ohio, Dr. William C. Aubery. in his 27th year.

BEMISS.—November 17, 1884, in New Orleans, Dr. Samuel M. Bemiss, a native of Bloomfield, Ky., aged 63 years.

NORTON.—November 10, 1884, suddenly, of heart disease in Baltimore, Md., Dr. T. C. Norton, husband of Hallie M Farquhar, daughter of the late Rev. John Farquhar.

RUDDACH.—October 16, 1884, in this city, William H. Ruddach, M. D., in his 57th year.

SHERMAN.—November 22, 1884, at 52 West 9th street New York city, Dr. Austin Sherman, in his 82d year.

THE

MEDICAL AND SURGICAL REPORTER.

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

THE USE AND ABUSE OF ALCOHOL AS A MEDICINE.*

BY J. B. CARRELL, M. D.,

Of Hatboro, Pa.

In my essay I will not take up your time by giving the physiological action of the drug in question, but will confine myself to the therapy and the moral responsibility of the physician in administering alcohol.

What I say will not be for or against the temperance side of the question; my earnest desire being to draw conclusions that will aid the conscientious physician in making up his judgment whether or not to use alcohol, and how it can be and is most abused.

That the paper might be of more value, I submitted the following questions to the readers of the Medical and Surgical Reporter and *Medical Summary*, viz.:

1. When should alcohol be used?
2. How is alcohol most abused?
3. Have any cases of inebriety been produced in your practice through the use of alcohol as a medicine?
4. Is alcohol, in your opinion, indispensable as a medicine?
5. Is there a substitute for alcohol, and what is it?
6. Is inebriety hereditary?

I received a great many very able answers to these questions from all parts of the United States, for which they have my thanks for their kindness.

I will now take up the questions seriatim.

1. When should alcohol be used? According to a few of my many correspondents it should *never* be used. Dr. Ashcom, of Renovo, Pa., says: "Alcohol is a diffusible stimulant, and will not assimilate with the secretions of the stomach any more than a streak of lightning will. The depression following its use counteracts all the possible benefits supposed to be derived from it in stimulating quantities."

Prof. Ground, of the Toledo Medical College, according to his peculiar views, as he styles them, considers it bad practice to use alcohol. "Alcohol is said to be a stimulant in small doses, or in large doses it is supposed to possess a stage of stimulation, followed by depression. Now the question is, does alcohol—and the same argument I can apply to anæsthetic agents—possess a primary stage of stimulation? I claim that this is only apparent, and that it acts as a paralyzer from the first. The first phenomenon we notice after its administration is increased action: the heart beats faster, ideation is augmented, as well as all other functions. This is brought about by the paralytic effect on the nerve centres. The origin of the vagus, the inhibitory nerve of the heart, is given off nearer the cerebral centre than that of the accelerator or sympathetic. Alcohol acts upon the central nervous system first, because it is more delicate, is easier thrown off its balance, because more susceptible, and as a result the nerve that holds the heart in check, inhibitory, is paralyzed, practically cut, and the heart

*Read before the Adjunct Montgomery County, Pa., Medical Society, November 7, 1884.

beats more rapidly. But as soon as the effect of the drug extends to the accelerators, which had full control after the effect on the inhibitory, they too suffer the same effect, consequently the heart ceases to beat so rapidly; then we say the stage of stimulation is passing off. The heart now beats according to its own inherent innervation, and that not completely cut off from the nerves just described. As soon as the stimulation (?) drugs are administered, they diminish the vital resistance, if I may be allowed to use the term, when the external forces have more or less influence, according to the amount given. Life has been defined as the sum of those forces which resist death. Now if the forces referred to here are the forces which are acted upon, when the subject of our discussion is taken, they are diminished, the tendency to death is increased. The organs work harder, beause external forces have a greater influence over them by reason of the paralyzing effect of the drug. A condition of irritable weakness exists. If I had the time I would go into the physiological details and experiments to sustain my theory. To illustrate my position, I cite a simple example. Take, for instance, a vicious horse, all the time trying to liberate himself. The driver, however, succeeds in holding him in check by the reins. Now cut the reins, and he at once dashes on unrestrained, until at last he slackens, exhausted. You can readily judge my opinion and answers to questions 1, 2, and 4, from what I have said."

Dr. Bacon, of Fulton, N. Y., a physician of over forty years' experience, says it should be very seldom or never used.

Dr. Moore, of Spring Valley, Minn., says its use at all in a large number of cases is an abuse.

I wish I could endorse the opinions of these able men, but my observation at the bedside is not in accord with theirs. The above constitute the opposition, and in comparison with the large numbers that have written me endorsing its use, are a small minority indeed. If they could offer an equally efficient substitute, I would most gladly accept it. But unfortunately they cannot. I have tried the substitutes they offer, and have found them inefficient.

I had intended writing this essay sooner, but after these letters were received I encountered an epidemic of typhoid fever in which I had the opportunity to give their substitutes a fair trial; and I found by their use my patients were losing ground, and to save them I resorted to alcohol, and was pleased to find them improving, and ultimately recover. I was sorry to be compelled to resort to alcohol, for my sentiments are strongly against its use. I am and have always been a teetotaler, and my inclinations and prejudices are against alcohol. Many physicians claim it is a delicate matter to decide when it should be used.

From the numerous replies to my interrogatories, and from my own experience, I am convinced that it should be used in every case where the powers of life are fast running away, and the nervous energies are blunted from little or poor blood, and a profound impression upon the nervous system is needed. To let this period pass further, is to lose the life you essay to save. When you know the administration of alcohol will increase blunted nervous energy, and cause the flagging life to make renewed effort, you are not true to your calling, and guilty of malpractice, if you do not use it. How will you conduct a case of low typhoid without alcohol? I do not know, nor, in my opinion, does any other unbiased man. I have during the last eight years treated a good many cases of typhoid, and during the last five months have treated eight cases. I thank fortune that I have not yet lost a case. It has been my custom to use alcohol freely as soon, not before, as the pulse becomes tremulous, rapid, and weak, not taking into consideration the height of the temperature. Last winter I had a case of typhoid with the temperature ranging from 102° to 105.5°, and the pulse from 100 to 160. (This case was confined to his bed thirteen weeks.) I had tried to reduce the temperature with large doses of quinine, cinchonidia, cinchona, salicylate of cinchonidia, etc., but all to no effect. Thinking the patient would die, I concluded not to persecute him further with the vile doses. I then gave him large doses of tinct. digitalis (gtt. xxx.), and whiskey (f. ℥j.), with milk every hour, besides beef tea and whiskey by rectal injection. I, to my astonishment, found my patient in the evening not dead, but much improved. The temperature was reduced to 101°, and the pulse to 100, and every symptom favorable. The next morning the temperature was 99.5°, pulse 96, tongue cleaning at tip and edges, skin moist, extremities warm, and expression very good, when his condition of twenty-four hours before was taken into consideration. I am firmly convinced that this patient would have died had not the alcohol, which the whiskey contained, been used. The digitalis was undoubtedly of value, but without the whiskey it would have produced nausea, and thus added to the prostration which I wished overcome. The alcohol whipped up the blunted nervous energy, and caused the blood to flow freely, and the milk

to be digested, thus giving time for new and better vitalized blood. Does any medical man know of any drug that would have produced the effect of the alcohol? A case of typhoid dysentery comes to my mind, in which the beneficial effect of large doses of alcohol was made very apparent to me. The case was that of an Irishman, aged about 60 years. He was in the fourth week of the disease. His temperature was 104°, pulse 150, constant desire for stool, extremely weak, clammy skin—in fact, there was every appearance of dissolution. The priest had during the night prepared him for entrance into the better world. When I arrived in the morning I inquired about my patient's condition, and the sorrowing wife told me Paddy's spirit was in a better world. Not very encouraging news for a young doctor, anxious to save his bad case. I told his wife to give him lots of brandy, and that would bring him around again. In twelve hours I returned, and found Paddy with a temperature of 99.5°, pulse 90, and all other symptoms correspondingly improved. They had in the twelve hours given him forty-two ounces of brandy. From this time on he steadily improved. It is not often we see such marked cases as the above, but who can say that alcohol was not decidedly beneficial in these cases? Judging from my own experience, I cannot imagine how any medical man can say it is not needed.

By this time you can judge upon my views of alcohol in disease. It should be used in the later stages of continued fevers, when exhaustion is present, and in *all cases* when from *whatever* cause the powers of life are rapidly failing, and sufficient time will not be allowed for food to meet the pressing demands upon the vital forces, or when it is necessary, to stimulate the digestive powers and to brighten and strengthen the few remaining years of old age. It should be used for decided effect in severe hemorrhages, long-continued suppurations, chronic wasting diseases, severe injuries, shock, erysipelas, diphtheria, puerperal septicæmia, scarlatina maligna, etc.

HOW IS ALCOHOL MOST ABUSED?

Undoubtedly, it is most abused as a beverage. It is the social glass that does the mischief and forms the habit for strong drink in 999 cases in 1,000. Then comes the use of wines and brandies in cooking. There is no doubt but that the palate is tickled by the addition of these pleasant liquors to certain articles of food. Digestion is improved by the after-meal glass of wine, whiskey, or brandy. Medical men should set examples of total abstinence, for they well know the risks of the after-meal glass. Many a man and woman who have prided themselves on their strength of will, have fallen victims to the terrible alcoholic appetite through the influence of home whiskey. My advice to my brother physicians and all others is to let it alone; it is a powerful poison, and should never be used unless prescribed by a *conscientious* physician. Never rely upon your strength of character, for when you think you are strongest you may find yourself weak indeed. Keep always before you that you cannot become a drunkard if you never take it except when prescribed. The various patent bitters that are lauded as panaceas for all ailments that flesh is heir to are composed in large part of poor whiskey or rum, and many a man who would not be seen going into the bar-room will go to the drug store and buy these vile bitters, so he can satisfy his habit for strong drink. They may say it is for their liver, kidneys, or bladder, but we know it is for a drink of whiskey. Some are innocent, poor fools, while others understand it fully. As a stomachic, it should be very cautiously prescribed, and any person of weak resolution, or where there is a hereditary tendency to drink, should never be ordered alcohol in this manner. Self-prescribing makes more drunkards than many would believe. If a person has a slight attack of digestive pain, a friend prescribes a glass of brandy. It cures the pain by stimulating the digestive glands, and produces an exhilarating effect upon the nervous system; but it would be better to suffer a little pain from indigestion and in the future control the appetite, than to risk pouring a powerful poison into your stomach. It should never be used except to counteract the depressing effects of disease. Never be mean and detestable enough to give it to a patient to satisfy his or her craving for strong drink, so that you may get into their pocket-books. Avoid giving it to nervous women affected with chronic diseases, or to persons who having been drinkers have reformed, for you may start them upon a career that will end the life you attempted to save in the poor-house, jail, or on the gallows, and through you untold miseries and sorrow will be brought upon the once happy family. Fully realize the terrible effects of strong drink, draw it as strong as your imagination can, and yet you cannot realize the utter perfidy and depravity it can bring a human being to. Then and only then can you appreciate how it is abused. The medical men who use it as a beverage, abuse one of our most valuable medicines, and in this way bring much discredit upon, and often, too often, form the habit that ruins themselves as

well as leads others to destruction. Doctors, avoid it, even if,

"One sip of this
Will bathe the drooping spirits in delight
Beyond the bliss of dreams."

3. Have any cases of inebriety been produced in your practice through the use of alcohol as a medicine?

Three of my correspondents state that cases of inebriety have resulted from its use as a medicine. The rest are very emphatic in their declarations that no cases have been produced through its use as a medicine. In my own experience, I do not know of a single case. I am strongly inclined to the belief that taken as a medicine, it is more likely to excite a disgust than to create an appetite. Given in diseased conditions of the body, when alcohol is *truly* needed, I cannot think the habit for strong drink will be formed. But as soon as the conditions that call for its use are corrected, its administration should be prohibited; for *then, and not till then,* do I believe the habit contractible. Yes and no, will, from what I have already said, answer questions 4 and 5.

6. Is inebriety hereditary?

This question is argued strongly both ways by the medical profession, and to do it justice would require a separate article; and as I have already occupied too much of your time, I will state briefly that the mass of evidence I have received favors the hereditary tendency of inebriety as strongly as scrofula, syphilis, or consumption, and I have often observed that the children of drunkards too often follow in the footsteps of their parents. Of course, much of this depends upon the force of association; but I am strongly of the opinion that it is, to a certain extent, hereditary. Dr. Ashcom is very emphatic on this point, and closes his argument as follows: "It is the devil's best hold to damn the human race, and it is humiliating to know that so many millions, fair specimens of manhood and womanhood, the creatures of God's creation, are his willing and thoughtless aiders and abettors." In prescribing this drug, it is well to bear in mind the valuable words of Dr. Ashcom, but never to let your prejudices overcome your better judgment upon this subject. Dr. Darby, of Morrow, Ohio, writes most beautifully: "As there is no music equal to the violin, no light equal to sunshine, no drink equal to clear, cold water, so there is no stimulant equal to alcohol. Like every other agent that is powerful for good, it is, when abused, correspondingly powerful for harm. The fact that it is abused should not preclude its use. It is a false sentimentality to decry its use because of its abuse; as well might the banker, because of counterfeit coin, refuse to receive the genuine."

I have written conscientiously, and hope those of opposite views will deal justly with me.

"It is a good servant, but a bad master."

CASE OF EXTRA-UTERINE PREGNANCY; RUPTURE, PERITONITIS, RECOVERY.*

BY E. E. MONTGOMERY, M. D.,
Obstetrician to the Philadelphia Hospital.

March 19, 1884, Mrs. M.: has had four children and two miscarriages; the last miscarriage occurring some four months since. She has for several years suffered from chronic phthisis. Menstruation was absent for two periods, but two weeks ago she had a bloody discharge for several days. Although she had been suffering from the phenomena usual to her in early pregnancy, she then concluded that she was not pregnant.

On the 18th, after a fright, she was taken with severe pain in the right side, which, continuing to grow worse, was attended by frequent micturition, a sensation in the pelvis of weight or bearing down, intermittent vomiting, and a serous vaginal discharge. Her husband called at 3 a. m. to-day (March 19), informed me she had cramps, and asked for a prescription for her relief. I gave a prescription containing morph. sulph., gr. $\frac{1}{8}$ to each dose, to be given every two hours until relief.

I saw her at 8 a. m., when she was quite pale, complaining still of pain in the right inguinal region. As I had a clinic at 9 a. m., I made a hurried visit, injected morph. gr. $\frac{1}{4}$ hypodermically, and ordered ℞. Quin. sulph., gr. ij, ext. opii, gr. ss, in pill, every three hours.

5 p. m. Pain somewhat relieved; stomach very irritable; would retain nothing; pain greatly increased by vomiting; face pinched, pale, and anxious looking; lips bloodless; pulse 90. Bimanual examination disclosed the uterus slightly enlarged and retroverted. Douglas's cul de sac presented a mushy or doughy sensation; on the right side could be felt a small, irregular-sized mass, which was diagnosed to be an escaped fœtus, from a tubal pregnancy. The pills were discontinued, and ext. op., gr. j., in suppository, substituted, to be given every six hours, and an alkaline mixture and f. ℥ss. each of milk and lime-water were given every three hours, by the stomach.

20th. She slept poorly, but does not suffer so

*Read at a meeting of the Philadelphia Clinical Society.

much from pain. There is marked tenderness over the lower part of the abdomen, more marked upon the left side. Examination per vaginam; the mass is felt posterior to the uterus, and is quite hard and tender upon pressure. The uterus is fixed; pulse, 90; vomited once. She has been kept perfectly quiet; the bladder relieved by the catheter. ℞. Quin. sulph., gr. v., ext. op., gr. iss., in suppository, every six hours.

21st. General condition better, though she slept but little. The introduction of the suppositories was attended with so much pain that they were discontinued, and morph. sulp., gr. $\frac{1}{6}$, with quin. sulph., gr. ij, given every three hours, by the mouth.

22d. Some sickness of the stomach; pulse, 88; temperature, normal; very nervous, easily disturbed. Abdomen still tender to pressure. Returned to the use of suppositories. Slept well last night after tr. op. deod., gtt., xxv., were given.

24th. Temperature normal. Pulse 80. Abdomen still tender, especially over the lower portion and left side; movement attended with pain. The suppositories induced so much pain that they were discontinued, and tr. op. deod., gtt. xxx, given by the mouth every three hours.

Subsequent to this date, the convalescence was gradual. She regained her strength very slowly. She left the city the latter part of July, returning about the middle of September again pregnant.

Upon examination a few days ago the uterus was found enlarged to the usual size at two months, and posterior to it could be felt a smaller mass, in which the remains of the former gestation were evidently encapsulated.

In such cases, it becomes an important question to decide when we should proceed to surgical measures.

Notwithstanding the successful termination of this case, I would not uphold the treatment as the one most likely to yield a favorable result.

Had the symptoms of shock and internal hemorrhage persisted during the third day, as upon the second, it was intended to make an abdominal incision, remove the fœtus and effused blood, and ligate the bleeding vessels. Such a course, pursued with the advent of the characteristic symptoms, would, without doubt, decrease the mortality of the accident.

MEDICAL STANDARD TOO LOW.

BY JAS. D. MADEIRA, M. D.,
Of Grantville, Pa.

Notwithstanding the difficulties which arise in practice, puzzling points in treatment, anxious questions in diagnosis, great advancements have been made during the last century. I believe no other occupation of life involves so vast an amount of mental tension and labor as the science of medicine.

Charlatans and quacks think differently, because they are too ignorant to comprehend the responsibility and duty of a practitioner. Quackery is the almost necessary bane of all professions; there are no small abundance of religious quacks, legal quacks, and medical quacks.

The practice of medicine became early infested with this race of parasites, and we bitterly lament their existence and influence.

Reason and common sense will do much towards unmasking others, but what weapon can be opposed to the quack in medicine? Profoundly ignorant as are the public, as a body, of the commonest principles upon which a safe practice of the healing art is founded, the heartless and grasping empiric has but to throw out his net to haul it in loaded with his credulous prey.

There are other irregular parasites upon the tree of medicine to whom such expresions cannot apply, more particularly to those who profess the bold empiricisms of Hahnemann.

All these difficulties would be met by making but one portal to the profession, through which all must enter who wish to join its ranks.

One great difficulty stands in the way, at present, of any hope of this important adoption of one portal common to all; we refer to the too frequent imperfect preliminary education of the aspirants for our profession. Too few commence their medical studies with anything like a sound classical and mathematical education, so essential to their proper standing, and the want of which all must deplore who unfortunately do not possess such advantages.

One who proposes to become a member of such a liberal profession should not be absolutely ignorant of modern languages and mathematics, so essential and important. Of course, there are noble exceptions, but still the picture I have presented is not overdrawn; the mass certainly fall under the category I have alluded to.

It is painful to see a person who might make a respectable tradesman or trustworthy clerk entering a profession for which he is by education unfitted.

It is a disgraceful thing that any man may assume the dignity of preceptor without an approach to the attainments which fit him for his practice.

When we reflect but for a moment on the influence exerted by education on the boy, in the career, nay, on the habits, intellect, and mind of the man, can we avoid being struck with the monstrous anomaly which compels every illiterate enthusiast who considers he has a divine call to apply for a license to preach, should yet not interfere to protect the mind of the child from running to waste, from ignorance and neglect, or becoming poisoned by bad associations and often worse principles?

Too many parents can ill distinguish between the accomplished preceptor and the academic quack.

How useful would it be, then, to place at the proposed portal of our profession a means for sifting the knowledge of those who seek to enter, and thus to determine on their fitness for such an honor.

This might be effected by a comprehensive matriculation examination, the passing of which should be considered as giving the right of stepping on our threshold.

How far better would this be, what a better class of men would knock at our door for admission, if such a plan were adopted.

The apprenticeship system, the free system, and the self-interest system, are detrimental to the medical profession, and should, by all means, be abolished.

These measures should be the characteristics of our medical colleges.

OBSERVATIONS ON PAINLESS SURGERY IN THE NASAL CAVITIES, ETC., EFFECTED BY THE USE OF HYDROCHLORATE OF COCAINE.*

BY ALEXANDER W. M'COY, M. D.,

Surgeon to the Throat and Nose Department of the Philadelphia Dispensary; Lecturer on Diseases of Throat and Nose at Woman's Medical College, Philadelphia, Pa.

I take it for granted that every member of the Philadelphia Laryngological Society has already had some experience in the use of hydrochlorate of cocaine in some part of the upper air passages. It is not with the purpose of adding anything new to the knowledge already possessed by you upon this subject, that I make these observations, but rather to add my testimony to those who have already published their results. I think the fact is patent to all rhinologists and laryngologists that the need of a remedy which would take the place of ether, chloroform, and nitrous oxide gas has been pressing. I do not know of a more forcible illustration of "necessity being the mother of invention," than in the case of rhinologists; no sooner was the demand made for something less cumbersome and troublesome than ether, chloroform, etc., than the need was supplied, and the whole medical world accepts with one accord the wished-for remedy. The hydrochlorate of cocaine has given universally good results, especially in regions where the function is simple and complexity of movement and structure is absent. I think I am sustained by the facts when I say that in no region—not even excepting the eye—have the good results been more marked in the use of hydrochlorate of cocaine than in the nasal chambers. The surgery of the nose can now be beautifully performed with great comfort to the surgeon and patient. The anæsthetic has not yet failed to render operative procedure painless in most cases—and nearly so in all others—in my experience, which extends over a considerable time and a number of cases. The cases for which I chiefly used the remedy were hypertrophic nasal catarrh, where occlusion of the nostrils was marked, and where the demand was for more room and air. The galvano-cautery was used in all these cases to test this remedy, because its efficiency in the use of Jarvis' snare, removal of growths, etc., had already been demonstrated. I deemed the hot-air a severe test of the efficacy of cocaine in effectually deadening the sensibility. The benefits seem incalcuable, and there appears no limit to its usefulness and its application.

I have found deep incisions made in the turbinated bodies rendered painless five minutes after the application of hydrochlorate of cocaine of the strength of 4 per cent. I have repeated this operation again and again with the same result, on intelligent subjects, in cases where the use of the galvano-cautery knife had been attended with severe pain. In every case experimented on the parts were tested prior to the application, and the acuteness of sensibility well determined. In operations on the naso-pharyngeal space, either with the curved snare, galvano-cautery knife, or medicated probe, I have found the soft palate rendered sufficiently quiet and insensible to allow work to be done through the mouth upon the vault of the pharynx, and in the posterior nares. In the treatment of follicular pharyngitis the galvano-cautery button can be rendered painless. In children a want is met, as, in applications to

*Written for Philadelphia Laryngoscopical Society, November 28, 1884.

the tonsils, great quietude can be attained and better work done. In making an examination of the œsophagus with the œsophageoscope, in cases of suspected spasmodic stricture or organic stricture, the difficulties ordinarily met with are greatly lessened, and, indeed, in certain instances, completely overcome.

1417 *Walnut Street.*

NOTE.—Since my observations were made, I have seen a paper by Dr. Ingalls, in which the field I had marked out has been covered. I am glad to know that my results have been sustained by Dr. Ingalls' testimony.

A CASE OF EXTRA-UTERINE PREGNANCY—TREATED SUCCESSFULLY BY ELECTRICITY.*

BY JAS. SIBBALD, M. D.,

Of Philadelphia.

Mrs. R., æt. 34 years; a woman weighing 107 pounds, of spare build and exceedingly nervo-bilious temperament. Was married when twenty-one years of age, and had a miscarriage about five months subsquently, since which time (for thirteen years) she was never pregnant, although very desirous of becoming so.

Her menstrual periods were always regular and natural up to June 16, 1884, at which time there was no sign of menstruation. One week later she commenced feeling sick in the morning, and also complained of soreness, with decided tenderness on pressure over the right inguinal region, which gradually increased in severity. At the same time bloody discharges would appear, with no regularity, every week or two, lasting from a few hours to several days.

On July 3, while standing in the street dealing with her butcher, she was suddenly seized with a violent pain in her abdomen, which caused her to fall in the street. She was picked up and carried to her bed. Morphia was administered hypodermically and poultices applied for six days before the tenderness subsided. For the next three weeks there was more or less tenderness over the right inguinal region.

On August 4 (just one month after the first attack), she had a second attack of local peritonitis, which lasted five days. At this time she was sweeping the floor, when she suddenly fell, overcome by the severe abdominal pain.

After the acute symptoms of the first attack had subsided a vaginal examination revealed a soft mass on the right side of the uterus, very sensitive to pressure, and displacing that organ to the left. The sound was passed cautiously into the uterus a distance of over four inches, without obstruction. These facts, in connection with the cessation of menses, morning sickness, some enlargement and soreness of breasts, with occasional bloody discharges from the uterus, warranted a diagnosis of extra-uterine pregnancy.

On August 18, Dr. Montgomery saw the case in consultation, and coincided in the diagnosis. He advised the destruction of the fœtus, which was now in about the eleventh week of gestation, by means of electricity. Eight applications of the battery were made, which had the desired result. The mass is slightly perceptible on examination at the present time, the womb being still displaced to the left side. Menstruation has returned twice since, being perfectly normal, and no inconvenience is now experienced.

*Read at a meeting of the Philadelphia Clinical Society.

HOSPITAL REPORTS.

PENNSYLVANIA HOSPITAL CLINICS.

SERVICE OF R. J. LEVIS, M. D.

[Reported by C. LEVIS BOWER.]

[In the absence of Dr. Levis, Dr. Roberts, Surgeon to the Out-wards, showed the first two cases.]

Syphilitic Rupia.

This patient has a great many spots scattered over his body, extremities, and face, and has come for treatment. We see that the eruption is chiefly of a papular character, though some of the spots are open ulcers, and on others we find crusts. This eruption has a special name, but we will call it for the present a papular crustaceous eruption. You see that some of these crusts are umbilicated, that is, are depressed at the upper surface. Under the scabs are suppurating sores, and where the crusts have been removed off, either by accident or intention, the ulcerated surfaces are shown, as upon the calf of the leg. We also find that the eruption has come out in successive crops, for we find small and large papules, pustules, scabs, and ulcers, at the same time. After healing of the ulcers, scars are left. Now, to what is this form of eruption due? We may have a papulo-pustular eruption in variola, but we should expect to find fever, pain in the back, and other symptoms of an acute febrile affection. We can therefore exclude this disease. We may have similar lesions from rubbing with croton oil, but it is not likely that we would find it so regularly distributed all over the body.

There is an affection that gives rise to many forms of skin disease. It is syphilis. Where there is a multiform eruption without fever, rarely itching, it is usually due to syphilis. We have here syphilitic lichen, which is of a papular nature. We have also rupia, which is a name given to a pustular or vesicular eruption, which

forms crusts. When the eruption develops first as large flattish blebs, which contain a fluid, at first serous, afterwards puriform, it at first resembles pemphigus. It may, however, begin as pustules. The secretion of these blebs or pustules rapidly concretes into crusts; at the base of these crusts are ulcers of various sizes. These crusts are very typical—they are laminated, looking something like an oyster-shell, rising up into a kind of pyramid or cone. The pyramids are easily understood, for the ulcer is at first small, and is covered by a small scab: as the ulcer enlarges, a larger scab forms beneath the previous smaller one. These successive scabs, if not removed, finally form thick crusts, resembling the appearance seen in oyster-shells.

Looking in the groin we find a number of enlarged glands, which is one of the most prominent symptoms of syphilis.

You will very often find in practice that a patient will deny that he has had a chancre, but on examination you find these enlarged chains of glands. It is well in all suspicious cases to carefully examine the groins, and the glands at the back of neck, behind the sterno-mastoid muscle. Examining the penis, you see he has a chancre combined with phymosis. The evidence of syphilitic infection therefore is clear.

Rupia, as a general thing, does not appear until after the first year, and is usually combined with a broken-down system. What shall the treatment be? Your sheet anchor is mercury. The green iodide is the best form, and should usually be combined with some astringent to prevent undue looseness of the bowels. A quarter of a grain is often prescribed, but, in my opinion, this is too small a dose. My usual prescription in the out-wards is green iodide of mercury, gr. ss.; tannic acid, gr. j.; given three times a day, and gradually increased until the gums are touched. This treatment should be kept up for a year or more, occasionally reducing the dose or omitting it for two or three weeks. In many of the late symptoms of syphilis iodide of potassium will be found useful, but I nearly always prefer the iodide of mercury, which gives the effect of iodine as well as that of mercury. The local treatment consists in starch poultices to remove the crusts; after which some stimulating ointment should be applied to the remaining ulcer. Dilute ointment of nitrate of mercury is one of the best; say, for example, one part of the officinal ointment to three of cerate. This case shows the result of syphilitic infection, and is a typical one, for the diagnosis could be made from the appearance of the eruption. Do not be deceived when finding this or similar specific lesions in persons of undoubted chastity, for inoculation may occur from other sources than sexual intercourse. Cases are reported of inoculation by wounds from a dirty razor; by persons with mucous patches sucking wounds; by tattooing the skin with pigment mixed with saliva.

Scrotal Abscess Following Stricture of Urethra.

This patient came in suffering with urinary trouble. He has had a stricture for three years, following an attack of gonorrhœa. When I saw him some time ago in the out-wards, I endeavored to dilate the stricture by using steel sounds, but was unable to reach the bladder. He was accordingly sent into the wards for treatment by filiform bougies and such other measures as were demanded. When he came in it took from ten to fifteen minutes for him to pass his urine. Dr. Barber, the resident surgeon, finally succeeded in passing a filiform bougie into the bladder, after filling up the false passages with others. He then passed a Goulay tunnel catheter, which is a catheter with a small canal at the end opening into a grove on the back, into which the filiform bougie fits. By carrying the catheter along the bougie, it is guided into the bladder. Since that time no efforts have been made to dilate the stricture, for the urine passes quite freely. About four days after this, inflammation appeared in the scrotum, which may have been due to a rupture of the urethra, and an extravasation of urine into the scrotum. This condition is sometimes followed by septicæmic symptoms, especially if the rupture occurs far back in the perineum. This abscess, as it seems to be, is more in the scrotum than in the perineum, and may be due to inflammation around the urethra and not actual rupture.

If this inflammation was in the perineum, we should make an incision into the perineal tissues, whether there was pus or not, because of the certainty of violent inflammation arising from the extravasated urine. Incision allows this to drain away and averts the danger of septicæmia. In making an incision into the perineum, do not make it in the median line, as at the raphe the fibrous tissue forms a sort of seam, and will not gape enough to allow free drainage. Dr. Levis thinks that it would be safer for this man if we made an incision into the scrotum, even if no pus has yet formed. We shall give him ether, and also shave the parts to get rid of the hair, which makes cleanliness difficult after operation. I shall make an incision on the left side of the scrotum, though I do not think that there is any extravasation of urine, and probably no pus yet.

An incision is now made into this brawny mass, and, as you see, we strike a pus cavity. I can put my finger into the scrotum, and can almost touch the testicle. Curiously enough, the abscess runs upward and forward instead of backwards, as would be supposed from the location of the stricture. A large opening is made, so as to obtain free drainage. The cavity is washed out with carbolized water, and packed with carbolized oil dressings.

Anchylosis of the Knee.

Here comes a cripple that you remember had an anchylosed knee on which I performed tenotomy last week. The leg is now straight and he is able to use it very well, but there is still some fluid in the joint, as is evident by the patella, which is floated up, so that if I tap it, it can be felt striking upon the condyles. At the last clinic a description of the previous condition of the knee-joint was given. Anchylosis can occur from inflammation within or without the joint, being in the one case intra-articular anchylosis, in the other extra-articular. Cases that can be straightened by cutting tendons are extra-articular, because the obstruction to motion is outside the joint.

Double Coxalgia with Strumous Inflammation of Both Knees.

I now present an unusual case, in this little patient with anchylosis of both knees and hips from strumous inflammation. The legs are flexed on the thighs, and the thighs very nearly at right angles with the pelvis. The right leg and thigh are greatly atrophied from disuse, and therefore it is evident that the disuse is of longer standing on that side. In the region of the great trochanter both sides there are sinuses discharging thin pus. This is a characteristic symptom of coxalgia in the suppurative stage.

The occurrence of disease of both knee-joints in connection with the hip affection is a point against the supposed traumatic origin of coxitis. We have no special history of traumatism here, and it would scarcely be reasonable to imagine that four joints had suffered injury. It is believed by some surgeons that all cases of coxitis are due to an injury exciting inflammation, though possibly an unhealthy diathesis may also be necessary. The first stage of hip-joint disease is that of beginning inflammation and serous effusion into the synovial cavity; the second stage is said to be present when pus is formed within the joint; when caries or necrosis of the joint surfaces occurs, the disease is said to have reached the third stage. This child is suffering from the third stage, because the numerous sinuses lead to the belief that caries or necrosis has taken place. In the early stages the symptoms are pain, often referred to the knee, painful twitching of the limb at night, slight limp in gait, broadening of the buttock, obliteration of the gluteo-femoral crease, rigidity of the adductor muscles. At a later period, greater lameness, symptoms of pus in or around the joint, sinuses, hectic irritation, and gradual deterioration of health, are observable. Waxy degeneration of the kidneys and liver may occur from the prolonged suppuration, if the patient does not die from exhaustion before such pathological lesions have taken place.

The pathological changes in the knee-joints are similar to those occurring in the hips, though there is a difference in the character of the special symptoms. We will now give the child ether, and examine the sinuses with a probe, searching for evidences of diseased bone. The anchylosis may be due to muscular rigidity or to bony adhesion of the joint-surfaces. The former would be remedied by tenotomy, which I shall not perform in this case, because the mere stiffness is not as important as the bone disease. We cannot always feel the dead bone in these cases, even when we enlarge the sinuses sufficiently to introduce the finger. On one side a sinus runs up to the head of the bone. I think that this is a proper case for excision of the head of the femur on one side at least, and perhaps on both. Early excision of the necrotic bone gives a chance to arrest the progress of suppuration, which is exhausting the child's strength. We shall defer operation, however, until the case has been investigated more thoroughly and the progress of the disease watched.

Fracture of the External Condyle.

I now have a case with some traumatic lesion of the elbow-joint. This woman fell down three steps, her full weight coming on her left arm. There was great swelling at first, so that the fracture could not be well defined, but the swelling has been reduced by cold and compresses. See how I examine this elbow. I seize the condyles firmly between my thumb and first finger, then with the other hand grasp the arm above the elbow, to see if there is any motion or crepitus, but I do not find any here. If there was, I would know that the lower end of the humerus was fractured. The internal condyle is very apt to be fractured in injuries of this kind. But as the examination gives so much pain, I will stop while some ether is given. Notice the position of this arm: it looks like a fracture, because of the peculiar helplessness of the limb as it lies on the bed. If it were a dislocation, it would have a certain rigid appearance. You can grasp the internal condyle, on account of its prominence, as you see me doing here, and feel if there is any crepitus or motion. I find that here it is perfectly firm, so we can exclude this as the seat of fracture. On grasping the other side of the bone or external condyle, I feel both motion and crepitus. The fracture extends from above the external condyle, running obliquely downward into the joint. This fracture was undoubtedly produced by transmission of force through the radius, the woman in falling having struck either on her hand or forearm. The treatment in this case will be to properly reduce the fragments, and then put the arm on an anterior angular splint, and keep it at rest. In treating all fractures, remember the most important part is the proper reduction or adaptation of the fragments to their normal position, then the application of a dressing that will overcome the tendency to displacement and deformity. Do not associate certain splints with certain fractures, but make your splints to suit each individual case. In fact, many cases are better treated without the use of conventional splints, but by such proper postural treatment as prevents muscular displacement of the fragments.

Medical Societies.

PHILADELPHIA CLINICAL SOCIETY.

Meeting of October 24, 1884, Dr. Beates in the chair.

Dr. Montgomery reported a case of

Extra-Uterine Pregnancy, Rupture, Peritonitis, Recovery.

Also, for Dr. James Sibbald, a case of

Extra-Uterine Pregnancy Treated Successfully by Electricity.

(*See Pages* 672 *and* 675.)

DISCUSSION.

Dr. John B. Roberts coincided with Dr. Montgomery as to the advisability of performing laparotomy where the symptoms of rupture continued urgent.

Dr. Clara Barton asked what form of electricity had been used.

Dr. G. Betton Massey: The question put by Dr. Barton is of no little importance, and the answer should depend on a clear conception of the work to be done in a given case. Electricity

is called upon for two separate and distinct functions in extra-uterine pregnancy: to kill the foetus, and to produce its absorption. In the former case a somatic death of the germ contained in the tumor is desired; in the latter merely a molecular death or change. In this latter instance, where the death of the fœtus has occurred, and we merely wish to promote its absorption, together with any effused blood or other material, the indications are almost exactly similar to those of any other intra-abdominal tumor; the current with greatest electrolytic power—the galvanic—is to be preferred. On the other hand, if we wish to arrest the onward progress of life in the fœtal mass in the interest of the unfortunate mother, that current which will accomplish this object with least danger to the mother is to be preferred. This is, undoubtedly, the faradic current. Shock must be the quality of value here. It is simply a question of transmitting a sufficiency of shock through the abdominal walls of the mother to the more vital parts of the fœtus. If the ordinary faradic battery is not strong enough, the gravity of these sad cases would even warrant the building of a weak dynamo for the special purpose. As to method of application: the external percutaneous passage of the current by moistened electrodes would seem to be the best. A vaginal electrode might be used, however, the principal endeavor being to send the current directly through the tumor. Drs. Thomas and Mundé have recently reported a number of cases to the American Gynæcological Society where successful results had followed the use of electricity. To my mind, however, their remarks, as reported, lacked definiteness in this matter of the choice of current, and the exact object desired in the individual case. Dr. Thomas does not advise the use of electricity after the fifth month, but an operation instead. Possibly he anticipated difficulty in then producing death, but this could be overcome by increasing the strength of current in the manner I have indicated; even if an operation was afterwards performed, the previous arrest of the placental circulation might be of value.

In response to inquiries from Drs. Hall and Roberts, Dr. Massey said that an insulated sound with free extremity would form an excellent vaginal electrode, but that the use of acupuncture needles was totally unnecessary.

Dr. Montgomery, in closing the discussion, said that he had applied one electrode in the vagina in contact with the uterus and the other over the hypogastrium. He thought acupuncture unnecessary, though it was formerly the practice to use this procedure, as it was liable to cause peritonitis from the liquor amnii escaping into the peritoneal cavity. There is but little difference in the use of either current. There were two reasons why electricity was unavailable after four and a half or five months. The liability to rupture was greatest in the early months—before the third month. After that we may as well let the case go on to a later month, as an operation will be necessary any way. A large fœtus is more dangerous to the mother after loss of vitality, and cannot be allowed to remain. Although the woman had fallen in the case related, he thought the fœtus was still living, and therefore advised the electricity with the direct purpose to kill. Subsequently the tumor became smaller. The fœtus and appendages become encapsulated in the abdominal cavities of the mothers in these cases. There is no advantage in destroying the fœtus prior to operation.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

Thursday evening, September 11, 1884, the president, Dr. James Tyson, in the chair.*

Dr. J. M. Barton presented a specimen of

Cystic-Papillary Adenoma of the Neck,

which he had removed from a patient at his clinic at Jefferson Medical College, on September 6th. The patient was a married woman, 31 years of age, the mother of three children. The tumor was of slow growth, having existed for five years, and having increased but little in the last two years. It gave no pain, and but little deformity. It was about the size of a walnut, and lay beneath the clavicular extremity of the left sterno-cleido-mastoid muscle, in close proximity to both the subclavian and carotid arteries, from which it received a decided pulsation; on strongly pressing the tumor upward and outward the pulsation ceased. The tumor was closely adherent to a number of large veins of new formation, which greatly increased the difficulties of its removal.

On section, it presents a number of alveoli of variable diameter, communicating with each other and lined with a thick membrane, similar in appearance to the inner coats of the arteries. This membrane seems to have undergone calcareous degeneration in some portions. When the tumor was fresh these cysts, on incision, were filled with a dark-red fluid, like disintegrated blood.

REPORT OF THE COMMITTEE ON MORBID GROWTHS.

"A section made from the tumor of the neck, presented by Dr. J. M. Barton, shows a stroma of fibrous tissue, in which cavities are seen, varying in size, lined with an epithelium, having a cuboidal shape; from the margins of many of these cavities papillary ingrowths were noted, covered with cylindrical shaped epithelium; other cavities are filled with the remains of cells, or a structureless colloid-like substance. The tumor may, therefore, be considered a cystic-papillary adenoma, in which a colloid degeneration has occurred, or, from its location, it is not improbable that it may be either an outgrowth from, or a supernumary thyroid gland."

CHICAGO MEDICAL SOCIETY.

Regular semi-monthly meeting, November 10, 1884.

Dr. D. A. K. Steele presided, and Dr. L. H. Montgomery recorded the minutes.

A large attendance of members and visitors was noticed.

The following scientific reports were heard:

1. (*a*) Two cases of gastrostomy. (*b*) Two cases of excision of the rectum. (*c*) Remarks on litholopaxy. (*d*) A new instrument for varicocele. By Dr. Edmund Andrews.

* Delayed on account of report of committee to the editor.

2. Political abuse of the insane, by Dr. S. V. Clevenger.

3. Fourth annual report of the Shan-Tung Dispensary and Hospital at Pang-Chia-Chuang, prepared by Dr. Henry D. Porter, and read by Dr. John H. Chew.

4. Report of Committee on National Sanitation.

5. Hydrochlorate of cocaine: its use in ophthalmic and nasal surgery; and in the following cases: Stricture of the nasal duct, removal of a piece of steel from the eye, cataract, otitis media acuta purulenta, and asthma nervosum, by Drs. B. and J. Bettman.

The following recent cases in the surgical practice of Dr. Edmund Andrews are of interest because of the numerous unsettled questions which cluster around the operations referred to:

The first two cases instanced, viz., gastrostomy, which by way of preface, was stated by the author to be a barbarous word—an etymological blunder, so far as literary usages are concerned, composed partly of Greek and partly of Latin—the "philological monstrosity" being apparently an attempt by its author to enlarge the word gastrotomy, which literally signifies stomach-cutting, and by the addition of a syllable to signify a mouth, so as to make the compound mean a cutting of the stomach to make a mouth—literally a stomach-mouth-cutting.

The writer dilated further upon the word relative to its derivation, meaning, etc., and closed by saying that the word should be gastrostomaty, and even then there would be nothing left in the compound to signify the "cutting," therefore to express the full meaning of stomach-mouth-cutting would require the form, gastro-stomatomy, a term whose length and harshness of sound is sufficient for its condemnation. Suffice to say, euphony in sound and scholarly composition are two important requisites which are often ignored by skilled surgical authors as well as those of pedantic pretensions, and proceed to a perusal of a brief synopsis of the balance of the paper.

Case 1 was a little girl aged 6 years, who swallowed some concentrated lye several months previously, cauterizing the lower part of the œsophagus, and gradually inducing a stricture. Dr. E. P. Cook, of Mendota, Illinois, dilated the stricture, after which the child was sent home greatly improved. After leaving his care she relapsed, when she was placed in the care of the writer. Upon her arrival, it was ascertained that she had been unable to swallow anything for a number of days. Dilatation was essayed, and the patient improved for a time, regaining a partial power of swallowing liquid food. However, it was soon perceived that the advantage thus gained could not be maintained, and after faithful trial, it became evident that the little one was gradually starving. So-called gastrostomy was then performed [The surgeon insisted, however, in his remarks, that gastrotomy is the more scholarly term.—Ed.] in a room which had been sprayed for an hour with carbolic acid, but the spray was not permitted to touch the peritoneum. The usual incision was made in the hypochondrium from the xiphoid cartilage downward, and to the patient's left. The colon was found partly in the way, but it was easily pushed downward. The stomach was then drawn out with long-toothed forceps, the viscus was identified by the relations of the gastro-epiploica vein, and secured to the abdominal wall by a long suture on each side. As starvation was feared would ensue had not this plan been pursued, and the patient's life still further jeopardized. So the stomach was opened at once, and its edges sewed closely to the skin all around the incision. There was a good deal of shock, but reaction occurred, and union by first intention followed without difficulty and with no peritonitis. Peptonized food was regularly inserted, and on inspection was found perfectly digested, except when meat was used. This, whether raw or cooked, would be ejected from the wound unchanged, even when retained twenty-four hours. For some days the patient improved, but it soon became evident that most of the food, though digested, did not pass through the pylorus. It seemed that this orifice of the stomach required a little pressure to unfold it, and that whenever the stomach contracted for the purpose the chyme escaped by the fistula into the dressings, and did not pass on into the intestines. A rubber pad, tight enough to stop the outflow, could not be tolerated. A soft rubber tube, with a flange and valve, was substituted, in which the inner disc could be adjusted to the inner wall of the stomach, then by clamping the tube outside of the outer disc to the wall of the abdomen a perfect valve was obtained, which prevented leakage. The effect of the inner disc on the walls of the stomach was feared at first, but it produced no perceptible irritation. The opening in the stomach was purposely made pretty large, the surgeon hoping at some future time to introduce a finger upward into the lower end of the œsophagus, and then by pushing down upon it would succeed in restoring the natural passage. As above stated, the valve retained the food perfectly, and the patient took an abundance, and even learned to know when she was hungry, and to call for her meals. The improvement was but temporary, however, and she began slowly to fail without obvious cause. The power of assimilation seemed to exhaust itself, and she constantly grew weaker. At the thirty-fifth day after the operation it became evident that she was at about the end of her life. The last twenty-four hours were accompanied by an obscure fever.

Case 2. An adult male patient; six months ago he swallowed some caustic ammonia, producing a contracting ulcer of the lower part of the œsophagus. In September last he placed himself in the care of the writer, having been unable to swallow anything for some days. By a persistent use of bougies the stricture was dilated and the power to swallow liquid food was restored. He then returned home, having learned to introduce the bougie himself. In time he lost the art of passing the instrument, and in October returned in the same condition as before. Diligent trials to dilate the stricture a second time gained only a slight temporary power of passing small quantities of liquids a day or two at a time, and within a weekor so it was perceived that his progress was downward and he was slowly starving. Moreover, the points of the bougie seemed to be creating a local inflammation in the right lung, as if they were making a false passage in that direction. To continue their use,

therefore, was not deemed judicious, and they were accordingly discontinued, and an operation was decided on at once, and not allow the patient to become more exhausted. The operation was the same as in the former case, except that the opening was smaller. The same difficulty of regurgitation of the food occurred, and was controlled by a similar valve. The patient is now doing well, and bids fair to recover, and at time of reading the paper, thirty-two days since the operation, is improving nicely.

The plan pursued by Mr. Howse, of London, and those of other surgeons, were dwelt upon to some extent, with their advantages, disadvantages, etc., etc. The operation should be done with extreme caution. Regarding the statistics of this operation, this is not very cheerful. Of 207 recorded cases, forty were for cicatricial stricture of the œsophagus (like those just cited). Of these forty, twenty-one died. Yet, when no other hope of life or relief is offered, an operation which gives them one chance in two is a great benefit.

Excision of the rectum, of which the author cited two cases that he at present has under treatment. Our reporter has synopsized each of them as follows:

Case 1 was epithelioma not reaching down to the verge of the anus. In operating, the entire external sphincter was saved, the incision was carried from an inch in front of the anus back to the coccyx, opening the anus antero-posteriorily and cutting off the gut just above the verge. After dissecting it upward a little and tying numerous vessels, the rectum was separated from the pelvic chamber, mainly with the finger, and the *tube* divided about three inches upward, just above the top of the cancer. There was no shock, and not much subsequent pain or inflammation.

The second case was almost exactly a repetition of the first, except that the verge of the anus was involved in the disease, and consequently was dissected out with the rest. Both patients are doing well, and are exceedingly comfortable; but it is too early to state whether there will be any return of the disease.

Statistics.—The statistics are much like those of epithelioma elsewhere. Billroth, of Vienna, thinks he permanently saves about one-third of these cases. Other authors were cited; and, lastly, of 608 cases collected, 140 died of the operation, and 100 of those who survived the operation, whose accounts were traced up, thirty-one were doing well at the end of one year, and seventeen were alive and well with no return at the end of three years.

Litholopaxy.

Dr. Andrews has operated twenty-three times with one death. He is confident that the plan he pursues—of keeping the nerves of the bladder benumbed during the operation by filling it with carbolized water—tends powerfully to prevent both shock and inflammation. It is worthy of inquiry, said he, whether the remarkable local anæsthetizing properties of the new agent, cocaine, would not enable us to operate without ether and without producing shock. * * * * * * * *

A new instrument for operating on varicocele was the next topic discussed by the writer. Operations for destroying the veins in varicocele have produced, occasionally, death, and in other cases resulted in neuralgic scrotum with or without atrophy of the testicle. Many surgeons have followed the lead of Professor Frank Hamilton in preferring Sir Astley Cooper's plan of shortening the scrotum sufficiently to make it its own suspensory bag. This operation is vexatious, because the imperfect character of the old-fashioned adhesive plasters rendered it difficult to support the sutures sufficiently to secure union by first intention. Now that we have the rubber plaster, which never lets go its grip, we can cut the scrotum very short, and still hold the wound firmly together and secure a triumphant success. Sundry clamps have been invented to hold the skin of the scrotum firmly while the surgeon cut it off and sewed it up; the evil of the clamp is that it compresses the arteries, so that after cutting away the pouch the surgeon is unable to find and ligate the vessels. If he sews up the wound without attending to this point, experience shows that after the clamp is removed hemorrhage often takes place inside the scrotum, distending it with clot and forcing open the wound, thus delaying the cure. To meet this difficulty the author has devised a kind of varicocele bow, which he exhibited and described as follows: It consists of two curved parallel bows connected at the ends and enclosing a slot three-eighths of an inch wide between them. Twelve holes are drilled through the bars, of a size to admit ordinary pins. The surgeon draws the scrotum through the slot (having the concave border towards the base of the scrotum) to such a distance as he deems sufficient, secures it there by inserting, one by one, as many pins as he finds necessary to hold the pouch securely. He then cuts off the scrotum outside the convex border of the bars. As the scrotum is not pinched by the instrument, the blood spouts freely, especially from the artery at the raphe. The operator can carefully and deliberately secure every bleeding point. This being accomplished, he sews the cut edges together, and then drawing out the pins, removes the bow, and applies his plasters. The neatness and dispatch of the operation are thus greatly enhanced.

The following abstract was upon one of the principal topics under discussion, and relates to the condition of affairs at the Cook County Insane Asylum. The matter came up under the head of "Political Abuse of the Insane," by Dr. S. B. Clevenger, special pathologist at this institution, who submitted a lengthy treatise, in which he referred to the young science of psychiatry, which had gradually developed until a life's study is needed to place one in possession of what is now positively known concerning the anatomy, physiology, and pathology of the human mind. Stating that the European governments subsidize laboratories and salary eminent physicians, the lecturer contrasted with this fact the condition of things existing in the average American asylum, especially those controlled by local trustees instead of by legislatures. There is, he continued, a wonderful uniformity in the degradation of American institutions for the insane; the same brutalities are rife in them; the employees are generally of the same class; the same intriguing, bickering, and general roguery occur, and all the so-called physi-

cians are nearly of the same stripe ; the same air of secrecy is maintained in one as in the other. Dr. Clevenger related the murders which occurred in the Utica, N. Y., asylum. They were investigated, but the papers were stolen before the Legislature could act upon the report. Recently in a Kentucky asylum the murder of a legislator who had become insane came to light. In another asylum in the same state, the superintendent upon an occasion shot into a crowd of the patients. In the Ward's Island, N. Y., asylum it was proved that a patient's ribs had been broken. A number of similar instances were cited. While the lecturer admitted that a majority of asylum attendants were kind-hearted, the pernicious influence of the brutes was too prominent to be overlooked. These brutes were mostly active workers in political campaigns, who felt entitled to the political spoils. The average official who appoints such men is often of the same stripe. When $200,000 or $300,000 are yearly appropriated for the maintenance of an asylum, the chances for division are excellent ; because the inmates do not know enough to complain, and any officer who is not corrupt is usually intimidated into silence. If he cannot be entangled in some scandal or some hold cannot be secured on him, the gang often concocts a scheme out of whole cloth, and uniformly swears to it. It is pure accident if a good physician succeeds in effecting an entrance to an asylum as an appointee. The charlatan who abides in saloons, and is well acquainted with the "boss" or members of the gang, stands the best chance for election to office. Such a person is usually of the bummer order, who delights in pistol-shooting and threatenings, who prostitutes his position in all sorts of ways for the benefit of low politicians.

Speaking of his own particular case, which was presented to the County Board yesterday, the Doctor presented a list of all the officers employed and their salaries, at the Cook County Asylum. He proved by this list that the medical officers were discriminated against. Anything medical, he said, is contemptible in such precincts. Only politics is glorious. The lady physician is consigned to an unheated room, and she has had to put up with insolence and obstructions, even to the extent of taking patients from her, because it was discovered that they were recovering under her treatment. Dr. Kiernan, the present superintendent, who was accidentally elected, owing to the debased political gang quarreling among themselves, is known all over the world and to every member of this society as a physician devoted to the treatment of insanity. It was no new task for him when he began to clean the rascality out of Cook County Asylum. Dr. Kiernan's first order to the attendants was to restrain no patient without on order from a physician. A great uproar followed. This was an unheard-of proceeding there, and much nonsense was talked over the new order. The next order was that the night watch should not issue medicines to the patients at their own will, but were to call up a physician. As much as ten gallons of sleeping potions were doled out per month in the most unskillful manner to all classes of noisy patients. Any death resulting from this was, of course, attributed to "exhaustion from insanity." Among the new arrangements which disgusted the gang most of all was that requiring employees to take off their hats in the wards and address the patients in a decent manner. The most recent change made was to stop the appropriation of the labor of the inmates by a heterogeneous crowd of scamps, and divert the insane work to their common benefit. The patients are insufficiently clad, and it was only right that the sewing should be for their own benefit.

At the Chicago Asylum the political individual is in the ascendency. The warden, Mr. Varnell, recently declared himself in public as boss of that place, and said that he proposed to turn out all the doctors but one, and that all employees not Democratic must go. Intriguing for place and against the physicians has taken up the major efforts of the lay officials, and the greatest injustices and annoyances are practiced against the medical staff. It is publicly known, said the doctor, that a notorious gambler has controlled appointment at the asylum for many years, bas had his numerous hunting dogs kept there upon county beef and milk, and that the present opposition to the medical men is in the name of this "boss." The patients are insufficiently fed and scantily clothed. They suffer for everything. The medicines are impure and often valueless, and upon investigation, without whitewash in it, many terrible things may be brought to light.

Dr. Clevenger read a report of the lady physician of the same institution, which corroborates all the allegations made by him, and this was followed by a discussion, during which Dr. G. C. Paoli argued that the only remedy was to transfer all such institutions as the Cook County Insane Asylum to the care of the State. This would at least insure more capable employees and the employment of competent medical officials. Dr. Clevenger was of the opinion that all public institutions containing more than 100 inmates should be placed under the control of the State Board of Charities. Dr. J. C. Cook spoke highly in favor of the State institutions, remarking that the patients there were treated well. Inhumanity sometimes occurred even there, but it was speedily found out and swiftly punished. Dr. G. Newkirk held that the responsibility rested as much with the medical profession as with anybody else. The profession should unite and take some steps to reach the Legislature for proper remedies. Dr. Clevenger added that the drugs kept in the Cook County Insane Asylum were impure and inert, and Mr. Davidson, the druggist of the institution, substantiated this, adding that not only the quality but the quantity of the drugs was inferior. Two requisitions for drugs had been entirely withheld, and the stock on hand had nearly run down. The secretary read a letter from the Citizens' Association, requesting that the Chicago Medical Society appoint a number of physicians to act in conjunction with laymen of the association in investigating the charges of mismanagement at the County Insane Asylum. Drs. C. G. Smith, E. Ingalls, C. G. Paoli, R. Tilley, and C. W. Earl were appointed by the chairman, the Citizens' Association to select three names of the five presented.

An interesting and appropriate address, "The Fourth Annual Report of the Shan-Tung Dis-

pensary and Hospital at Fang-Chia-Chuang," prepared by Dr. Henry D. Porter, who was for several years a missionary to China, was read by Dr. John H. Chew. The paper was an able one, and presented experiences and the views of its author upon Oriental diseases, which was keenly appreciated, as was shown by a vote of thanks passed by the Society. But space prevents our further alluding to it at this time.

The Committee on National Sanitation, through Dr. John Bartlett, then presented the following report:

"*Mr. President:* The committee appointed at the meeting of this Society, September 15, 1884, to consider and report upon a series of resolutions presented by Dr. Liston H. Montgomery, having reference to *national sanitary* matters, respectfully report the following preamble and resolutions as suitable to be adopted:

"WHEREAS, Experience has firmly established the fact that the ravages of certain infectious and contagious diseases may be in good measure prevented, controlled, or arrested by the enforcement of suitable sanitary regulations; and

"WHEREAS, The United States is constantly exposed to the importation of disease from foreign countries, and because of the facility and rapidity of inter-State transit, to the rapid spread of infection once finding lodgment on our borders; and

"WHEREAS, This exposure, because of the prevalence of cholera in Europe, just now is unusually great; and

"WHEREAS, The facts are that matters of sanitation are in some of the States of this Union entirely neglected, while in others they are simply taken cognizance of by the appointments of boards of health, in their functions advisory only, and unclothed with powers of authoritative action; and

"WHEREAS, Either of these State Boards of Health, as now constituted, may prove derelict or inefficient in its duties, or act without concert with, or even in antagonism to, the Boards of other States; and

"WHEREAS, The exigencies occasioned by the appearance of violent epidemics demand organized means for the prompt recognition of the outbreak of disease, and vested authority, limited in its area by the boundaries of the country only, to take such immediate steps in matters of protection, as vaccination, isolation, quarantine, etc., as experience has taught to be useful; and

"WHEREAS, No national authority in sanitary matters now exists, therefore,

"*Resolved*, That it is the judgment of the Chicago Medical Society that the sanitary interests of the United States demand the establishment of a national health authority, which shall have for its main functions the detection of pestilential and epidemic diseases, and the enforcement, where necessary, of sanitary regulations tending to prevent, to abate, or to suppress them.

"*Resolved*, That as a step toward the consummation of the idea suggested in the foregoing resolution, a committee of three be appointed by this society to collate facts, tending to show the usefulness and necessity of a national sanitary organization, and to compile the same in such form as may be available for disseminating information upon, and creating an interest in national sanitary legislation.

"*Resolved*, That the said committee be empowered and instructed to urge the importance of national sanitary legislation upon the attention of the Congressional delegation from Illinois, and fittingly to present the subject to the representatives of the people in both Houses of Congress.

"All of which is respectfully submitted: O. C. DeWolf, M. D., chairman, R. E. Starkweather, M. D., L. H. Montgomery, M. D., John Bartlett, M. D., J. H. Etheridge, M. D., A. R. Jackson, M. D., J. H. Hollister, M. D., Committee."

Upon motion, duly seconded, the resolutions were voted upon seriatim, and were unanimously carried.

A motion to adopt the suggestions embodied in the report also unanimously prevailed, and Drs. John Bartlett, R. E. Starkweather, and J. H. Hollister, were appointed members of the committee.

Two papers were then presented on "Hydrochlorate of Cocaine, or Muriate of Cocaine as a Local Anæsthetic," is the title of a lengthy paper read by Dr. Bœrne Bettman, which our reporter has synopsized for publication thus: Hardly two months have passed since the introduction of this valuable adjunct to medical science. Already many clinical and physiological observations have been noted down in our medical archives. Glowing, indeed, are the accounts sent from the East of the effects of this drug. Dr. Noyes first called the attention of American physicians to this new anæsthetic. His letter from Kreuznach, September 19, 1884, contains a full account of the proceedings of the Ophthalmological Congress at Heidelberg, where Professor Becker demonstrated the action of the remedy before the assembly. * * * * The papers of Drs. C. R. Agnew, W. Oliver Moore, James L. Miner, Gruening, and Knapp, were referred to. Dr. Koller, a Viennese student, discovered the application of this remedy to the eye. It appears he became aware of its anæsthetic qualities from seeing or hearing of its application to the larynx to deaden the sensibility of the vocal cords. The remedy is the alkaloid of the leaves of erythroxylon coca, a shrub growing extensively in South America. A few grains of the highly-prized drug were recently obtained and used in the following cases in this city by the writer, but before using it, in order to become better acquainted with its physiological effects, he had instilled a few drops of a 4 per cent. solution into his right eye, and in return he instilled a few drops into the eye of his brother. Thus, two drops of a 4 per cent. solntion of cocaine were applied to the left eye of Dr. J. Bettman, in a few seconds this produced a feeling of slight stiffness. In two minutes complete anæsthesia set in, permitting the manipulation of the cornea with a brush and probe, without causing the slightest pain. Sensibility began to return after ten minutes, and was perfectly restored in fifteen minutes. In sixteen minutes the pupil showed a slight dilatation. In two hours it was middling.

Repeated applications of the drug produced more pronounced and lasting effects. Four drops of cocaine induced a maximum dilatation in fifteen minutes, and not until eighteen hours afterwards did the pupil assume its normal size. Re-

action to light in the anæsthetized condition was prompt. The actions of cocaine on the essayist's eye were similar to those recounted. Sensibility to touch disappeared in five minutes. Ten minutes later the pupil dilated. Distant vision remained the same. The accommodation was decidedly influenced, the near point having receded from four inches to twelve. Snellen 0.5 was read at four inches with the aid of +14.

The mydriasis was complete, in half an hour the benumbing effects of the drug began to disappear, and passed away entirely in three-fourths of an hour. The dilatation of the pupil lasted eight hours. The outer surface of the right lid was rendered insensible to the pricking of a pin.

Case 1. O. D., æt. 22, consulted the writer for stricture of the nasal duct. A few drops of a 4 per cent. solution of the cocaine produced complete anæsthesia in three minutes. A Weber's knife was introduced into the canaliculus, shoved forward into the sac, and the duct slit open with but trifling pain to the patient. With an Anel's syringe, a few drops of cocaine were injected into the nose. Five minutes later the firm stricture was forced with a Bowman's probe. The pain was seventy-five per cent. less, according to the patient's statement, than that experienced five years ago when subjected to a similar operation. The anæsthesia lasted fifteen minutes.

Case 2. A piece of steel had been embedded in the cornea of a policeman for two days. The eye was extremely sensitive. Two drops of cocaine benumbed the eye in three minutes. The digging out of the mote with a spud was painless.

Case 3. Mr. M. complained of severe earache, produced by an otitis media acute purulenta. The introduction of a cotton-holder, or speculum, was not permitted. Instillation of two drops of cocaine was followed by almost immediate cessation of pain, when the ear could be manipulated without the slightest annoyance to the patient.

Case 4. The most glowing results were obtained in the case of Mrs. T., where a cataract operation was performed on the right eye. Several drops of cocaine applied every few minutes produced complete anæsthesia in ten minutes. The corneal section was made without the patient being aware of the fact. The only step in the operation which caused the slightest pain, was excision of the iris. At this stage, when questioned about the sensation, she remarked, "It felt as if a pin were pricking her." She expressed herself highly pleased with the action of the remedy, assuring the operator repeatedly, that with the exception of the slight pricking pain, she had felt absolutely nothing of the entire operation. The wound has healed nicely, and her sight is good. The physiological and therapeutical effects of this new alkaloid may be tabulated as follows:

First. Hydrochlorate of cocaine is a powerful local anæsthetic, not penetrating in nature, rapid in its effects, which, however, are only temporary.

Second. It is a mydriatic, the effect of which is regulated by the strength of the solution.

Third. It produces paralysis of the ciliary muscle, the near point receding from the eye; distant vision is not influenced.

Fourth. By virtue of its benumbing powers it may be classified as an anodyne.

Discussion was participated in by Dr. R. Tilley, whose experience with cocaine corresponded with the views of the essayist.

After some other remarks relative to its merits by the speaker, Dr. Jefferson Bettman read a report of a case illustrating the applicability of cocaine in nasal surgery. The paper may very properly be termed an appendix to the foregoing one on the same subject. We herewith present the principal points it contained:

Its action on the nasal mucous membrane, as already demonstrated by Knapp and Gruening, is similar to that on the eye. It is only quite recently that the remedy has been obtainable, hence the experience of the observer is limited to the case subjoined.

The results obtained realized most sanguine expectations, and demonstrated its signal value in nasal surgery.

Dr. K., a physician of this city, has been under treatment, suffering from "asthma nervosum." The asthma is purely reflex, induced by great hypertrophy of both inferior turbinated bones, a subsequent serous discharge, and to complete the clinical picture, a culminating violent attack of asthma. The nares are extraordinarily hyper-sensitive. The introduction of a probe or any instrument into the nose is exquisitely painful. Previous treatment had consisted in applications of galvano-cautery to reduce the volume of the erectile tissue in the nose. The abnormal sensitiveness, however, would only permit of but superficial cauterizations, so the results obtained were but partially successful. On the 8th of the present month the writer resolved to apply the muriate of cocaine prior to cauterization. A pledget of cotton of sufficient size was soaked with fifteen drops of a 4 per cent. solution, and placed in the inferior meatus of the left nostril. In ten minutes the narium was perfectly anæsthized. At the end of a quarter of an hour the plug was removed and the parts thoroughly cauterized with a sharp, cutting, electrode. The period of application exceeded three seconds, and produced but a minimum degree of pain. In fact, the discomfort was so trifling that the hitherto sensitive colleague cheerfully submitted to a second vigorous application at the same sitting. After a period of twenty-five minutes, sensibility of the parts was fully restored. The action of the white heat was so thorough that its ultimate results will probably eclipse the benefit derived from previous more superficial application of the cautery.

At a late hour a motion prevailed that the Society do now adjourn.

Liston H. Montgomery.

—At a recent clinical lecture, Professor Da Costa exhibited specimens from a case of typhoid fever in which death had occurred from peritonitis, with three recent perforations of the bowel. The patient four days before his death had had a profuse intestinal hemorrhage. The distinguished teacher took the opportunity of endorsing the ergot treatment of the hemorrhage, but insisted upon the importance of following it up with decided doses of opium in order to prevent perforation or to limit its effects.

EDITORIAL DEPARTMENT.

PERISCOPE.

Gossypium as an Obstetrical Aid.

Dr. Hercules Macdonnell thus writes in the *London Medical Press*, October 22, 1884:

From time to time efforts have been made by obstetricians to substitute other remedies for secale cornutum and its various preparations. It is well known that secale varies greatly in its efficacy according to the time of year in which it is gathered, and its active properties fluctuate almost in the same degree as its price. Its deleterious effects in the uterus are of such a nature during parturition, that at the present day it is almost criminal to administer it as an expulsive remedy, and gynæcologically, no one can deny, but that by subcutaneous application of its preparations it causes continuous contractions, and by internal administration the injurious effects on heart and nervous system detract from its remedial powers. None of its various substitutes, viz., quinine, borax, tannin, and iron, have ever been able to approach secale in its contractile and hæmostatic properties: we are invariably obliged to have recourse to it.

Four years ago a patient, who was the subject of an interstitial uterine fibroma, accompanied by violent recurring hemorrhage, but in whom secale invariably caused intense spasmodic migraine, caused me again to seek for a substitute. In an old number of the "Schmidt Annual," I found a note, that in the Southern States of America, the rind of the root of the cotton tree was used by the inhabitants for procuring abortion, and also by the profession as a substitute for ergot. Dr. Wilhoeit, of New York, who was visiting Hamburg at the time, confirmed this statement as to the valuable properties attributed to this drug. I procured some, and have instituted for the last four years an uninterrupted series of experiments, which have enabled me to arrive at as certain conclusions on the subject as are possible for a practitioner who has not the advantage of a clinic, or the leisure for extended experimental research. My undertaking resolved itself into chemical, obstetrical, and gynæcological observations. The first had for its object the discovery in the root of an alkaloid or a glucosid, but neither in the Local State Laboratory, with the able help of the director, Dr. F. Wibel, and his assistant, Dr. Engeltrubt, nor of some local manufacturing chemists, nor of the apothecary, Dr. Sick, all of whom interested themselves in the search, did success attend our object. It appears that similar investigations made in North America were equally futile. In addition to this common attribute, which ergot and gossypium both possess, there is a second active property, which they also share, and which I am now about to state: it acts more quickly, more certainly, and with greatest advantage, as a fresh infusion, not as a decoction, and the relative quantity of substance necessary for effect is smaller in proportion to the freshness of the drug. Obstetrically, I have not made use of this drug as a means of procuring abortion, and consider such a use of it with misgiving.

During birth I have used it experimentally, both in primary and secondary inefficient pains, and in both cases with uniform success. I first administered it carefully in small doses, and as soon as I convinced myself of its inertness, in considerable quantities, during labor, as I from principle never use ergot before the termination of the second stage, in many instances producing good pains or correcting bad ones. On a few occasions the remedy failed me, but this I consider was due to my using an insufficient quantity, and it was at the time when I used the fluid extract. I have never observed any injurious effects, above all in cramps or partially tetanic contractions of portions of the uterus. I must, however, reserve my opinion of the entire obstetrical administration, to the degree of observation which general practice commands. I had not the advantage of a trained assistant or a Tokodynamometer, and verp few opportunities of studying for studying the intensity of its effects. If the above circumstances are borne out when subjected to clinical observation and experimental research, that we possess in gossypium an expulsive property without the injurious after-effects of ergot, this is certanly no unwelcome discovery: and I considered it advisable not to withhold any longer my researches from publication. The obstetric dose is from 3 to 6 grammes, freshly infused for from 6 to 10 minutes, and strained through a linen filter, given every hour or even half hour. One can use as much as 10 grammes in the hour; of the fluid extract 1 to 3 teaspoonfuls also hourly or half-hourly; this dose also holds good for the first two days after labor, when ergot is indicated, and it is wished to substitute gossypium in its stead.

In the after-treatment of a parturient, to guard against subinvolution the same gynæcological dose obtains. I can express myself with much greater certainty as to the efficacy of this drug in gynæcological than in obstetrical practice. I first made use of gossypium in the case before mentioned, which induced me to seek for it, and its brilliant results, especially by its prompt styptic properties in staying the hemorrhage without any accompanying symptoms, naturally caused me to employ it largely in all cases of fibroma. Its effect on the frequency and violence of the hemorrhage was quite marvellous; so much so, that I now only very seldom use ergotin injections, which are so much dreaded by many patients, during menstruation, and never between the periods. The menstruation regulates itself as to the time of its appearance, duration, and quantity, and in a number of patients I have been able to perceive visible decrease in the size of tumors in the course of five to six months. In some this latter circumstance did not take place. However, I lay much less weight on that than upon the fact that by from six to eight months' continuous treatment I have never yet experienced progressive growth.

In order to confirm this point, I have continued my observations for such a lengthened period. Its mode of action is completely different from secale. Given at the time of hemorrhage, gossypium manifests very little effect. If, however, the administration begins immediately after the hemorrhage, the effect is visible on the next occasion in the diminished quantity lost, and soon after in the longer pauses between the hemorrhages. With a similar result I have made use of this drug against subinvolution, more especially after miscarriage. It has also done me sterling service in two cases of persistent hemorrhage from the kidneys which had continued for years.

The gynæcological dose consists in giving it either once daily as an infusion of 10 grs. or twice 7½ grs. of the powder. If the fluid extract is administered, two teaspoonfuls twice or three times daily in a wineglassful of syrup. During menstruation, the doses must be somewhat larger. In the fresh preparation, received from America, which is generally very much pressed in the packing, it is well to soak the root for about twelve hours in cold water, and shortly before administering it, to boil and strain it. Has the drug been loosened or ground by the apothecary, the freshly-made infusion is sufficient.

In its intensity the rad. gossypii cannot compete obstetrically with the contractile and styptic properties of ergot. In order to accomplish the same effects as ergotine, many doses are necessary, and the period before it acts is considerably longer; as against that, however, we can administer it with security, and at times when secale might easily prove dangerous, and is universally forbidden, namely, during the first stage of labor.

In gynæcological practice, when rapidity of action is of less importance, gossypium can not only compete with, but in the majority of cases supplant ergot. It can be administered by the mouth, its effects lasting for a longer period, and with better results, than ergot, and in a more comfortable manner, than by subcutaneous injection, without pain and other accessory symptoms.

Professor Mundè, of New York, whom I requested this summer to give me notes out of American literature relative to this drug, was kind enough to communicate to me some results in the gynæcological branch of his practice, and he extended the successful employment of gossypium to menorrhagia from unknown causes, and suppression of menses due to cold, fright, and changes of climate.

On a Case of Poisoning by Sardines.

Dr. Augustus W. Addinsell thus writes in the *Lancet*, September 27, 1884:

There are few things more embarrassing to the practitioner than to be called upon suddenly to treat a case of poisoning, especially when it is not quite clear what the poison is. The rarity and gravity of the following case make it, I think, worthy of record.

On Tuesday, June 17th, at 7 p. m., I was hastily sent for to visit a lady who was vomiting very severely. I went immediately, and the husband told me the following details: At 3 p. m. Mrs. A—— had taken for luncheon some brown bread and butter and four sardines, which were the remnant of a box that had been opened some days. She had noticed a small speck of white on one or two of them, but had thought nothing of it. Almost immediately she commenced to yawn, but, being tired with nursing some children lately with measles, this was overlooked; the yawning, however, increased towards 4:30 p. m., and from that time became incessant, until it culminated in on act of vomiting. She was then seized with diarrhœa and violent abdominal pains. Between 5:30 and 6:30 p. m. she vomited five times, and had seven evacuations of the bowels. I found the patient much prostrated; no pulse could be detected in any of the superficial arteries but the temporal, and there very feebly indeed; a cold, clammy sweat bedewed the face, which was perfectly colorless; the eyes were much sunken and the pupils contracted, the mouth very parched, the lips perfectly livid, and great thirst was complained of, with severe pains in the umbilical region, and cramps in both lower extremities. The mind was a little wandering, though she fully recognized me. The temperature was 97.2°. Though she was scarcely able to speak for yawning, she pleaded piteously for water. I gave her ice to suck, and placed hot flannels with turpentine over the abdomen, which relieved the pain for the instant only. This not producing any permanent relief, and the evacuations continuing every quarter of an hour, I injected three minims of morphia hypodermically, and gave one drachm of brandy with ice. At this time (7:45) she was fainting, and the collapse seemed more complete. I administered another drachm of brandy, which was vomited in ten minutes. I had previously ordered the vomited and evacuated matter to be kept, and I found the latter consisted entirely of blood and mucus. The former merely contained water and the brandy. By nine o'clock the cramps had ceased, and there had been no vomiting and but one evacuation during the last hour. The temperature had remained all along subnormal, and the yawning had persisted. I then gave half a pint of rice-water with an egg beaten up, with some ice to allay the thirst, which was causing great agony. By 11:30 p. m. the pulse had returned so as to be felt at the wrist; the temperature had gone up to 99.2°; in the next hour she vomited once, and had two motions of the same sanguineous description. By 1;30 a. m. the temperature was down again to 97.4°, and the pulse distinct, though very feeble. During the night the patient slept fitfully, but vomited twice and had three motions by nine o'clock in the morning. Bismuth and carbonate of potash were then prescribed, with plenty of rice-water and egg, which was taken freely during the day. At noon on the Wednesday, seventeen hours after I first saw the patient, the temperature was normal; the pulse fairly full. There was no pain, and the patient felt comparatively well, though of course very weak. From this time she rapidly recovered, and is now perfectly well again.

It seems to me that the great interest in this case lies in the violence of the symptoms (for certainly not less than six pints of liquid and bloody evacuation were passed in a few hours) and the rapid recovery; one was naturally on the look out for enteritis and peritonitis to supervene, but no approach of these disorders could be detected.

Primarily, I consider the vomiting, by removing a portion at least of the irritant matter, was beneficial to the patient, and that the subsequent morphia injection had the effects for which I gave it, viz.:

1. To allay the pain.
2. To stop the cramps.
3. To arrest peristalsis.

Had this not been done, and the diarrhœa allowed to continue, I think the patient must have succumbed. Now the question is, What was the exciting cause? The oil being rancid, could scarcely account for it, and besides, but a very small quantity of oil was taken. It has been proved in a rather recent case that tin (Professor Attfield, in a paper read before the Pharmaceutical Society, 1883,) in sufficient quantity to poison would be so extremely objectionable that the patient would have refused to take it; one is therefore forced, *per vias exclusiones*, to the conclusion that it must have been the sardines which had caused the mischief, and as the box had been opened some time, and others had been taken from it with no evil results, it becomes an interesting and important question for the profession, as well as for the public, how long it is safe for a box of sardines to be open and in use, and what the precise nature of the poison is to which they become subject. That it is an irritant, and a very strong one, is clear from the foregoing account; but as far as I can gather this is the first case reported of the evil, and as it arose from the use of such a very popular article of diet, I thought it worthy of being brought forward.

Traumatic Tetanus Treated with Eserine and Local Warmth and Moisture.

Dr. G. H. Brandt reports the following case in the *Practitioner*, October, 1884:

M. C., cook, age 23, of rather delicate constitution and nervous temperament, whilst cleaning a fresh turbot cut the tip of the left thumb. The wound was deep, and bled very profusely. He wrapped a piece of rag round it, and had it dressed by me seven or eight hours after the accident. Having adjusted the flaps and then put on a series of adhesive straps so as to seal up the wound, I covered the whole with a bandage soaked in carbolized oil, and kept his arm in a sling. The bandage was constantly kept soaked with the carbolized oil. Three days after, the dressing was renewed, the wound doing well; at the end of a week, the wound was healed. On the tenth day after the accident he caught a severe cold from exposure. He complained of pains all over his body, with slight fever; kept his bed, and was ordered salicylate of soda and to be wrapped up in flannel. Gradually the muscles of the legs, back, chest, throat, and the masseters, became stiff, and he could barely open his mouth. This was accompanied by profuse perspiration; no appreciable fever: pulse regular but small. Rigidity rapidly increased; the jaws could only be separated one-eighth of an inch; there was great restlessness and insomnia. I stopped the salicylate, and gave bromide of potassium and chloral in gramme doses during the day, and hypodermic injections of morphia at night. This treatment succeeded in procuring a quiet night, but during the day-time rigidity was great. On percussing his back the muscles felt like boards, and forcible movements produced convulsions; at times convulsions would set in without his being touched. Auscultation revealed no abnormal sounds; his breathing began to get short from constriction of the chest muscles. There was also constipation, so at this period I gave an aloetic purge, which freed the bowel, and injected per rectum four ounces of infusion of valerian, with musk and camphor. This enema was retained for six hours without producing any relief. Convulsions became more frequent and violent, rigidity increased in the legs and throat. There was great pain over lumbar region, considerable restlessness, and profuse sweating. The bromide with chloral and morphia at night failing to produce any relaxation of muscles, I decided on injecting hypodermically the sulphate of eserine, and putting on an ice-bag along the spine. I began by injecting one milligramme of the sulphate of eserine every hour, watching it carefully. At the end of seven injections, finding no relaxation of the lower extremities, I gave two more injections, each containing two milligrammes, with an hour's interval between them. The patient dreaded the restlessness of the night, and begged for his morphia, which I gave him (half a grain hypodermically) at 11 p. m.

Having read somewhere that the tetanic condition might depend on a loop of the nerve being caught and nipped in the cicatrix of the healed wound, I decided on cutting down above the wound so as to cut off all communication between the cicatrix and the spine, but both patient and family strongly objected. The very idea of such a slight operation, produced several convulsions. I therefore thought the next best thing to do was to relieve pressure on the nerve by relaxing the tissues, keeping them constantly in a vapor bath, which I attained by wrapping up the thumb in hot wet cloths covered over with oil-silk. The next day the patient was slightly better, but still very rigid. As the subcutaneous injections were badly supported, I gave the eserine by the mouth in centigramme doses every two hours during the day, continuing the ice-bag to the spine, and morphia hypodermically at night. Improvement gradually showed itself, which encouraged me in the administration of the paralyzing drug, which was followed out for three days, gradually increasing the space of time between each dose. At the end of the third day, the improvement was as follows: less sweating, less rigidity, better nights: during all this time his powers of deglutition were good. His diet consisted of fresh milk and strong beef broth. I stopped the Calabar bean and began with the bromide three times a day, with a mild injection of morphia at night. It is now twenty-five days since the rigidity commenced; he is now convalescent, and only complains of slight stiffness, with pains in the groins and lumbar region. He is now taking warm douches and small doses of iodide of potassium.

I cannot help thinking that the relaxation of the cicatrix by the action of the hot water vapor, had some effect in the improvement, and I regret not having made an incision earlier, and without the patient's knowledge.

When convulsions occurred, chloroform inhala-

tions certainly did good in cutting them short, and the patient admits that the ice-bag did him much good. His mental faculties were, during the whole time, quite normal. The relaxation of rigidity began in the legs.

A Case of Subscapular Abscess.

Dr. Albert N. Blodgett, of Boston, narrates in the October number of *The American Journal of the Medical Sciences* a very instructive case of this rare affection, and it is believed to be the sixth on record.

The peculiar anatomical relations existing around and beneath the scapula give to an acute inflammation, and to the results of such an inflammation in this region, a degree of importance to which they would otherwise be in no way entitled. The broad flattened costal surface of the shoulder-blade offers an unyielding barrier to the products of inflammation, the swelling, effusion, the slough of tissue, or the subsequent suppuration. The margins of the scapula are occupied by the insertion of numerous powerful muscles, or are fringed with dense and tense fascia, which, though allowing a moderate displacement by pressure from within, yet are grave obstructions to the relief of a deep-seated abscess by the process of natural evacuation. It will be remembered that the fascia of the neck plays a similar part in the history of deep carbuncle of this region; and to it may probably be ascribed in great measure the grave character and frequently the fatal issue in this affection. Thus we see that an acute inflammation in the tissues beneath the scapula is accompanied by conditions which can be likened only to those confined to, and found in three other parts of the body, viz.: to the interior of the skull; to the sheaths of the tendons, particularly those of the digital flexors; and to the roots of the teeth within the alveolar process. The course of the disease in its progress toward spontaneous cure, in the patient whose history forms the foundation of this article, illustrates the truth of this comparison in an indisputable manner.

The study of Dr. Blodgett's case is interesting for the following reasons:

1. The occurrence of an acute inflammation in a confined locality, to which it is restrained by an overlying surface of bone, which cannot yield to pressure without causing necrosis, exfoliation, or perforation of the bone.

2. The absence of injury to the vertebræ, which lie in dangerous proximity to the seat of disease.

3. Absence of caries or necrosis of the ribs, which formed one wall of the suppurating cavity.

4. And most surprising of all, the evacuation of the purulent fluid through a false channel, of comparatively very great length, by means of localized peritonitis and adhesive inflammation of the abdominal viscera, and perforation of two layers of peritoneum, and the wall of the intestine, without the occurrence of fatal peritonitis, or of septicæmia, or any other serious complication; and,

5. Finally, the existence of a tense abscess in a confined locality upon the chest-wall, with the formation of a long sinus in the space between adjacent ribs, without a perforation of the parietal pleura, and the occurrence of a traumatic empyema; or adhesive inflammation of the opposed pleural surfaces and perforation into the pulmonary structure, with rupture into a blood-vessel or into a bronchus.

When it is possible to establish the diagnosis of subscapular abscess at an early period in the disease, the surgeon would certainly feel that operative interference for the purpose of affording an outlet for the products of inflammation would be not only justifiable, but an imperative duty. The diagnosis may not be easy, and in the case here narrated the true nature of the disease was not recognized by the attending surgeon; but when the presence of pus beneath the shoulder-blade is once determined, no time should be lost in providing a path for its evacuation.

Skin-Grafts from the Frog.

Dr. William Allen thus writes to the *Lancet*, November 15, 1884:

"Finding that the treatment of granulating wounds by skin-grafting is in country practice liable to fall into disuse through the unwillingness of patients to part with the little bit of skin necessary, I have lately been induced to try experiments with other substances as a substitute for human grafts. As the outcome of these experiments, I find that bits of skin from a decapitated frog make grafts which admirably answer all purposes, forming a source of supply always at hand in the country, except during the winter months, being easily applied on account of their uniformity in thickness, and necessitating no pain to suffering humanity. The skin of a single frog yields grafts for an enormous extent of surface and preserves its vitality so long that, if the patient is at a distance, the portion of skin required can be carried by the surgeon in his pocket for an hour or more without injury, provided it is wrapped up in gutta percha, or other water-proof tissue, to prevent drying. As witnessed by me in three cases in which I employed this mode of treatment during the month of August, the frog grafts at first act as human grafts are known to do, but later on their behavior is different. Thus, soon after being applied they disappear, but after a short time they appear again as a thin transparent film on the surface of the granulations, some of the films being raised in the centre and depressed at the edges, forming small conical elevations. At this period the skin at the edge of the wound takes on a very rapid growth, but, curiously enough, the grafts themselves grow but little, and some stop growing altogether, this being so different from what occurs in the case of human skin-grafts. If the wound or ulcer is a large one, the rapidity of epidermal growth at the circumference also soon diminishes, unless stimulated afresh by a second application of grafts, so that often a series of settings of grafts is needed before the granulations are covered over with skin. Material for graft making, however, being so easily procurable, the large quantity of seedlings required offers no difficulty.

"Apart from the surgical importance connected with the process, there is in it something of scientific interest as well. My friend and former teacher, Chief Professor Cleland, of Glasgow,

long ago suggested privately to me, and subsequently, I believe, in 1877, to his class, that in his opinion the process of healing by skin-grafting forcibly demonstrated the correctness of Stricker's view of the existence of sexes in the tissues. The colonies of epithelial corpuscles at the edges of the ulcer remain quiescent through lack of one sexual element, which the grafts no sooner supply than reproduction rapidly sets in, fertilization being probably brought about through the medium of the fluid which bathes the surface of the granulations. If the sexual theory accounts for the process, the skin that grows after the application of the frog-grafts must be of the nature of a new breed, a cross between human and frog epidermal elements. The disproportionate growth between the frog-grafts themselves and the circumferential epithelium in no way invalidates this supposition, seeing that a somewhat analogous condition exists amongst animals when families of the same species are crossed with one another, fertility being greatest on the side that tends to degeneration, and less on the side that aims at a higher development. I have not as yet studied the process histologically, but may be able to do so soon."

The Causation of Labor.

Dr. C. E. Shelly publishes a paper on this subject in the *London Medical Times*, October 18, 1884, which thus concludes:

Finally, we may briefly summarize our conclusions thus, dividing the causes of labor into (1) the *primary*, which is the habit of periodic (mensual) uterine contraction; (2) the *obcidental* (*i. e.*, causes which, being accessory, arise naturally in the course of, and are necessarily evoked by, the progress of the pregnancy itself); and (3) the *accidental*, which include *e. g.*, external violence, toxic agents, instrumental interference, emotional effects, and the like.

1. Ovulation begets periodical *congestion* of the generative organs. (*a*)

2. *a* produces rupture of vessels on the uterine surface, giving rise to *effusion of blood*. (*b*)

3. Effused blood, etc., acting as a foreign body, tends to produce reflex *uterine contractions*. (*c*) (This expulsive action is not usually noticeable in ordinary menstruation, for reasons previously given.)

4. *a*, *b*, and *c*, thus induce *habit of* periodic contraction and expulsive effort on the part of the uterus, at intervals corresponding to the catamenial periods. (*d*)

5. During pregnancy this *habit* (*d*) continues in force; but, owing to the character of the fœto-maternal relations, no additional element likely to beget strong reflex expulsive action comes into play, until toward the fortieth week. (*e*)

6. Towards the end of the tenth month of gestation there occurs (owing to the pressure consequent on distension) *fatty degeneration of the connections between ovum and uterus*. (*f*)

7. In consequence of *f*, there arises a *further stimulus* to contractile action by local *irritation of* the uterine nerve-endings. (*g*)

8. Hence, when the tendency to mensual uterine contraction recurs for the tenth time, it is reinforced by the stimulus *g*, as well as by the other stimuli which are by this time also more or less effective. Whence ensue, at this period, more vigorous contractions, leading to *further separation between ovum and uterus*. (*h*)

9. *h* increases the irritation of *g*; thus leading again to recurrence of *h*, and so to a constant repetition of this train of phenomena, until the expulsive force thus roused suffices to ensure complete separation of the ovum and its subsequent extrusion.

10. The mere *habit* (even apart from the persistence of its original exciting cause) of recurrent (mensual) uterine activity, as well as the resulting tendency to expulsion of the ovum at the tenth mensual period of gestation, would become gradually fixed, and so exalted into *physiological laws*, by transmission and inheritance through numerous successive generations.

While this view of the subject, thus imperfectly sketched, can hardly fail to increase the interest with which we regard the problem of the causation of labor, it has also a practical value by bringing before us the numerous array of factors engaged in producing that result, and by showing how the normal progress of pregnancy may be jeopardized by the too early or too vigorous incidence of any one or more of them. It claims, also, to afford an explanation of the process in harmony with the great laws of correlation and of continuity whose operations are so widely evidenced throughout the world.

Reviews and Book Notices.

BOOK NOTICES.

The Elements of Physiological Physics. By J. M'Gregor-Robertson, M. D. Small 8vo., pp 528. Philadelphia, H. C. Lea's Son & Co., 1884.

This is one of those excellent manuals for medical students which we have already had occasion to mention with commendation.

The topics embraced in the volume are electricity and magnetism, the graphic methods, pneumatics, optics, sound and heat, and dynamics. The application of these various branches to the practice of medicine is set forth with sufficient fullness and with much clearness. The author is thoroughly acquainted with his subject, and the practitioner who would put himself in possession of the latest doctrines on these collateral sciences can do so by this manual at little cost of time.

—Dr. John T. Nagle reports that in 1832 there were 3,513 deaths from cholera in New York city, at the rate of 15.64 in every 1,000 persons. In 1849 there were 5,071 deaths, or 11.24 per cent. in 1854 there were 2,507 people died, or 3.95 per cent. In 1866 the deaths were 1,137, an average of 1.28 per cent. The epidemic of 1866 was of a virulent type, 583 persons who died having been attacked in the streets.

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THE PROFESSION IN THE UNITED STATES.

The medical profession in this country to-day is in a very peculiar and anomalous position. Having more physicians in proportion to population than any other country in the world, yet we fear that there are very few countries wherein the profession, as a body, receives less consideration and respect from the masses of the people than it does in our own. Outside of a comparatively small body of our leading physicians, in various localities, the relations between the public and the profession seem to rest entirely upon a mercantile basis, upon a basis of barter and trade, to pay as *little* for as *much* as is possible; *quality* does not seem to influence the general public in their relations with the physician any more, if as much, as it does in the purchase of dry goods or shoes.

A man or woman will look more or less carefully at a pair of shoes, before buying them, no matter how low the price may be, but in many cases the lowness of price is the first criterion of the physician's ability.

Of course, we do not mean to say that this is a universal rule, for it is not; but we do say, that among the great masses of the people, the cheaper a doctor will work, the more work he will get to do, providing, of course, he has sufficient tact and policy to prevent his clients from discovering any deficiencies, and the good fortune to impress them with his capability.

We mention these facts to point our statement, that the relation between the great majority of the people in this country and the physician is one of trade. No doubt the business man would say that this is a perfectly proper relation; the physician gives advice and receives pay therefor.

This, however, is not the correct view. The mission of the physician is unquestionably too high and noble to be ranked with *trade;* his is a calling of wonderful dignity, than which no profession or occupation could approach more closely to the divinity; to heal the sick and to encourage the well, is truly a divine mission, and one whose honor, dignity, respectability, and responsibility cannot be overestimated.

Why, then, is it that when our claims to respect

are so great, that we receive so little; why is it that the public do not regard us as they should; why is it that they treat us as tradespeople, whose wares they intend to purchase at the lowest possible price; why do they not realize the impossibility of placing a money value upon our services; why do they not heap us with gratitude and presents, and load us down with the weight of their esteem? Why are we compelled to send out bills, as our butchers and our tailors do; why do not our patients spontaneously reward us handsomely for our divine labors in their behalf? Why, in a word, are we treated with *less* consideration even than the butcher, for while his bill must be paid promptly, ours are oftentimes put off to the last possible moment, and not infrequently relegated to the waste-basket?

Is it not because we have too many doctors in this country; is not our anomalous condition primarily and essentially due to the enormous multiplication of medical schools, and the consequent *over-production* of medical men; that we imagine has been the curse of the profession in the United States for some years past? Our professional ancestors, the physicians of fifty years ago, received very much more respect from the public, and were treated with much more consideration, than are we of to-day. We know of one very prominent *old* physician in this State, who, for many years, would not send out a bill, depending upon the gratitude of his patients for his remuneration; and he did not *depend* in vain, for though he has practiced all his life in a comparatively small city, yet his declining years find him in a very satisfactory financial condition. His son, following the father's example, could not at first be induced to send out a bill; he could not bear to think of his *advice* being *bought*, as so much paint or putty; but the march of progress soon forced him to do as others were doing.

Of course, we can never hope to recall the old days when our patients looked up to and respected us as something rather above the ordinary run of men; but we can (and we ought to) cause them to respect us much more than they do to-day.

In the first place, as we have said, we have altogether too many medical colleges, that are conducted, not in the interest of science, or of the public welfare, but purely and simply as "money-making *concerns*," whose sole *raison d'etre* is to enable some sharp, shrewd, or more or less conscienceless individuals to accumulate money and fame, as the reward for turning loose upon the community a parcel of men whom they have authorized to call themselves doctors, and who are just about as capable of intelligently pursuing their mission as an African ape would be to preach the gospel. We mean what we say; our journal is not conducted in the interest of any college or set of men; we are absolutely and entirely independent of everybody, owing allegiance only to the *medical profession*, for whose welfare and advancement we constantly labor; therefore we say most emphatically that it is an outrageous disgrace not only to the profession, but to the civilization of our country, to witness the mushroom-like medical schools that are now dotted about over the country.

Some are good and worthy, of course, and in writing these words we do not mean to condemn all, nor to praise any particular school; but we do say that the large majority have no other earthly reason for their existence than to enrich in money and fame their owners, and that they do exert a most injurious influence upon the dignity and respectability of our profession as a whole, by turning loose upon the community a lot of men whom the public *cannot* respect, and who certainly *cannot*, or at least *ought* not to respect themselves, that is, as intelligent, respectable, and competent *physicians*, with all which the word implies.

We do not wish to speak harshly, but it is time for us to face the truth. We are in an anomalous position in this country, and we are not respected by the people because we do not respect ourselves. We have debased our profession, from the moment of the commencement of the medical education, to the basis of trade; our colleges bid for students, and make as strenuous efforts to secure them as does "Sam'l of Posen" to sell his goods. Here is a bidding for trade, for students, for their money,

and for the advertising which these students will gratuitously give their teachers, as well as for the "*practice*" which these students, when they become general "country practitioners," will send to the *distinguished city specialists* who have so easily made them doctors and started them in the world.

We do not respect each other; jealousy and detraction are common—more common, we fear, in our profession than in any other.

We badly need reform in medical education; we want *less M. D.'s* and more physicians. We want more young men to stick to the plough, to engage in the noblest pursuit that can be engaged in by man; we want more farmers, those gloriously independent men, who are so utterly independendent of all business variations, and who live surrounded, as all human beings should live; and we want a comparatively small number of young men, who are fond of study, and who are capable of making competent physicians. Thus the smaller number of doctors would be able to get along, the public would respect them, and we would all respect each other.

MORE ABOUT "MURIATE OF COCAINE."

Although we have had a great many reports of the use of this drug, yet, since it seems to be one of the most important additions to our therapeutics that has been offered of late years, we deem it well to publish all that is reliable about it. At the last meeting of the College of Physicians of Philadelphia (December 3) Professor Da Costa made some remaks on the subject, detailing some experiences he has had with the drug at the Pennsylvania Hospital. In tubercular laryngitis, he has found it to act better than either iodoform or morphia. He has found it to relieve earache, believes it would be useful in toothache, and has noted it as an excellent local anæsthetic prior to the cauterization of ulcers. Dr. Shakespeare mentioned a case wherein the eye was severely burned with ammonia; a four per cent. solution of cocaine relieved the pain and the eye was well in three days. Dr. Dulles questioned whether this was due to any specific action of the cocaine, since he had had a similar case, where equally good results followed the use of boracic acid. Dr. S. Weir-Mitchell stated that he was subject to coryza, and that he had experienced great relief from the use of a four per cent. solution, passed, on a piece of cotton, up to the point of pain and distress.

Dr. Charles S. Turnbull writes to us as follows:

"Last Sunday (November 30) I enucleated another eye (see p. 628). I was equally successful in the use of the cocaine hydrochlorate, and the operation was painless. The results then obtained verified my remarks on case already published. The eye was a staphylomatous one, caused by slough of cornea from gonorrhœal ophthalmia. The time required is an objection. Ether is shorter, as a rule, and still preferred."

NOTES AND COMMENTS.

Alcohol.

The question of the therapeutic application of alcohol has been frequently discussed from all standpoints, and each physician seems to have his own views on the subject. Dr. James Munro discusses the question in the *Edinburgh Medical Journal* for November, 1884, wherein he says:

"Undoubtedly it was used twenty-five years ago too largely and indiscriminately in disease, although there can be no doubt that it is a very important medicinal agent in the treatment of exhausted conditions, in the advanced stages of fevers and adynamic states, and we have no other therapeutic agent that can exactly take its place, both as a medicine as well as a food in adynamic states, and in the last stages of fever, etc. At the time I have named (I believe) it was probably administered too freely and loosely in disease; but now we know a little more precisely its actions and effects, and what quantity will saturate the blood—viz., one ounce and a half of *pure alcohol* in twenty-four hours is the amount of *blood saturation*, and this corresponds or is equivalent to about three or four glasses of wine in the day—and that more than that amount, if long contined, (thus exceeding the amount of blood saturation) will be thrown out or exerted on some special organ, such as the liver, kidneys, etc., and will lead ultimately to disorder and disease of the organ selected. I now prescribe it more accurately and carefully than I did formerly, with regard to the kind of alcohol, the quantity, frequency, etc., and directions when to leave it off;

and as it is an important therapeutic means in severe cases, I have more closely watched its effects of late, as in acute febrile diseases with cardiac failure threatening. When agreeing and benefiting, the temperature begins to fall a little, and so we watch and regulate accordingly. I have used alcohol in small and regulated doses a good deal in the advanced stages of typhoid fever, or other febrile, inflammatory, and adynamic conditions, with great benefit and with increasing confidence in it, more particularly in the adult, and very sparingly in children, as the latter are relatively much more susceptible to it; but this susceptibility usually diminishes with age, so that I have found it a greater help and better therapeutic and dietetic means for middle and especially old life rather than in the young, although when carefully given even to infants in suitable cases it often saves life, and no medicine probably has such a marked and striking effect.

"I never knew a case of subsequent continued intemperance, or alcoholism, arise from, or be owing to its being previously administered medicinally; and if either of the victims of these states ascribed their liking and craving for it to its medical administration, and dated their intemperance to have begun then, I should fear they were, more or less, private drinkers previously, and so untruthful and unreliable in their statements: when they reach this stage we all know how demoralized they become. I trust you will not consider it presumption on my part, but in alluding to this matter, I cannot resist expressing my own opinion, from careful and matured consideration; and so far as I am able to judge, I affirm that a most gross slander has been cast upon the profession in this particular matter. Judging from my own practice, the craving for alcohol is frequently acquired, but the tendency to it, or, speaking medically, the predisposing cause, is oftener inherited; and alcoholism, but specially dipsomania, is chiefly hereditary, and seems a moral and physical disease, and is nearly incurable except by absolute abstention from alcohol in any form. I have observed that many of the hereditary and related alcoholics die about the same premature age, and often from the same changes produced in the same organs—liver, kidneys, lungs, heart, or brain, as the case may be. It is lamentable that one of the most useful remedial agents we possess should be also so deleterious and demoralizing when abused and taken in excess, and an important factor then in producing degeneration of tissue, organic disease, insanity, and premature death—in a medical point of view, and in a philanthropic aspect, debasing, demoralizing, and contributing largely to pauperism and crime, so that we should do all in our power to prevent its injurious influences in the above-named respects. I have mentioned impressions formed in the space of five and twenty years; is it too much to look forward and anticipate what our impressions may be twenty-five years hence, if living? Surely we may hope that the Legislature will come to the rescue by the well-directed advice of the profession. I have observed that alcohol should be taken very sparingly, if at all, in some renal affections; and in health that it should only be taken regularly in very limited quantities, always within the amount of blood saturation, and only at meal times, and none of the 'pick me ups,' or doses usually called 'nips.'"

Unilateral Atrophy.

Dr. H. L. Burrell reports a peculiar condition in the *Boston Med. and Surg. Jour.*, November 13, 1884. The case was that of a female child of nine years, each half of its body perfectly developed, but the left two or three years behind the right half in its stage of development. This is especially marked in comparing the clavicles and the halves of the pelvis. He also reports two similar cases. The treatment in all the cases was an extra sole on the shoe to horizontalize the pelvis. Dr. Burrell concludes by saying:

"In considering these cases as a class, one finds that the mother's labors have been perfectly normal; that there is no difference in the pulse, temperature, consistency, tendon reflex or ankle clonus of the affected side; that the children are in good health; that they have never received any injury; that they simply apply for relief to the lameness; that the mother first noticed the trouble when the child began to walk; and that there has never been any loss of power in the affected limbs. The practical importance of these cases rests upon a recognition of the deformity, its differential diagnosis from various diseases having as a symptom lameness and atrophy of one of the limbs, and the general influence it will have in causing deviations in the spinal column, by obliquity of the pelvis. The important bearing which inequality in the length of limbs may have in producing lateral curvature is well set forth in a recent paper by Henry Ling Taylor, where he reports thirty-two cases of primary crural asymmetry. The left leg was found to be longer in twenty-eight cases, the right in four. Dr. Taylor's differences in measurements are not

in eighths or fourths of an inch; in sixteen cases the difference is over one-half an inch, and in six it is an inch or more."

Large Doses of Quinine in Typhoid Fever.

Dr. George S. Hull, of Chambersburg, Pa., publishes an article in the *Med. News*, November 15, 1884, recommending the use of large doses of quinine in typhoid fever when the temperature gets very high. The mixture used the most frequently, and which caused the least complaint, was the following:

℞.	Quiniæ sulphatis,	gr. xv–xlv.
	Pulv. glycer. ext.,	℈i–℈ij.
	Syr. simplicis,	℥ss.
	Aq.,	q. s. ad ℥j.—M.

This was given at one dose; or in three doses, fifteen minutes apart, especially when the larger doses were used. When patients tired of this, ext. glycyr. rad. fld. was substituted; it alters the color and somewhat the taste, still being almost equal to the former in disguising the bitterness. When these were refused, it was rubbed into a mass with glycerine (hydrochloric acid being added to increase solubility, and especially to reduce the bulk) and enclosed in gelatine capsules. In the one case in which it was given in the shape of suppositories (℥j. with gr. ij. pulv. opii, in two suppositories), it reduced the temperature satisfactorily, though not so promptly as when administered by the mouth. The hypodermatic method, being yet in bad repute as regards quinine, was not resorted to.

Morphia, in small doses, was frequently added when there was much restlessness or insomnia; it also seemed to heighten the action of the quinia, as has been claimed of this combination.

Where the stomach was very irritable, the following, with rare exceptions, was retained:

℞.	Quiniæ sulphatis	gr. xv–xlv.
	Pulv. glycr. ext.,	℈j–℈ij.
	Bismuthi subnit..	℈j–℥j.
	Liq. morph. sulphatis,	℥ss–℥jss.
	Aq.,	q. s. ad ℥j.—M.

Sig.—At one dose.

Much importance seemed to attach to the time of administration; a dose of 18 to 24 grains early in the morning, when the temperature was 103°, generally reduced it two or three degrees, though in some cases it merely kept it from rising, which condition held for thirty-six to forty-eight hours, when the dose would have to be repeated and increased.

Osteomyelitis a Forensic Question.

The following case, which has a special interest from its forensic importance, is reported in Eulenberg's *Viertelsjahrschrift:* A healthy boy, æt. 13, while playing, March 5, 1883, on a sand-bank and jumping off it, had repeatedly slipped and fallen on the hard, frozen ground. He had also been kicked by another boy in the left thigh, but without such consequences as to prevent him from continuing his pasttime. Towards evening of the same day he began to complain of heat and pain in the left thigh, though an inspection failed to reveal the least trace of an injury. During the night the boy was very restless, and the next morning the thigh was greatly swollen, red, hot, and painful. March 7, these symptoms increased in severity, and delirium set in, so that the patient had to be transported to the hospital, where he died on the 9th. His parents contended that the kick was the cause of his death, and, as is the custom in such cases in Germany, the criminal court ordered a post mortem to be made by the official expert. The following morbid condition was discovered: Periostitis and malignant osteomyelitis of the left femur, pericarditis, myocarditis, and double-sided purulent pleurisy, besides embolic nephritis. The opinion of the expert was that the pathological conditions found had not been caused by the kick, but probably been produced by the repeated jumping and falling. Dr. Maschka, who reports the case, believes that an infectious disease gave rise to it—that the respective bacteria were present in the blood, and thus induced, in consequence of local disturbance of circulation, a primary focus of inflammation, whence, by metastasis, the other morbid conditions developed themselves.

Muriate of Cocaine in Hay Fever.

Like all other new and fashionable remedies, the muriate of cocaine is being credited with the possession of a great variety of therapeutic properties. In addition to its anæsthetic effects, Dr. F. H. Bosworth, of New York, writes to the *Med. Record* (November 15, 1884), that he has found that when applied to the mucous membrane it is followed in about twenty or thirty seconds by a very notable contraction in the venous sinuses underlying the part which it reaches; and as the application is continued over the whole membrane covering the lower and middle turbinated bones, these sinuses become so rigidly contracted that all the blood which they may have contained is absolutely expelled, and the membrane clings closely to the bony structures, which then become visible in absolute outline.

Therefore, he concludes that we have a therapeutic agent of inestimable importance, and

which he has every reason to believe will be efficient:

1. To control the exacerbation of hay fever.

2. To relieve the most distressing symptoms of an acute coryza, and curtail its duration.

3. To control the painful and distressing reaction which results from the use of caustics or instruments in the nasal cavity.

4. To completely empty the venous sinuses of the nasal mucous membrane, and thereby afford a thorough ocular inspection of the cavities.

5. To largely eliminate from our minor operations in the nasal cavities the troublesome hemorrhage which so often occurs, and to control epistaxis from whatever cause.

A Peculiar Affection of the Finger Tips.

Before the New York Clinical Society (Sept. 26, 1884,) Dr. Abbe related a case of this sort, the patient being a man thirty-five years old, a driver. He had complained of pain in the tips of his fingers, and beginning with the little finger, they had all successively become dark blue, as if going on to gangrene. This, however, did not ensue. There was pain in the palm, and the fingers themselves were hyperæsthetic. He had concluded that there must be some obstruction to the digital branches of the radial artery, and, on examination, this artery was found very small in the wrist, while the ulnar was enlarged. A history of syphilis was obtained, and a diagnosis of obliterating endarteritis was made. Iodide of potassium was given in full doses; in three days there was decided improvement, and in a week the blueness, which had existed for some weeks, was entirely gone. The finger tips had been distended, but there was no other œdema to be found.

Prevention of Ophthalmia Neonatorum.

One of the greatest blessings which medical art of late has conferred on mankind is the preventive treatment of the blennorrhœa of the eyes of new-born children. In the October number of *The American Journal of Medical Sciences* Dr. Henry J. Garrigues calls attention to the value of Credé's method of treatment, which in brief consists in washing the outer surface of the eyelids with plain water, separating them slightly, and letting a single drop of a two per cent. solution of nitrate of silver fall from a glass rod on the cornea. No after-treatment is used.

In 1882, Garrigues introduced Credé's treatment into his service at the New York Maternity Hospital, since which time 351 children have been thus treated, and not a single one was affected. He makes this application immediately after the cord has been severed, which is not done before the pulsation in it has ceased. During the subsequent ablution, great care is taken that no foreign substance enters the eyes.

The results obtained in lying-in hospitals by this method are so striking that there cannot be any doubt about the advisability, nay, the duty of adopting it in all such institutions.

Acute Painful Paraplegia.

This is the name given by Dr. Dumolard, of Vizille, to a peculiar form of paraplegia observed by him in five patients, and described in the *Revue de Med.*, July 10, 1884. It begins by a sensation of pain and stiffness in the back, soon followed by the apparition of the same symptoms in the lower extremities, and sometimes in the arms. The pain increases gradually, and may become excruciating. Fever is unusual, and the general state of health remains good. The reflex movements are much increased; but the legs can only be moved with great difficulty by the patient, and there is often paresis of the bladder. After an acute period lasting from ten to fifteen days, the symptoms begin to disappear, and in four or five weeks the patient recovers entirely. Salicylate of soda and quinine have no influence over the disease. The best treatment seems to consist in blisters on the back, saline purgatives, and bromide of potassium. Dr. Dumolard thinks that this disease differs only in degree from the epidemic paraplegia observed fifteen years ago at Anzannon, in Spain, and described by Bockhammer.

Iodoform in Organic Disease of the Heart.

When we read this article in the *Giornale di Med. é Ter di Messine*, we truly thought that therapeutics had run wild. It has always seemed to us that it was very unreasonable to attempt to *cure* an organic disease with drugs, or, indeed, to try to *cure* it at all. Hygienic precautions will, of course, and always do render the ill effects of organic disease much less potent; but when we talk about *cures*, we are going too far. Yet in this article, Professor Testa reports his observations on the *curative* effect of iodoform in *organic* disease of the heart. He gives it in pill form every two hours, until one grain is taken during the day. We do not suppose that it can do any harm; therefore, our readers might try it if they see fit; but it seems to us that hygiene will give much more satisfactory results.

Correspondence.

The Opium Habit.

Eds. Med. and Surg. Reporter:—

In the issue of November 15, Med. and Surg. Reporter, Dr. Griffith, of Kansas City, Mo., gives his experience in the treatment of the opium habit by the use of digitalis, terchloride of gold and sodium, and fluid extract of coca. While I have not unfrequently used the remedies which the Doctor has enumerated, and with benefit, in the early treatment of the habit, yet I beg to offer a different theory, and consequently different treatment, by which the patient is *thoroughly* rid and permanently cured of the habit. My experience has led me firmly to believe that there is no remedy or combination of remedies which will bridge a patient over the gulf between his *old* condition, resulting from long-continued stimulation, and that *new* one, the result of a thorough reaction in the nervous centres, and a consequent renovation of all the organs involving digestion and assimilation. Doubtless the Doctor will agree with me that a thorough reorganization of the system and its functions is necessary to a radical cure. Now in order to thoroughly reconstruct the bodily functions, it is important to build upon a healthy foundation; and this can only be done by withdrawing the *old* method of running the machinery, viz., by stimulation; and when the stimulants are removed, whether rapidly or slowly, whether by vicarious remedies or otherwise, there must be a *letting down* of the system—*bottom* must be reached before a perfectly healthy reaction can be set up. (By way of diversion, I may remark that a rapid withdrawal is usually followed by more marked reactionary symptoms, and for that reason I prefer this method.) When that point is reached, the appetite begins to return, the demand is for food and not stimulants; nature again asserts its rights, and craves that upon which it was intended the body should subsist. This degree of letting down varies with different persons, owing to the plan of treatment, to the amount of stimulant taken, to the time the habit has existed, and to the constitution of the habitué. During an experience of ten years in the treatment of alcohol and opium habitués, I find that, other things being equal, those cases in which the reactionary symptoms are most marked, make the most satisfactory recovery. The same may be said of alcoholic patients.

John S. Marshall, M. D.

Green Spring, O.

A Health Conference.

Eds. Med. and Surg. Reporter:—

At a meeting of the Board of Health of the city of Pittsburgh, held October 24, 1884, the following resolution was adopted:

"*Resolved*, That the health officer correspond with the local boards of health throughout the State, and others having sanitary powers, with a view to calling a convention or conference of such boards and persons, for the purpose of considering the subject of the organization of a State Board of Health. Said conference to be held in the city of Harrisburg, on Tuesday, the 13th day of January, 1885."

In compliance with the foregoing resolution, communications were sent to cities and towns, having, or supposed to have, boards of health or sanitary officers. It is probable that in sending out these communications, many town, township and borough boards of health, or sanitary officers, have been omitted. If there be any such under whose notice this article may fall, they are hereby invited to participate, and requested to communicate with Crosby Gray, esq., Health Officer, city of Pittsburgh.

A sufficient number of replies have been received to enable us to say positively that the conference will be held. Those who desire and intend to take part in the conference, and have not yet replied to the circular sent out, will confer a favor by answering at the earliest date possible, so that the committee from this board having in charge the securing of a place for holding the conference, will have a tolerably accurate idea of the number to be accommodated.

J. C. Dunn, M. D.,
President Pittsburgh Board of Health.

News and Miscellany.

Ninth International Medical Congress.

(*To be held in Washington, D. C., in* 1887.)

Preliminary Notice.

The Committee on Organization of the Ninth International Medical Congress, to be held in the United States in 1887, met in Washington, D. C., on November 29, 1884, for the determination of the general plan of the Congress, the election of officers of the committee, who will be nominated to fill the same offices in the Congress, and the consideration of questions of finance.

The folowing rules were adopted:

1. The Congress will be composed of members of the regular medical profession who shall have inscribed their names on the register of the Congress, and shall have taken out their tickets of admission. As regards foreign members, the above conditions are the only ones which it seems, at present, expedient to impose.

The American members of the Congress shall be appointed by the American Medical Association, by regularly organized State and local medical societies, and also by such general organizations relating to special departments and purposes, as the American Academy of Medicine, the American Surgical Association, the American Gynæcological, Ophthalmological, Otological, Laryngological, Neurological, and Dermatological Societies, and the American Public Health Association; each of the foregoing societies being entitled to appoint one delegate for every ten of their membership.

The members of all special and subordinate committees, appointed by the general committee, shall also be entitled to membership in the Congress, together with such other persons as may be specially designated by the executive committee.

All societies entitled to representation are re-

quested to elect their delegates at the last regular meeting preceding the meeting of the Congress, and to furnish the Secretary-General with a certified list of the delegates so appointed.

2. The work of the Congress is divided into eighteen sections, as follows, viz:

1. Medical Education, Legislation and Registration, including methods of teaching, and buildings, apparatus, etc., connected therewith. 2. Anatomy. 3. Physiology. 4. Pathology. 5. Medicine. 6. Surgery. 7. Obstetrics. 8. Gynæcology. 9. Ophthalmology. 10. Otology. 11. Dermatology and Syphilis. 12. Nervous Diseases and Psychiatry. 13. Laryngology. 14. Public and International Hygiene. 15. Collective Investigation, Nomenclature, and Vital Statistics. 16. Military and Naval Surgery and Medicine. 17. Experimental Therapeutics and Pharmacology. 18. Diseases of Children.

3. The general meetings will be reserved for the transaction of the general business of the Congress, and for addresses or communications of scientific interest more general than those given in the sections.

4. Questions which have been agreed upon for discussion in the sections shall be introduced by members previously nominated by the officers of the section. The members who open discussions shall present a statement of the conclusions which they have formed as a basis for debate.

5. Notices of papers to be read in any one of the Sections, together with abstracts of the same, must be sent to the Secretary of that Section before April 30, 1887. These abstracts will be regarded as strictly confidential communications, and will not be published until the meeting of the Congress. Papers relating to questions not included in the list of subjects suggested by the officers of the various Sections will be received. Any member, after April 30, wishing to bring forward a subject not upon the programme, must give notice of his intention to the Secretary-General at least twenty-one days before the opening of the Congress. The officers of each Section shall decide as to the acceptance of any communication offered to their Section, and shall fix the time of its presentation. No communication will be received which has been already published, or read before a Society.

6. All addresses and papers, read either at general meetings or in the Sections, are to be immediately handed to the Secretaries. The Executive Committee, after the conclusion of the Congress, shall proceed with the publication of the Transactions, and shall have full power to decide which papers shall be published, and whether in whole or in part.

7. The official languages are English, French, and German.

No speaker shall be allowed more than ten minutes, with the exception of readers of papers and those who introduce debates, who may occupy twenty minutes.

8. The rules, programmes, and abstracts of papers will be published in English, French, and German.

Each paper or address will appear in the Transactions in the language in which it was delivered by the author. The debates will be printed in English.

9. The officers of the General Committee on Organization are a president, three vice-presidents, a secretary-general, and a treasurer, and those elected to these positions will be nominated by the General Committee to hold the same offices in the Congress. All vacancies in these offices shall be filled by election.

10. There shall be an Executive Committee, to be composed of the President, Secretary-General, and Treasurer of the General Committee, and of four other members, to be elected by the General Committee. The duties of the Executive Committee shall be to carry out the directions of the General Committee; to authorize such expenditures as may be necessary, and to act for the General Committee during the intervals of its sessions, reporting such action at the next meeting of the General Committee.

11. There shall be a Standing Committee on Finance, composed of five members, to be appointed by the President, subject to the approval of the Executive Committee.

12. Those who are elected as chairmen of the several Sections shall be thereby constituted members of the General Committee.

The officers elected are as follows:

President.—Dr. Austin Flint, Sr., of New York.

Vice-Presidents.—Dr. Alfred Stillé, of Philadelphia; Dr. Henry I. Bowditch, of Boston; Dr. R. P. Howard, of Montreal, Canada.

Secretary-General.—Dr. J. S. Billings, U. S. Army.

Treasurer.—Dr. J. M. Browne, U. S. Navy.

Members of the Executive Committee (in addition to the President, Secretary-General, and Treasurer).—Dr. I. Minis Hays, of Philadelphia; Dr. A. Jacobi, of New York; Dr. Christopher Johnston, of Baltimore; Dr. S. C. Busey, of Washington.

The Executive Committee will proceed at once to complete the work of organization.

J. S. Billings, *Secretary-General.*

Washington, D. C., December 1, 1884.

The Dehydration of Bodies.

Dr. Thomas Bayley having recommended the dehydration, or drying-up of bodies by means of a current of cool, dry, and germ-free air, which method would obviate the objection now raised against cremation, namely, that it places facilities in the way of poisoners, goes on to write as follows in the *Lancet*, October 18, 1884:

"The bodies buried in the vaults beneath the ancient church of St. Michan's, in Dublin, do not putrefy, but dry up to a species of mummy. This remarkable result is brought about, according to Drs. Cameron and Tichborne, who have investigated the matter independently, by the dryness of the air in the vaults and the absence of dust, and consequently of putrefactive bacteria. If this natural mummification is effected by dry, germ-free air in the absence of antiseptics, it would seem to follow that a more perfect result would be obtained by the use of a current of air not merely dry in the popular sense, but chemically desiccated and freed from bacteria, especially as it would be easy to reduce the temperature to that indicated in the cold-rooms of meat-carrying steamers traversing the tropical seas. As regards

the production of the Egptian mummies, I believe the function performed by the so-called antiseptics was much less important than is sometimes imagined. The molten asphalte or resin which was poured into the various cavities of the body was, I think, useful in filling them up, and so preventing them acting as reservoirs of air. The pickling process (for such it was), of course, tended to prevent immediate decay; but the efficacy of the process was for the most part due to the linen bandages which were so carefully and skilfully applied. The embalmers sometimes placed a thousand yards of linen upon a mummy, and they were very careful to avoid enclosing spaces of air. The linen, while not preventing the access of air and the consequent (perhaps slow) desiccation of the tissues, effectually filtered off the bacteria, and so prevented putrefactive change. In conclusion, I should like to say that the process I advocate is not really complicated. The owners of cargoes worth thousands of pounds constantly entrust them for months upon the ocean to the action of freezing machines, not furnished in duplicate, and desiccation and infiltration of air would offer no difficulty to the chemical engineer."

Professional Quacks.

Dr. Alfred Sheen read a very interesting paper recently before the South Wales and Monmouthshire branch of the *British Medical Association* on the "Relations of the Medical Profession," from which we note as follows:

We are very hard on quacks, and rightly so; but the biggest and worst kind of quacks are those in the profession, and there are plenty of them; and the public is shrewd enough to see this, and to make the most of it—to the detriment of the profession—although blind enough to run with the crowd after the popular professional quacks of the day. Amongst the varieties of treatment, we have "disease-treating," "case-treating," and "patient-treating." This latter variety is specially contemptible; it is practiced simply to inspire confidence which shall outlive disaster. Never mind the disease. "It is the bane of the highest social grades of practice, and the blighting evil of all. The charlatan is a treater of patients pure and simple." . . . . "There is a growing tendency to, and a daily increasing evil of, mannerisms and methods in our profession." (*Lancet*, vol. ii, 1876, p. 830.) Not a very long time ago a friend of mine consulted a celebrated physician, who, in the course of investigating his case, told him that he (the physician) had the largest practice in the world; something like the *Daily Telegraph*, with its well known advertisement, "the largest circulation in the world!"

"A single purpose, high views, robust self-respect," will save us from falling into many objectionable peculiarities of character, peculiarities at which shrewd and sensible people only smile. Mr. Tom Hughes offers some sensible advice to medical men. He says, "Learn to read character by studying your own, to speak plainly, to practice reticence, and to avoid mercenary habits." Again—

> "To thine own self be true,
> And it must follow, as the night the day,
> Thou canst not then be false to any man."

Our first and chief duty to a patient, when he comes before us, I conceive to be this: honestly and thoroughly to investigate his case, with the sole view of relieving him to the best of our ability; and if, during the progress of the case, we are not quite sure of our own resources, to seek, in consultation, the aid of a colleague in whom we have confidence. It may be that an over-anxious patient will himself suggest a consultation, when we see no need for it; in such a case, I hold it to be our duty to accede to his wishes with a good grace. I believe it is the rule that, when the patient suggests a consultation, he should have the privilege of naming the consultant. This may, at times, place us in an awkward position; we may have sound reasons for not meeting the particular individual named, and we may honestly feel that such a consultation may be of no benefit, perhaps otherwise, to the patient. In such a case, we should clearly and firmly state our views, and, if the patient decline to name another consultant, or do not accept one we may suggest, then it is clearly our duty to give up the case. In declining to meet any particular practitioner, it ought, however, to be clear to our own minds that we are strictly just, and that we are acting in the best interests of the patient. A little tact will, in the majority of such cases, overcome all difficulties.

In Memoriam.

DR. DAVID BRYAN BAKER.

At a meeting of the Faculty of the Quincy College of Medicine, held Monday, October 13, 1884, previous to attending the funeral of Dr. David Bryan Baker, a committee was appointed to draft appropriate resolutions and to report at the next regular meeting.

The committee respectfully submits the following:

WHEREAS, with feelings of the deepest regret, we are called to mourn the sudden death of our late friend and associate, Dr. David Bryan Baker, Demonstrator of Anatomy in this college, removed from us in his prime and in the midst of a useful and honorable career; therefore,

Resolved, That while we bow in submission to the fiat of him whose acts may not be questioned, we feel that by the death of Dr. Baker we have lost a faithful and energetic adjunct; our students a painstaking, thorough, and conscientious teacher; our profession a hard worker and a careful and assiduous though quiet student, and his friends of every class, one who at all times genial, frank, and courteous, commanded the highest respect, confidence, and esteem; while as a physician, though latterly withdrawn from general practice, his patients, whether rich or poor, found in him an attendant reliable, prompt, and kind.

Resolved, That we extend to the family of our deceased friend our sincere sympathy and condolence, cherishing his memory in honor and tenderness.

Resolved, That a copy of these resolutions be sent (signed and attested by the Dean and Registrar) to the family of the deceased; that they be inscribed on the pages of the Records of the Faculty; also that they be published in the Quincy *Whig*, *Herald*, *Journal*, and *Review*, and in the

Weekly Medical Review and the MEDICAL AND SURGICAL REPORTER.

L. H. COHEN, M. D., WILLIAM A. BYRD, M. D., } *Committee.*

C. R. S. CURTIS, M. D., *Dean.*

H. HATCH, M. D., *Registrar.*

Which was the Greater "Jackass."

Under this peculiar title the *Weekly Medical Review* very well puts the popular idea, that a physician, to be of any worth, must be able to at once diagnose and cure every case of disease that presents itself to him, and it says, "Under the title of 'Carlyle and his Dyspepsia,' the *Columbus Medical Journal* tells us:

"In his 'Reminiscences' Carlyle tells us how he once rode sixty miles to Edinburgh 'to consult a doctor, having at last reduced my complexities to a single question—Is this disease curable by medicine? or is it chronic, incurable except by regimen, if even so? This question I earnestly put; got response, "It is all tobacco, sir; give up tobacco." Gave it instantly and strictly up. Found, after long months, that I might as well have ridden sixty miles in the opposite direction, and poured my sorrows into the long hairy ear of the first jackass I came upon, as into this medical man's, whose name I will not mention.'

"Who was the greater jackass? Certainly Carlyle. To think that a man of supposed learning and reflection could think it possible to settle a question of dyspepsia with a single response. Certainly the physician was wise in suggesting one thing at a time, and this item will contribute with many others to show up an over-estimated man."

Typhoid Fever from Cattle.

Dr. Henry Lawrence thus writes to the *Lancet*, November 15, 1884:

Where typhoid arises in isolated places, or in fresh centres, apart from human infection, may I be allowed to direct the attention of my professional brethren, through the aid of your widely-read journal, to a probable cattle origin of the disease. While practicing in the Cape Colony, I had many opportunities of observing cases of typhoid arise *de novo*, and in every case the presence of cattle manure infecting the air or water, or both, was the only explainable cause of the disease. Numerous instances were given in an article on the "Genesis of Typhoid Fever" in the *Lancet* of December 8th, 1883. My own belief is that typhoid is as essentially a cattle disease as cow-pox, communicated from cattle to man in the first instance, and afterwards spread by means of the excretions of persons affected with it. It very difficult to prove the matter in densely-populated countries; but, if true, evidence from the colonies in its favor should be forthcoming. The question is, Does typhoid ever arise *de novo* where no cattle are present?

Electric Railways.

Our reliable contemporary, the *Popular Science News* (December, 1884) says:

Electric railways, which seem to be slow of introduction on this side of the Atlantic, are multiplying in Europe; and thus far they bear the test of continued use remarkably well. English papers bring us reports of six months' operation of such a railway at Brighton. The mileage run by the cars amounted to 15,600 miles; and the number of passengers carried was about 200,000, or all that the car could accommodate for the greater part of the time. The dynamo is run by a gas engine, which has consumed 300,000 cubic feet of gas. The total cost of traction—including interest and depreciation on engine, dynamo, and motor, cost of gas, oil, and attendance—has amounted to about $3.85 per day, 100-mile run, or less than four cents per mile. The car-service has been stopped for only one day, through the tires of the wheels giving out, owing to the heavy pressure of the holiday traffic, there being at the time no second car available. On the whole, this is a very satisfactory showing for a system which is yet only in its infancy.

Mental Therapeutics.

In the course of his address before the New York State Medical Association, Prof. Austin Flint said:

"The physician who appreciates the importance of mental therapeutics, and of the duties incident thereto, will not fail to hold out to patients the encouraging features of a case. He will not give way to gratuitous forebodings. He will be circumspect in forming, and still more in announcing to his patients an unfavorable prognosis. He will be slow to hazard a prediction as to the precise date that a disease will prove fatal, and still less will be guilty of the brutality of imitating a judicial sentence of death. He will keep out of the view of his patients discouraging possibilities, but not those which warrant hope. He will strive judiciously and skillfully to bring to bear all the potential mental agencies of which he may properly avail himself. He will throw on the scale of hopefulness all the weight to be derived from those doubts and difficulties which beset diagnosis and prognosis. He will make due allowances for the limitations of medical knowledge and his own deficiencies."

The Revival of Gynecology.

Prof. T. Gaillard Thomas thus spoke in his address before the New York State Medical Association in November:

"From the earliest records of medicine in Egypt, of Greece, and of Rome, the practice of gynecology can be readily traced, and although, like all other learning, it became paralyzed by the baneful influence of the dark ages, it was upon the revival of letters at once pursued. Before the middle of present century, however, it did not in any respect deserve the name of a science. About that time, through two influences—the speculum, which since the days of Récamier had slowly worked its way into use, and anæsthesia, which enabled the surgeon to perform operations, both tedious and painful, upon the genital organs—the science of gynecology passed in great degree out of the domain of medicine, with its uncertain theories and doubtful resources, into that of sur-

gery. And from that day a new era has existed for this department of medicine which has given it a place among others, not only of respectability, but of dignity."

Officers of the New York State Medical Association.

At the meeting held in New York city, November 18, 19, 20, 1884, the following officers were elected:

President.—Dr. John P. Gray, of Utica.

Vice-Presidents.—Drs. W. H. Robb, of Montgomery county; J. G. Orton, of Binghamton; J. C. Greene, of Buffalo, and J. C. Hutchison, of Brooklyn.

New Members of the Council.—Drs. Wm. Gillis, of Franklin county; R. C. McEwen, of Rensselaer county; Frederick Hyde, of Courtland county; Darwin Colvin, of Wayne county, and J. W. S. Gouley, of New York county. Dr. S. S. Purple, of New York, was appointed Member-at-Large by the President.

Recording Secretary.—Dr. Caleb Green, of Cortland county.

Treasurer.—Dr. John H. Hinton, of New York.

Model of a Phantom Brain.

To the Philadelphia Neurological Society Dr. Guy Hinsdale exhibited this model, which is of large proportions, and is intended to show the course of the fibres in the human brain and their relation to the cortex, to the ganglia, and to the spinal cord. The preparation has been recently purchased by Dr. S. Weir-Mitchell, for the Mütter Museum of the College of Physicians of Philadelphia, and was constructed by Buechi, of Berne, Switzerland, under the supervision of Prof. Aeby.

Its height is one hundred and twenty-five centimetres; its width, seventy centimetres. The cortex is dotted over with numerous corks, two centimetres long, which are distributed in systematic order. The basal ganglia are seen in their appropriate places. The spinal cord, made up of ganglia and columns of nerves of different colors, is represented throughout a portion of the cervical region.

The Medico-Chirurgical Hospital.

In order to enlarge its field, the members of the Aid Society of the Medico-Chirurgical Hospital have decided to admit to membership every one that subscribes five dollars to the association. Money is needed to support the dispensary and carry on the ward-service work. The faculty of the Medico-Chirurgical College is composed of some of the most eminent specialists in the city. Subscriptions may be sent to any of these persons: Miss Attwood, 1216 Race street; Mrs. Dr. Goodman, 1427 Chestnut street; Mrs. Dr. Keyser, 1630 Arch street; Mrs. Dr. Garretson, 1537 Chestnut street; Mrs. Dr. Stellwagen, Media; Mrs. Francis Leasher, 1504 Arch street; Mrs. Dr. Stubbs, 1501 North Seventeenth street; Mrs. Dr. Engel, 514 North Fifth street; Mrs. Dr. Gerhard, 731 North Sixteenth street; Mrs. Dr. Waugh, 1521 Arch street; Mrs. Oscar Myers, and Mrs. Dr. Stewart, secretary, 1801 Arch street.

The Therapeutic Gazette.

The *Therapeutic Gazette* has made a change in its editorial management, Dr. J. J. Mulheron retiring, to be succeeded by Professors H. C. Wood and Robert Meade Smith, of this city. The office of publication will remain in Detroit, while the editorial office will be in this city. The *Therapeutic Gazette* is the only journal in this country devoted to the science or art of therapeutics, and it has done a great deal of good in its peculiar field. We wish for it an even greater measure of success than it has hitherto secured. It is published by George S. Davis, Detroit, Michigan. The subscription price for 1885, when the journal will be enlarged, will be two dollars.

An International Health Exhibition.

We all know that the International Health Exhibition recently closed in London was a great success, both financially and as a place of *popular* resort. Our esteemed contemporary, the *Medical Record*, very wisely suggests that we should follow the example set us by our English cousins, and organize a similar exhibition in this country. We must wait, however for a year or two; hygiene is not yet *fashionable* in this country.

Items.

—It takes two hundred and fifty bushels of potatoes to produce a ton of starch.

—Dr. Samuel B. Ward, of Albany, is the physician of the President-elect, and one of his warmest friends.

—Dr. Austin Flint, jr., after a period of many years devoted exclusively to physiology, has resumed the practice of his profession.

—Dr. W. T. Bull, of New York, recently performed a most remarkable and successful operation of laparotomy, extracting a conical ball of forty-four calibre from the intestines of a would-be suicide.

—The Woman's Medical College of Chicago has a term embracing fully seven months of consecutive instruction by the regular faculty. The graduating class numbers 34, while the first-year class has 41 members.

—We are pleased to find that Dr. Klein has published in book form the chapters on micro-organisms and disease which for the past few months have formed so attractive a feature of our contemporary, the *Practitioner*.

—Dr. Waxham speaks highly of the use of bismuth in rectal injection in dysentery, as it greatly abridges the ordinary course of the disease. From 10 to 20 grains are administered with mucilage and water after each evacuation; and when not sufficing to control the frequent stools, a little laudanum is added.

—Dr. Hack Tuke, of London, before he left New York, was the recipient of a large lunch party at Bloomingdale Asylum. His vacation here was spent in inspecting the insane asylums, and collecting literary material.

—Dr. E. Brémond Fils has devised an apparatus for the application of vapor-baths of turpen-

tine in cases of rheumatism, vesical troubles, lithiasis, etc. Ozone is evolved in the process, and is believed to be the active curative agent.

—Before the New York Clinical Society (September 26, 1884), Dr. J. H. Emerson reported a case of face presentation in the mento-posterior position. Rotation was unusually rapid and easy, and the entire labor lasted less than an hour.

—Epidemic diphtheria on the west side of Chicago, and in various parts of the State of Illinois, of a peculiarly malignant type, has been reported by Health Commissioner De Wolfe. Dr. De Wolfe, at the time of writing, is engaged in the investigation of the alleged epidemic.

—A continuous tepid water bath on the place suggested by the elder Hebra, is in the course of construction in the Michael Reese Hospital, Chicago. This hospital has a maximum capacity of ninety beds, with surgical instruments, electrical apparatus, etc., valued at $10,000.

—A dentist at Triangle, N. Y., once received an order for a block of teeth, as follows: "My mouth is three inches acrost, $\frac{5}{8}$ inches through the jaw; sum humocky on the edge; shaped like a horse-shoe, toe forward. If you want me to be more particklar, I shel hav to cum thar. Yours, truly, ———."

—Prof. Donald McLean, of Detroit, removed, on October 26, a large cystic left kidney, both ovaries, and the greater portion of the great omentum, from a woman who is thought to be in an early stage of pregnancy. From recent reports, seventeen days after the operation, it seems that the patient has nearly recovered.

—In answer to a correspondent who asks in the *Lancet* if the growth of hair on different parts of the body can be stopped, Dr. James Startin observes that if ordinary depilatories will not destroy the hairs sufficiently, electrolysis should be employed. He has pursued this method for some time with much success.

—At a recent meeting of the Académie de Médecine, M. le Baron Larrey gave in a sealed letter containing a detailed description of a new form of stethoscope invented by M. Gavoy. The instrument is stated to be a telephone in miniature. The thoracic sounds, pulmonary or cardiac, are said to be amplified without being exaggerated by its means; the quality of the auscultatory signs is also believed to be unaltered.

—Cocaine is being used by other physicians than the oculists. Dr. Bosworth has met with very great success in its local application to the nasal fossa in the removal of polypi and enlarged turbinated bones, and we heard (says the *Medical News*) only a day or two ago of its having been used in an operation for the removal of hemorrhoids, in both instances with great success.

—A correspondent in the *London Lancet* of September 27 writes that anyone may be cured of stammering by simply making an audible note in expiration before each word. Stammerers can sing as easily as other persons. Jacky Broster, of Chester, who made a large fortune by curing stammering, simply made his pupils say *her* before each word beginning with a consonant.

—Dr. Paul Grawitz, assistant to Prof. Virchow, has just been appointed Professor of Pathological Anatomy in Bellevue Hospital Medical College, and Director of the Carnegie Laboratories. Dr. Grawitz was in this country during the past summer. We learn that, as the result of the informal understanding which was then had with him, no doubt is felt as to his accepting the position.

—Dr. Buller, Professor of Ophthalmology in McGill University, has been using hydrochlorate of cocaine extensively in his operations. He has performed several cataract extractions and iridectomies without pain by the aid of a solution of this new anæsthetic. He has also removed several tarsal cysts, but here he found complete anæsthesia was more difficult to produce than in the eye itself, and the patients all felt slight pain during the operations.

—Grave fears are entertained of the invasion of Asiatic cholera. Dr. F. H. Hamilton, of New York, recently read a paper calling attention to the introduction of the disease into New York State by way of the suspension bridge many years ago. Dr. J. C. Peters, who has given special attention to the study of the disease, expressed his fear of its approach, and the Secretary of the Treasury has been appealed to by a number of medical men, who besought him to take active measures for prevention.

—The "hot water treatment," which has been the fashion among the large contingent of hypochondriacs and neurasthenics for some time past, formed the subject of a paper the other evening before the New York Academy of Medicine, its efficacy in nervous diseases being considered, and the reader reported cures of posterior spinal sclerosis. In the discussion that followed, a medical gentleman from San Francisco became exceedingly facetious, accusing Dr. Ranney of being in league with St. John, the Prohibition candidate, and suggesting that, after all, the paper was prepared for electioneering purposes.

—The Italian Education Minister is negotiating with Professor Pacini's heirs for the purchase of that pathologist's numerous and very important manuscripts. These include a diary kept by Pacini during several years of diligent experimental research. In the latter will be found a report, with almost daily entries, of cases during the cholera epidemic in Florence in 1855. The drawings of microbes were made with his own hand, after observations with a powerful microscope expressly constructed for the work.

QUERIES AND REPLIES.

A Formula Wanted for Painless Tooth Extraction.

EDS. MED. & SURG. REPORTER:—

Will you, or some of the numerous readers of the REPORTER, be kind enough to give me a reliable formula for local application, that will prevent the pain in tooth extraction.

Very respectfully,

A SUBSCRIBER.

MARRIAGE.

McCHESNEY—JOHNSTON.—November 28, 1884, at the residence of John Earnest, uncle of the bride, by Rev. J. F. Curtis, Dr. H. A. McChesney and Mrs. Josie M. Johnston, all of Greene, Iowa.

Medical & Surg. Rep.

THE

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

A CASE OF OVARIOTOMY, REPORTED IN ORDER TO SHOW THE DANGEROUS RESULTS OF ALLOWING ANY CONTENTS OF THE CYST TO ESCAPE INTO AND REMAIN IN THE ABDOMINAL CAVITY.

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Of Philadelphia.

In the number of the *American Journal of the Medical Sciences* for July, 1880, is the history of a case of ovariotomy in which phlegmasia dolens, or, to speak more carefully, evidences of phlebitis, followed the operation. I have recently had another case of a somewhat similar trouble, though far more severe, that is worthy of record. In this one as in that, I believe the cause of the trouble was the irritation produced by the peculiar fluid in the ovarian sac, that got access to and remained in the abdominal cavity. At all events, a consideration of these cases shall make me most careful in all ovarian operations to try to prevent any of the contents of the sac from getting into the abdominal cavity, and in case they should, to take them out, to the very last drop, before closing the external incision.

On the 23d of April, I operated for Dr. Sidwell, of Johnsville, Maryland, upon the wife of a farmer, at her home in the neighborhood of that village. The patient was 48 years of age; she had had eleven children,; the tumor was first noticed eighteen months before I saw her; she said she was menstruating all the time. The abdominal enlargement was very great; she measured around, at the navel, 59 inches. The emaciation was extreme. The difficulty of breathing was so great that she could not lie down for a moment. No fluctuation could anywhere be detected; the sensation given was that of *elastic dough*. The history and the symptoms given by palpation made me think the tumor to be a multilocular ovarian cyst; the secondary cysts very small, and their contents very thick, that is, the liquid in them very glutinous.

At the operation, I found the skin so very tense over the abdomen that it could not be picked up. In evacuating the contents of the cyst, the trocar was of no use; small cysts were broken up in succession, and the thick liquid contained pulled out by the fingers. Every care was taken by keeping the external cyst wall against the opening in the abdominal wall, to prevent any of this fluid having access to the cavity of the abdomen, but this external cyst-wall tore very easily, and I was conscious that a good deal of it did, notwithstanding. There were no important adhesions. The pedicle was most vascular; it was well secured by ligatures and dropped. From circumstances I could not control, the cavity of the belly was not cleaned as well as it can be done when all are favorable. When I left the patient, seven hours after the operation, reaction was good, and there was no sickness of stomach. Dr. Sidwell wrote to me April 24, 10 p. m., that the patient's condition was very favorable: pulse 105; temperature 100½°; taking a moderate amount of nourishment; suffering no pain of consequence; skin acting well; urine high colored; no vomiting; sleeps well.

A daily postal-card always gave good news un-

til April 29th, when it said: Temperature, 100⅜; pulse, 109; rests well with the exception of cough and pain occasionally in the right side.

On the 5th of May, the doctor writes as follows:

"I find Mrs. B. this evening with a pulse of a 100, and a temperature of 100⅜. I will endeavor to give a brief history from the time of last writing. Mrs. B. did well until last Thursday evening (May 1st); the temperature ranging from 99 to 100⅜; the pulse 96 to 110; when she suddenly became weaker; the surface cold and bathed with cold perspiration; she complained of suffocation, and the pulse became so rapid as not to be counted; there was no rise in temperature over what there had been previously. This condition lasted until yesterday evening (May 4th), when the pulse became 100 as before, and has remained so to present writing. I could not account for the sudden change; a state of collapse, I think.

"Mrs. B. has suffered very much from indigestion and tympanites. Milk did not agree with her, or the simplest and most easily digested articles of food. We have frequently to relieve the bowels from tension, using warm water enemata, which bring away a quantity of black, fetid motion. The enema relieves for the time, but has to be repeated often. The stitches have been removed, the wound has healed. There is a relish for food; sleeps tolerably well, and she seems to be gaining some strength."

On the night of May 21st, a pelvic abscess burst into the vagina and two pints of not very offensive pus came away. On June 5th, Dr. Sidwell wrote that "Mrs. B. eats heartily, sits up, and will soon be in perfect health."

In July, I learned from the doctor while visiting Philadelphia, that Mrs. B. had had pneumonia, but was recovering.

I heard no more of the patient until the receipt of the following letter:

"Johnsville, Fred. Co., Md., *Oct.* 7, 1884.

"Dr. Walter F. Atlee. *Dear Doctor*:—I am sorry to write you of Mrs. Buckey's death. When I saw you in Philadelphia (July 3d) she was then recovering from an attack of pneumonia, that having been followed by a phlebitis in right leg. The circulation was never properly established in the leg. The leg presented an appearance (in the upper third of thigh) such as would be if a cord was tied very tightly around it, a deep sulcus resulting on the inner side, for about one-third of the entire circumference. Numerous abscesses followed, commencing on the posterior aspect of the leg, immediately below this gutter, and continued one after another, down to the middle of the calf of the leg. They were of small size and healed without much trouble. About six weeks ago a swelling showed itself on the tibia, about four inches before the knee. I opened it, and found the periosteum involved. The soft parts with the bone commenced to break down rapidly. Last Thursday, Mrs. B.'s leg began to swell more, and was very painful. Thermometer registered 105⅜. The next day, still swollen more, with spots of ecchymosis. Gangrene set in and Sunday night she died.

"Very truly yours, etc.,

"F. H. Sidwell."

In this case the pelvic abscess, followed by purulent infection of the system, was, in all likelihood, the result of failure at the time of the operation to remove all of the escaped contents of the cyst before closing the extended incision.

TREATMENT OF CHRONIC INDIGESTION, ETC.

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(*Concluded from page* 543.)

After stating in our last article the general principles governing us in the treatment of digestive troubles, let us now proceed to hastily study what the process is by which food is taken into the alimentary canal and so changed as to be absorbed, and used to replace tissue waste and produce proper combustion.

We are accustomed to class the elements entering into the substances composing our food as organic—embracing the nitrogenous and non-nitrogenous (the non-nitrogenous embracing fats and carbohydrates), and the inorganic.

Organic { Nitrogenous, / Non-nitrogenous. } Fats, / Carbo-hydrates,

Inorganic { Chlorides, / Phosphates, / Sulphates, etc.

"Digestion is the process by which food is reduced to a form in which it can be absorbed from the intestinal canal and taken up by the blood-vessels." And the assertion is made that "no single class of substances, by itself, is sufficient to sustain life." I suppose that in a healthy body the individual feels well only on a combination, but even here we know there are idiosyncrasies which forbid certain foods to certain people. "A pound of flesh is enormously superior to a pound of cabbage; yet to a rabbit the cabbage is superior food, whilst to the dog it is no food at all." But taking only human beings, we will frequently find that, especially in impaired

digestion, "what is food to one is poison to another." If one can eat meat without distress to himself, but finds the moment he indulges in sugar or fats that he suffers misery from fermentation, etc., then, surely, nitrogenous food is what he needs. If one cannot indulge in fats without suffering from indigestion, then fats should be discarded. True it is that nature indicates by the food first provided for us—milk—that a proper combination is necessary to good digestion when all is working smoothly. But the digestion once crippled, theories must be set aside and common sense brought to bear. I may be necessitated to feed a child one teaspoonful of milk an hour. Critics will answer and say that the child will die.

But does the child run more risk by digesting one teaspoonful of milk an hour, or swallowing forty teaspoonfuls and immediately vomiting or purging from it. Not what we ought but what we can do is the guide for us. The assertion that "no single class of substances, by itself, is sufficient to sustain life," literally taken, may be so; but with very little latitude it will be proven false. I have known an individual to live for two years on lean beef (all beef, however lean, contains some fat) slightly seasoned with salt and pepper. Speaking of such a case, we could surely assert that he lived on nitrogenous, with a small amount of inorganic food. And it was in one of these cases I refer to that the doctor wrote to the patient, telling him he could not live on such a diet, yet he not only lived but is a witness to the *efficacy* of strictly nitrogenous food *in certain diseased conditions*. To these cases, I will refer later, but will now return to the process in normal digestion.

Organic food (the inorganic passing from the system in the same form in which it enters) is necessitated to change its form in order that it may be absorbed—taken into the blood-vessels. Digestion begins in the mouth. Some persons might refute this. The mouth to them is a funnel-shaped opening leading to the stomach, and is simply an opening by which they are able to bolt their food. *I never knew a dyspeptic who was not a bolter of food to a greater or less extent.* Physiology, however, teaches us that digestion of starch begins in the mouth, that a ferment is contained in the saliva, which by its presence causes this change. The teeth having properly performed their work, the starch, fat, and nitrogenous foods are well torn and separated, so that the different digestive fluids can attack them. Just as certain medicines are indicated, but cannot always be taken by the patient, so food should always be properly masticated, but owing to decayed or lost teeth the individual cannot perform what would otherwise be a pleasurable duty. Under such circumstances, either a dentist must be called upon to repair damages, or the dyspeptic be willing to confine himself to liquid food.

Civilization is often accused of being the cause of a physically inferior class of people; but there are certain advantages given us in this refined age of the world, viz., our meals by courses, and the limit of vegetables to three or at most four kinds.

The former necessitates our taking time to eat, and thus allow our stomachs an opportunity to indicate when they are full. The latter gives the aforementioned organ a chance to bring sweetness out of animal and vegetable, organic and inorganic, sweet and sour, hot and cold, digestible and indigestible.

But having good teeth and masticating our food properly, yet normal action on the starch foods may be lacking. If such be the case, simply reducing the amount of carbo-hydrates and adding the efficiency of the salivary ferment will probably put an end to the trouble, and thus allow us to indulge our patient's appetite for these agreeable foods containing starch.

How can we add to the salivary ferment? The ferment capable of producing this change is called "diastase," and "identical ferment is produced in the process of malting barley, where the starch of the barley is 'hydrated' into malt," and we find this most agreeably presented to us in the preparation called maltine.

Even in liquid foods we frequently have so firm coagulation as to prevent the juices of the digestive canal from properly attacking them. In using such liquid diet, the addition of an alkali, such as lime water, and also a little flour, will be of great service in overcoming this difficulty. The stomach digestion is also relieved of much extra work by the food being properly prepared.

Cooking, thoroughly done, breaks open the enveloping membrane of the foods, and so plays an essential part. We know that the gastric juice owes its efficiency to pepsin in the presence of an acid. We must carefully distinguish between atony and irritability of the glands of the stomach. If the food lies heavy and gas escapes with the taste as if the food were decomposed, or there is a bad taste in the mouth, disagreeable breath, coated tongue, etc., instead of giving the routine pil. cathartic comp., a far better, less irritating, and not at all weakening treatment, is to reduce the quantity and quality of food, and add to the

gastric juice, by giving hydrochloric acid and pepsin. If irritability exists, we will often be discouraged by the tediousness of the case if we fail to realize that we must use only the blandest foods—such as milk, or Imperial Granum, water, and white of egg, etc. And with this, soothing drugs instead of irritants, such as acids.

Bismuth and opium properly handled will aid much. We know that albuminoids are digested by the stomach, being transformed from insoluble proteids to soluble peptones. We also know that improperly digested, this albuminous food is retained as urates, instead of changing to urea; we see this in gout. Well, then you say in gouty subjects stop albuminous foods, and so rid the patient of his trouble. Text-books say: "Nitrogenous and saccharine substances must be limited." This sounds like good common sense. How astonishing it is then to know that the "Salisbury steak" has been found very beneficial in gouty patients. I have a letter, in my possession, received a short time since, from an elderly lady who, for years, has suffered from gout. Her eye was in such a condition as to necessitate her remaining in a dark room by the month, and her whole system so shattered as to forbid company coming to the house (although she was not called on to see them). So acid was the secretion from her eye that it caused excoriation of the cheek, in flowing over it. She placed herself under the care of a physician, who *confined her to beef*, in the shape of "Salisbury steak." Her flesh rapidly left her, but sleep, which she had not enjoyed for a year, came to her. Her eye ceased to trouble her and life again presented a few charms. Here is what she says about her doctor and treatment: "My sickness makes me more positive in my faith regarding the new system I am under. I am quite sure it is the very best for me, and I never thought I could have so much confidence in a young physician as I have in Dr. —— (a New York M. D., under whose care she is).

I see in the *N. Y. Tribune* that Prince Bismarck says there has been no advance in the science of medicine for the last two thousand years. I do not agree with him, and will have to acquaint him with the "Salisbury steak and hot water." If then a disease due to improper digestion is relieved by confining the patient to that article of diet which is supposed to take a prominent part in producing the trouble, it teaches me that where an organ is incapacitated by overwork, if only partially maimed, relief can often be secured by an exclusive diet, no matter whether it coincide with our theories or not, provided the food is nourishing, and in such a digestible form as *to be perfectly assimilated*. Nitrogenous food is strengthening, not fattening. But can a person thrive on such a diet? Facts certainly prove they can.

To return to the stomach digestion, beside adding to the gastric juice by giving artificially prepared pepsin and acid, we can stimulate the glands themselves, and prominently efficient are arsenic, ipecac, and alcohol taken with the meals.

In regard to stomach digestion, then, we know what the digestive fluid is—pepsin and hydrochloric acid. We can increase it artificially. We can increase it by stimulating the glands producing it. We can subdue irritation by sedatives. We can aid digestion by having the food properly prepared and masticated. We can usually stop uneasiness by using proper food, which same may necessitate the cutting off of all but one kind. Where a mixed diet is preferred, milk is best, and if curdling prevents its use we may often relieve by using flour and an alkali to prevent too firm coagulation. If the stomach will not digest the milk, we can try white of egg, water and brandy, or Imperial Granum. I remember hearing a well-known dermatologist say, in one of his lectures, that the number and combinations of ointments were legion, but that sensible men soon learned to confine themselves to a few which they found adapted for the use they wish to put them to. So it seems to me, this question of diet, in very depraved digestion, presents itself, and we are startled by the number and size of the volumes devoted to the subject, but to the busy practitioner such a list as milk, "Salisbury steak," Imperial Granum, maltine, Murdock's liquid food, Mellen's food, and stale bread, is about all he needs to meet most of his cases.

Dr. Fothergill tells us: "In a bad case seen some months ago, the medical man in attendance upon the case had tried every food which the patient could tolerate except malt extract, and the only thing left for me to suggest was that a teaspoonful of malt extract be given every hour. This was done; the stomach did not resent the presence of so small a bulk, and after a fortnight other food could be taken, and soon the patient got quite well." In a case of headache, due to indigestion, cure was obtained only by strict adherence to a vegetable diet. "Meat seemed to act upon the patient as a veritable poison."

We must study our cases, but of all these foods meat, prepared in the shape of the "Salisbury steak," can be most frequently and easily borne, satisfies the intense hunger of the accompanying diseased digestion, and gives most strength. Cer-

tainly, where the bowel is the portion of the tract at fault, it would seem to be the remedy *par excellence*. The pancreatic juice seems to possess the property of digesting albuminoids, emulsifying fats, and changing starch into sugar. We now have presented to us most useful preparations of pancreatic secretions, and if properly made they are not objectionable in taste.

Little has yet been accomplished in the way of stimulating the pancreatic secretion. Ether has been recommended, and is sometimes given with cod liver oil. Dr. Fothergill advises its use; but with all deference to him, one of the best of medical writers, it must be acknowledged that some of his mixtures would not be taken by American patients. I should prefer to suffer rather severely than to undergo the misery of swallowing such nauseating doses t. d. Liq. pancreaticus is frequently added to milk to artificially digest it, and thus allow of its being taken by invalids otherwise unable to digest it.

But where the starches and fats give great distress, I prefer to cling to the nitrogenous foods until the digestive apparatus has regained its tone, whether this be for a long or short time. After suffering much from a long siege of indigestion, such as pain, gnawing, lassitude, intense nervousness, diarrhœa, etc., patients will usually cheerfully acquiesce if we explain why we give or withhold.

Frequently we see cases in which there seems to be good digestive power in the stomach, and freedom from all trouble until the food passes the pylorus; then small cramping pains begin, wind is passed, and soon there is a call to stool, with a passage of a liquid of most disgusting odor. I see it is stated by a physician writing on this subject, that in these cases, where the food passes without being digested, the cause is a nervous one, and that he found potass. brom. of great value, especially in children, during dentition. That strikes me as a good suggestion, but if this irritability keeps up any length of time, it must lead to an inflammatory condition of the mucous membrane, causing viscid secretion, and loss of power in the digestive fluids. Nerve sedatives would not check this trouble; astringents seem only to aggravate, even in young children. I have used with success milk or white of egg, with half a teaspoonful of "Salisbury steak" twice a day. Not being able to take much milk, they have grown thin, nervous and irritable, as any one would who is slowly starving to death; but the little addition of steak has relieved the gnawing hunger, and these, together with port wine, quinine and iron, and, if necessary, a little bismuth and opium, have produced wonders in a few weeks.

Remarkable cures are usually of interest to physicians, and my apology for lengthening out the following case is that I hope it may be as instructive to my readers as it was to me.

Let me remark that I know the patient, and can vouch for the facts as to his low condition, that he was given up by several very prominent physicians, under whose care he was for months, and that to-day he is *comparatively* well. What is more, his is only one of several cases I saw and talked to. Lungs badly diseased, bowels chemically inflamed, are too palpable to allow us to insinuate that hysteria or imagination would account for most of the truth. "Facts are hard things to get over," A young physician having a very heavy strain on him, due to a large private and hospital practice, as well as much mental labor, gradually but surely broke down. At first he suffered from nervous exhaustion, but stimulated himself and continued his work. Sleeplessness, of an intractable form, was added to his troubles. His flesh rapidly decreased, his physical strength gave way, and, to all appearance, he was a doomed man. His medical attendances were perplexed as to the exact seat of disease. They knew, of course, that overwork had prostrated him, but they differed as to the organs diseased.

One gentleman, making kidney disease a specialty, said he was suffering from Bright's disease. Another discovered disease elsewhere, but as the Dr.—the patient—himself remarked, he had no doubt but that examination would have shown all his organs to have been in an abnormal condition. Many symptoms pointed to tuberculosis. He was sent North and then South. To one resort and then to another. Medicines, of course, were freely used. He was necessitated at last to take his bed, and had a servant take him to the different places recommended.

Hearing of the Salisbury treatment he placed himself under the care of a gentleman practicing it. The physician told him his bowel was thickened very greatly, but that if enough vitality were left in him to stand some months of struggle with the disease, he would get well.

It was his last resort and he placed himself at the doctor's mercy. He lay on his bed for eighteen months. His treatment was the "Salsbury steak" t. d. and hot water. His bowels moved several times every day. Some days as high as fifteen passages, and the pain sometimes was almost unbearable.

Membrane six or seven inches long passed from him. (He has some of this membrane preserved in alcohol, to show that it is what he states, viz.: membrane, and not mucus, etc.) He gradually grew better, and to-day is engaged in a large and lucrative practice.

If much excited, or much loss of sleep is necessitated, he needs to rest and recuperate; but he is a wonderful illustration of the recuperative powers of nature, provided she is given a fair chance. The doctor's theory as to his sickness and recovery is that his bowel—the larger bowel—was thickened by a chronic fibroid inflammation. The meat was entirely digested by the stomach, and so gave him the necessary strength to undergo the proliferation, and *also supplied such good blood* as to enable the bowel to recover itself with new mucous membrane. The membrane passing from him he believes to be the indurated portion of the bowel. He thinks the bowel will, in time, completely renew itself, and he will then be able to go back to his combination diet. He is, naturally —as any of us would be—enthusiastic; positively asserts he has seen, in numerous cases, recovery in patients suffering from phthisis, Bright's disease, and even locomotor ataxia in the earlier stages. He was noted for his acumen in the diagnosis of disease, before his sickness; so when he assures me that numerous cases suffering from these diseases, have rapidly recovered, I must, at least, believe that nourishing, easily digested, easily assimilated food can work immense benefit to our patients. I am not an advocate of the Salisbury treatment, pure and simple, but I am a believer in Nature's cures. I do not believe the doctor cures. He assists nature by aiding her in *building up, and removing otherwise insurmountable obstacles*, and *thus saves life*. Of all he accomplishes, the food most nourishing and strengthening to his patient is his "strongest point." Let me illustrate. Dr. Kidd gives the following case; "In 1860, I attended a lady in Euston Square, aged 82, for an attack of gastric fever, characterized by excessive dryness of the mouth, with yellowish fur on the tongue, heat of skin, constipation, restless nights, and exhaustion. It proved a tedious attack, although dieted, as we thought, carefully with beef tea, milk, brandy and water, etc. Relapse after relapse occurred, but at length she recovered in seven weeks. A year afterwards she had another attack, precisely similar, but from the first I prescribed no food but sugar and water and brandy. She made an excellent recovery in three weeks, and got well in less than half the time of the attack the previous year. Weak beef tea was given her two or three times during this attack, and within three hours each time there was such a marked increase of fever that the friends were perfectly convinced that it was best to confine her diet to sugar and water and brandy. Some months afterwards she went to Liverpool, and after a time had another attack of the same gastric fever, for which the local doctor *fed her well*, as he said; but relapse after relapse occurred, and she *died of exhaustion* in seven weeks."

An amputation of the shoulder-joint, however skilfully performed may result in the death of the patient unless the assistant understands his part and grasp the flap containing the artery. He does not perform the operation, but he, by properly assisting, is as necessary as is the surgeon to the saving of the patient's life. So we assist nature.

Let us approach our patients, then, not with the question of how can I cure this disease, but, rather, what is my particular duty as an assistant to nature?

To properly answer that question, we must first find out which organ is the one diseased; a most difficult talk, too, it often is.

Secondly, we must know the function of the organ in question. The organs to which we have been directing our attention are the mouth, stomach, and bowels. We have already spoken of their functions and how to aid them by diet, adding to the normal juices, or quieting by sedatives or anodynes until all irritability is subdued.

Thirdly, we must judge from its condition whether simple atony or torpor, or irritability, or organic change exists, and act accordingly.

In all of them rest, diet, protection, support, pleasant living are essentials to proper treatment.

If atony or torpor exist, stimulants such as Huxham's tinct. and port wine (thus disguising the wine, and so preventing a taste for it being cultivated) with an addition of artificial digestive juices. If irritability exists an opposite treatment is called for, sedatives and anodynes, until the organ is soothed. If organic change, such as ulceration, has taken place, nitrate of silver is a most excellent addition to the medical part of the treatment.

Does constipation distress the patient, due to improper flow of bile, then use ox-gall pills, and if necessary a syringe, unless a short time on a pill such as this will relieve the trouble:

℞.	Ferri sulph. exsic.	gr. vj.
	Quiniæ sulph.,	gr. x.
	Strychniæ sulph.,	gr. j.
	Ext. bellad.,	gr. iv.

M. et. ft. pil 30.

Sig.—One pill three times a day before meals.

Avoid cathartics as much as possible. When chronic irritability of the bowel exists, the fæces have a tendency to lodge at the lower end of the rectum and irritate the bowel, and the patient fears to bring on another attack of diarrhœa by using a laxative. In such cases small cold enema will relieve the bowel of the fæces, and also soothe by its coolness, and so assist in giving it its normal tone.

There are two other remedies I wish to speak of which I have found of great benefit, viz., water, internally hot, externally cold. Chronic derangement of the digestive apparatus must lead to changes in the secretions of the glands of the mucous tract, as well as the glands secreting the digestive juices. The mucous secretion becomes viscid and scanty, coats the membrane, and thus prohibits proper flow of the normal juices. This abnormal condition leads to others. For perfect digestion, juices and membrane must be in normal condition. To have abnormality on the part of one causes changes and allows of deficiencies never estimated. 'Tis like the stir caused on the surface of the placid lake when disturbed by a stone striking it—the ruffle soon roughens the whole surface.

The coated tongue and foul breath give us indications of the widespread mischief in the hidden portions of the tract. What drug will cleanse the tract, stimulate the glands, weakened and anæmic from the tedious inflammatory process going on? It strikes me that we want here a fluid which will sweep through the tract, which by its heat and cleansing properties will loosen up this accumulation, and also stimulate and warm up the atonic glands; which will not end here, but go on and by its quantity and character dissolve deleterious matters—such as the urates—in the blood, and wash them out through the kidney, and in so doing will also act favorably on that organ; but at the same time we do not wish to depress the patient, nor by some other property of the drug cause injury to one part while we benefit another. What is more, the process should be repeated at intervals, say three times a day, until it has accomplished its purpose.

We cannot live on air. We must use our digestive apparatus, and in its weakened condition even the lessened work we try to give it will nevertheless, for some time, irritate and enfeeble it. Taking milk hot would act as a stimulant, and be a fluid; but milk is not a cleanser but a food, and calls for work on the part of the digestion, which ilitates against the very thing we wish to accomplish, namely, rest, stimulation and cleansing.

Hot water has no such objection. It fully meets the requirements, and if we but explain to our patients why we use it, they will at once acquiesce, and in the end become fond of it.

A young gentleman, a great lawn tennis player, assures me it quenches thirst far better than cold water, and never acts deleteriously, whereas the cold water frequently produces cramps and diarrhœa. He uses it with pleasure even in warm weather.

Three times a day, half an hour before meals, it will be found of decided value to weakened digestion. It is also a good way to give tonics. The rapidity with which the stomach takes them up must be increased. Vomiting, producing a weakened, relaxed condition of the stomach may often be checked by one drop of ext. ipecac fld. in half cup of *hot* (not warm) water. Water plays another part in aiding the economy to maintain or recover itself, in the way of baths. It thus cleanses the skin, stimulates the glands and braces the system. In very debilitated persons, especially where weakness of the bowels exists, baths must be sparingly indulged in, but having stopped too frequent discharge of the bowels, tepid baths may be commenced. The water cooled a little more each day until we get it to such a temperature as to be decidedly cool to the body; a plunge or shower bath taken every morning on rising, *in a warm room*, followed by brisk rubbing with a coarse towel, will assist much in invigorating the whole system, and this helps protect against the tendency to be easily affected by the changes in the weather.

The diet we have spoken of belongs to the very debilitated. We can, after a while, according to the amount of disease in our patient, gradually enlarge their diet list. If the bowels have a tendency to be easily moved, rice is very agreeable, digestible, and usually constipating. It can be eaten with cream and sugar for breakfast, and as a vegetable with salt and pepper for dinner, and thus take the place of the less digestible potato. A soft-boiled egg for breakfast and tender fresh meat for dinner, with some light but pleasant pudding, such as corn starch, or roast apple or rennet, will certainly be able to appease hunger, and even give pleasure in coming to the table. *The evening meal should always be light.* If of a constipated habit discard rice and use oatmeal, pearl hominy, or wheaten grits, all of which can be found of the most tempting character, if proper brands are purchased. A man or woman, whose

digestion has once, for any length of time, failed them, will never again be able to indulge recklessly, nor need they.

The strongest digestion, if freely and animalishly indulged, like everything else in this world, will surely bring suffering. Men given wholly to mental pursuits might as well learn first as last that they must restrict themselves to their table fare. To lean, rheumatic, scrofulous individuals, fats seem to be of much benefit. Dr. Fothergill explains it by saying: "There can be little, if any, doubt about the fact that it is the imperfect assimilation of fat which impairs interstitial digestion in the body."

"This impairment gives us those modifications of irritation which are summed up in the word "struma." We know that if we can manage to enable a patient with pulmonary phthisis to digest and assimilate cod liver oil, tissue nutrition becomes so altered that the development of tubercle is arrested, that is, we have once more given to growing tissue that fat which is essential to healthy formation." The best and pleasantest preparation of cod liver oil which I have ever used, and which I always prescribe when there is no tendency to diarrhœa (the acid in it is irritating to weak bowels) is the following:

℞.	Pulv. acaciæ,	℥j.
	Glycerinæ,	℥ij.
	Ol. amygd. am.,	♏iv.
	Ol. lemon,	♏viij.
	Ol. cinnamom,	♏iij.
	Ol. morrhuæ,	℥iv.
	Spt. vini rect.,	℥j.
	Liq. ac. phos. co.,	℥j.
	Aquæ, q. s. ad.	℥viij.

Sig.—Dessertspoonful t. d. after meals.

This seems like a long prescription, but most of the ingredients are used to make an agreeable emulsion, which it certainly is. Cod liver oil, ac. phosph., and spt. vini rect. are a fine combination.

Sometimes, depending apparently on the preparation used, the quantity of acid needs to be lessened, as otherwise it is disagreeable to the taste.

It is probably useless to say that this has not been an attempt at a methodical treatise on indigestion (I use the word indigestion in its broadest sense, not confining it to mere functional derangement, but including the structural changes which take place in long-continued digestive troubles). My own sad mistakes, my over-estimate of the efficacy of medicines, to the neglect of equally or more important measures, the shortcomings of other physicians, some of whom are gray-haired in the service, all have helped to lead me to the conclusions I have attempted to express in this imperfect effort.

I was amused a short time since to hear of the astonishment of a cultured old lady, on calling in her physician, a man seventy years of age, to have his advice in regard to an acute attack of diarrhœa. The doctor told her she must *restrict* herself for a short time to a *limited* diet, and then proceeded to give her a *list* of articles which she could enjoy, which *was larger than she usually indulged in at any time*, even when she was giving herself unusual license.

If physicians need advice, where must the laity be? Here is an illustration as to where they are: A druggist, a gentleman in whom I have the greatest confidence, told me that I would be astonished to know what sensible, intelligent gentlemen (in other matters) bought the most absurd quack medicines. One man came to him and asked his opinion of one of these patent medicines. The druggist told him it was injurious, and, if we could believe the analysis, a miserable combination, resulting, after long use, injuriously to certain organs of the body. The man hesitated a while, and then handing him the necessary amount, said, "Give me a bottle." Why did he take it? Because some one had represented it to him as a "specific."

Our duty plainly is to educate our patients and give them a knowledge of what the practice of medicine truly is; that such a thing as a "specific" does not exist, *and for that very reason* intelligent physicians are needed.

The simplicity of the remedy, or its source, seems often to deter some physicians from believing in its efficacy or testing its virtues. But lately I was told by a prominent physician that he, after treating a severe and obstinate case of cystitis for three weeks without apparent benefit, was surprised to find his patient suddenly decidedly better, and was informed that she had been told to drink buttermilk, and did so with such gratifying results. Since then the doctor has had seven cases of the same disease, in all of which this treatment has been used, and with most satisfactory results. It is not the bland diet, for skim-milk has no such effect. Now think you I will hesitate to use buttermilk in cystitis because my patient might lose faith in drugs, or because it is an old woman's remedy, or because it does away with medicines? Not at all. I hail it with pleasure, because while accomplishing the result desired, it does so without injury to other parts of the system, but on the contrary is a food.

Hospital Reports.

NOTES FROM THE PHILADELPHIA HOSPITAL, NOVEMBER 29, 1884.

Dr. W. H. Parrish.

Irritable Bladder—Hemorrhoids.

Dr. Parrish brought before the class a woman who had some trouble with her bladder, and whom he proposed to examine before the class, in order that he might reach a diagnosis, and that the students might become familiar with the method of examination in these somewhat obscure and puzzling cases. The patient, who was about fifty years of age, complained of very frequent urination; in fact, she was compelled to rise so frequently at night to urinate, that she was unable to count the number of times. She had been in the hospital a week, and her bladder trouble had somewhat improved under the use of an alkaline infusion containing uva ursi and hops. The alkaline infusion was used because the urine was acid, and it was thought that this acidity might be the cause of the irritation of the bladder. She was also given, at night, tincture of belladonna and bromide of potassium, for belladonna has a favorable influence on irritability of the bladder. Chloral was also occasionally given at night, and tincture of belladonna in doses of three drops every three hours was given during the day, until, having produced its physiological effects, it had to be stopped. The woman has had thirteen children, and her menopause is now established. This irritability of the bladder has come on during the past six weeks, and the passage of a uterine sound causes great pain. She also has hemorrhoids. The examination of the uterus shows nothing wrong with that organ. She may have an ulcer of the urethra. There is no sugar in the urine, which is light amber in color, with a specific gravity of 1008-10, and there is no albumen. It was decided to etherize the patient and make a careful examination of the genitalia. Dr. P. remarked that the female urethra is infinitely more dilatable than that of the male.

There are two sets of dilators for the female urethra, the one made of hard rubber and devised by Dr. Albert Smith, the other of metal and recommended by Dr. Ellwood Wilson. Dr. Parrish prefers the rubber instruments, because those of metal, working on the principle of scissors, do not make uniform dilatation, hence, there is danger of rupturing the urethra, especially if a previous gonorrhœa has caused inflammatory softening of its walls.

While the patient was being etherized, Dr. P. made some remarks on ether. He prefers Squibb's ether, which he considers the safest and most reliable, not only on account of the purity of its manufacture, but because it is put up in hermetically-sealed tin cans, which prevents its being tampered with by the retailer, providing we buy it in these sealed cans. It is a very common practice for the retail druggist to adulterate ether with alcohol; hence the importance of buying it in these sealed cans from a reliable manufacturer.

Calculi are less common in women than in men, because it is easier for them to be expelled when small, owing to the shortness of the urethra and its less tortuous course. In this case he excludes cystitis, on account of the condition of the urine. In cystitis, the urine would be turbid and cloudy, and there would be a deposit of mucus. Irritable bladder may be due secondarily to disease of the anus or vulva, to hemorrhoids for example, since there is an intimate connection of the nerve filaments of these parts.

Upon examination, the urethral orifice is found to be rigid, the result, no doubt, of old lacerations, during her thirteen pregnancies. The urethra was sufficiently dilated to allow the finger to be passed into the bladder, which was found soft and smooth. This condition might be due to a polypus, but in that event it is not likely that the symptoms would have come on so suddenly. It is always best to first empty the bladder, before dilating the urethra. Should there be a fissure of the urethra, giving rise to this trouble, dilatation, by paralyzing the muscular fibres, will allow it to heal. He commences with the smallest dilator, and works very carefully, endeavoring to avoid even the most superficial laceration, which may leave an ulcer that, being constantly irritated by the urine, will be very slow to heal. Owing to the constriction at the external meatus, the operation has produced a slight laceration. He now ligates the hemorrhoids, which are too large to be treated with carbolic acid, and lets the case alone for the present. In operating for hemorrhoids your thread must be very strong, for you must *absolutely* occlude the vessels. In order to expose the hemorrhoids, put your thumb in the vagina and evert the rectum, which will bring them into view. When encircling the integument, nick it; this will produce less irritation and is less painful.

Hemorrhoids of this character should never be cut, and he doubts if they should be cauterized. He has seen very serious secondary hemorrhage after the use of the actual cautery, and in this situation it is very hard to control; he mentioned one case where it had been controlled by the tampon. After ligating, if the hemorrhoids can be easily returned into the rectum, we should do so, because if left out, they will stimulate contraction of the sphincter, and cause more pain. In this case they do not go in easily, so he will leave them out. He will keep the patient under anodynes for a while, and will apply cold water compresses for several hours.

Prolonged and Intractable Cystitis.

In a case of prolonged and intractable cystitis, where the patient was bed-ridden from hemiplegia from reflex influences, and where dilatation as in the above case failed utterly to relieve, Dr. P. made an artificial vesico-vaginal fistula, which *rested* the bladder for eighteen months, thus enabling it to gain something of its normal condition; during this time the patient gained forty pounds in weight. At the end of this time, the fistula was healed by operation; in some cases no lesser procedure can be relied upon to relieve the trouble.

The Dangers of Operations About the Anus.

This is one of the most dangerous regions of the body upon which to operate, on account of the after-effects. The hemorrhoidal veins have an in-

timate association with the deeper veins, and we may have phlebitis or blood-poisoning.

DECEMBER 6.

Dr. Parrish again brought before the class the woman with irritable bladder. For two or three days after the operation described, there was less frequency, but more pain in urination, due, no doubt, to the laceration caused by the operation. Now she can retain her urine all night, and says that she has no trouble with her bladder. The lecturer considers that the dilatation had more to do with the cure than the ligation of the hemorrhoids, because the nerves about the anus are more painful than before. If the anal ulcer, resulting from the operation, is slow to heal, it may be touched with nitrate of silver every two or three days, the application to be limited to the ulcer. The application may be painful at first, but it soon obtunds the sensibility. Or we may dust iodoform around the anus. Suppositories are not indicated after this operation, because their introductien causes pain. Iodoform, when too extensively used, may cause toxic symptoms. He had one case in private practice where an anal fisssure was benefited by iodoform, but the general condition was made much worse; the patient became pale, was unable to take food, and if the drug had been kept up, would have become bedridden.

Puerperal Septicæmia.

Patient, twenty-two years of age, was admitted October 15 and delivered November 14. The child was large and the labor tedious, and the perineum was torn back to the anus, but the rupture was not deep, that is it did not involve the whole sphincter. It was sewed up, five stitches being used, and she did well for seven days, when she had a rigor and fever. On November 25 she had another chill, followed by a temperature of 104°. On the 27th, there was some pain (not much) in the abdomen. The sutures were removed on the eighth day; the bowels were kept confined, to aid union. Since the patient had done so well for several days and the chill occurred during the constipation, the bowels were moved, when the temperature at once fell to 98° and remained low for two days. It then rose to 106°. The bowels were moved again and the temperature fell to 102°, but did not get below this for some days; there was a continuous high temperature; for the last few days it has ranged from 99° to 102°. The patient has not gained strength, and has lost flesh and color. Some authors claim that when the tear of the perineum extends back to the anus, primary union is almost impossible; but in this case there is very good union, and she has complete control of her sphincters. If this chill had occurred on the second or third day, union would not have taken place, and what slight union might have occurred, would have broken down; but in this case the union occurred before the chill. This woman has suffered from some septic trouble, occurring late; the infection must have occurred after labor; it may have occurred through atmospheric contact, even though the other puerperal women in the ward may have been healthy. A septic poison will often develop in the lochia about the sixth day, and in the wards of a large hospital, there are always more or less germs of disease. This woman's bladder was emptied repeatedly with a catheter, and this instrument may have been the means of introducing the disease. The vaginal syringe, indiscriminately used among hospital patients may also convey the poison. In this case, the abdominal pain was very slight, and there was never any distension, which conditions, while common, are not essential to septic poisoning; for the most malignant cases that he has seen were without these two symptoms; therefore, he advises that we do not lay too much stress on pain and swelling; we must remember that *puerperal fever* and *puerperal peritonitis* are not identical.

In this case, he ordered quinine, twenty to thirty grains daily, in large doses, to reduce temperature. He prefers to give it by the mouth, and if it causes vomiting, he would give it in gelatine capsules; when the secretions are deficient, as they generally are in these septic patients, pills are apt to pass through the alimentary tract undissolved. If, however, vomiting persists, in spite of the gelatine capsules, it may be due to the disease and not the quinine, and in this case, he would give it by the rectum, using one-third more than by the mouth. He also used vaginal injections of corrosive sublimate (one part to one or two thousand, according to the severity of the case,) every three or four hours; if used every hour it would be harmful. The injections should be made at night as well as in the day-time, and the patient should be visited twice or thrice daily. The greatest attention must be paid to details of cleanliness in these septic cases.

If several cases of puerperal septicæmia occur in the practice of the same physician, but where different nurses are employed, the doctor must regard himself as the vehicle of transmission, and it will be criminal for him to continue his obstetric practice, until he has undergone a complete process of disinfection. Dr. P. has never had a serious case in private practice, and this he attributes to his precautionary measures; he always leaves the management of the *details* of his hospital cases to the resident physician and nurse, thus obviating the danger of carrying the germs of disease in his clothing or his finger nails to his private patients. These germs seem particularly fond of woolen clothing, hence such goods ought not to be worn by hospital nurses. Many doctors, even some of the most prominent, are careless about their person, and do not have clean hands and nails. A doctor should keep in his office a solution of carbolic acid (8 to 10 per cent.) or of corrosive sublimate ($\frac{1}{1000}$ or $\frac{1}{2000}$) and make a rule to wash his hands in it, when he returns from his day's work. The instruments should be kept scrupulously clean, using carbolic acid for those of metal, since corrosive sublimate will corrode them. There should be no *epidemics* of puerperal septicæmia in a well-managed hospital.

Suspected Abortion.

Woman, married, no children, never pregnant, never missed a menstrual period until ten weeks ago, when a suppression lasted for seven weeks. She did not think she was pregnant, because she never had been so. Some doctor treated her for

suppression of menses; he gave her some pills, and after suffering for four or five days with cramps and diarrhœa, she had a bloody discharge from the vagina lasting for a week; after a few days, she passed clots. When a person has a long perineum, and is lying in bed, these clots may form in the vagina; particularly is this supposition probable if the clots are not very firm. The history of this case suggests an abortion at the second month. The woman was etherized in order that a proper examination could be made; when not etherized, the abdominal tension is so great that we cannot properly feel the womb. It is important in making these examinations that not only should the sensibility to touch and pain be benumbed (as in surgical operations), but all reflex excitability must be subdued, else the contraction of the abdominal muscles, excited by the manipulation, will interfere with the examination. Upon vaginal examination, the os uteri is not patulous or dilated, as it would most likely be if the uterus retained some products of conception; the cervix is low down; the uterus is enlarged, and on the left of this organ can be felt a fullness and hardness in the region of the left broad ligament, while there is none on the right. Evidently there is a tumor of some kind here. Metritis might keep up this bleeding or the retention of conception products, or there may be a pelvic cellulitis, produced by the irritating action of the pills (most probably aloes and some of the essential oils). This case is most probably (though not surely) pelvic cellulitis, with retention of some of the products of conception. Even where there is not conception, but the menses have been suppressed, and drugs are used to re-establish them, we may have a rupture of a vein in the fallopian tube, with an outpouring of blood, giving us a pelvic hæmatocele; or it may cause bleeding from the uterus, but this is not likely to last so long. This case might be one of extra-uterine pregnancy, for this condition, when it occurs, has usually been preceded by sterility; but in this case the hemorrhage would not be apt to last so long. Dr. P. will introduce a tent, or in some other way dilate the uterus, examine its interior, and if he finds anything there, remove it. After building up the patient's general condition, he will treat the sub-involution, the metritis, the pelvic cellulitis, or whatever else he may find.

Dr. James Tyson.

November 29.

Acute Bright's Disease.

Male, aged 38, native of United States, a dyer by occupation. Was generally well and hearty until eighteen or twenty weeks ago, when he had cholera morbus for three or four weeks; he then had chills and fever for eight or ten weeks, of the quotidian type. Three weeks ago he commenced to swell, first in the scrotum, then in the legs, and finally in the face and eyes. He entered the hospital November 15. Though not an absolute rule, yet it generally happens that dropsy from kidney disease is found located *first* in the upper part of the body (as the face), that from the heart in the lower extremities (as the legs and feet), while that from the liver is usually in the abdomen. These are merely guides, there is nothing pathognomonic about them. This patient had no abdominal dropsy, so disease of the liver was put aside. Quite frequently, in the more chronic forms of kidney disease, the swelling may begin in the feet; while in dropsy from heart disease it always does. In this patient the heart is normal. The urine, which is turbid and has a flocculent sediment, contains albumen, tube-casts and blood, which is all that can be said of its physical characters When examining for albumen, we must remember that heat will not throw down albumen from alkaline urine, unless the albumen be very abundant. However, a precipitate may be thrown down, which is not albumen, but phosphates, but this will be re-dissolved upon the addition of any acid. In this case the precipitate thrown down by heat, does not disappear upon the addition of acid; it merely changes color, due to the liberation of the coloring matters of the urine by the action of the acid; this urine is alkaline, therefore the acid only increases the precipitate of albumen.

In some cases of Bright's disease we will find a very turbid urine, in which there is very little albumen; hence, we should never examine a turbid urine without first filtering it, because the heat may only slightly increase the turbidity that previously existed, and thus mislead us in to believing that there is no albumen present; whereas, if we first filter, thus getting a clear specimen for examination, we can detect very readily the presence of albumen. Sometimes it is impossible to filter the urine clear, because bacteria, and phosphates in very minute subdivision may pass through the filter paper; in such cases, if we add two drops of the ordinary solution of potash to the test tube of urine, heat it, and then filter, it will come through clear. It is important that we should know whether this is a case of *acute* or *chronic* Bright's disease, as this knowledge will bear strongly on the prognosis. The large majority of acute cases will get well if treated simply by hygienic precautions. *It is a popular error that Bright's disease means death*, and especially is this true of the acute form. *The lecturer would rather have chronic Bright's disease than phthisis.* In this case the shortness of the duration of the swelling points to an acute attack, although this swelling has no definite significance one way or the other, because in many cases there is no swelling whatever; it is only one point in the diagnosis. The question can, however, be settled by the microscope. In acute cases there is apt to be a little blood in the urine, enough to make it *smoky*, if the urine is acid, and sometimes there will be a thin layer of blood corpuscles in the urinary sediment; however, other conditions will sometimes produce these phenomena, hence we must resort to the microscope.

If in a case of apparently short duration, we find epithelial and blood casts, besides hyaline casts, it is an acute case. A cast is a mould of the uriniferous tubule, produced by transudation of a coagulable element (like fibrine) from the blood, which, in coagulating, entangles whatever is there; if the case is acute, blood may be in the tubule, and this becoming entangled, we have a *blood cast;* again, in acute cases, the epithelium lining these tubules is loose and ready to shed, so that this fibrinous exudation entangles it and we

have an *epithelial cast.* This epithelium is not only loose, but is undergoing degeneration. If the epithelium adheres to the walls of the tubule, while the fibrinous exudation coagulating, becomes consequently smaller, and slips out of the tubule, we have a *hyaline cast;* this same thing would happen if the epithelium had been shed, but then the cast would have a greater diameter. Hyaline casts are found in all forms of Bright's disease, but more frequently in the chronic form. Blood corpuscles are not so diagnostic as blood casts; we may have any number of epithelial cells in a cast. These cells may undergo fatty degeneration, thus giving us a *fatty cast.* In Bright's disease there is generally, but not always, a considerable quantity of albumen in the urine; in this case it amounts to one-fourth of the bulk of urine. There is but one form of acute Bright's disease, namely, acute nephritis or acute inflammation of the kidney.

Prognosis.—The prognosis of acute Bright's disease is favorable, especially if discovered early. Diminished secretion, or even suppression of urine, may occur, which is a grave symptom; the lecturer saw one case recently, wherein, after seventy-two hours of absolute suppression in a child, complete recovery ensued.

Treatment.—A large number of acute cases will get well, if simply put to bed, kept quiet and fed on milk. The irritability of the nervous system is increased in these cases, hence we must be very careful not to irritate the stomach, by unsuitable food, as this reacting on the nervous system may cause convulsions. Warmth in bed will favor the action of the skin, which will be aided by flannel underclothing. When first called to a case of acute Bright's disease, he gives a brisk purge; it is folly to give diuretics until you have given the purge, because they will not act. The purge may be citrate of magnesia, epsom salts, cream of tartar, or compound jalap powder. After the purge has acted, we can safely favor the action of the kidneys; but before giving any internal remedy for this purpose, he resorts to counter-irritation, with mustard plasters, cupping, or poultices over the loins. Of diuretics, he prefers digitalis, especially the infusion; the tincture is generally good, but is sometimes unreliable. To an adult we may give from two drachms to half an ounce, three or four times a day; digitalis is most useful in large doses at long intervals. To a child of eight years of age, he would not be afraid to give one drachm of the infusion, three or four times a day, carefully watching the pulse, however; when it is brought down, he would cut off the dose. Water is one of our best diuretics; to which the citrate, acetate, or bicarbonate of potash makes a good addition; we may give from fifteen to twenty grains of either in half a tumbler of water every three or four hours; free dilution greatly aids the action of these salts. In most cases this treatment will be sufficient; when complications arise they must be treated. The most alarming of the complications is uræmia. When the urine is scanty or suppressed, we must look out for uræmia, and give brisk purgatives, with diuretics and sweet spirits of nitre to aid the skin in its vicarious function. When convulsions have supervened, of course the patient cannot swallow; if the pulse is full and bounding, he would bleed; only last night he had a case of convulsions, in a boy eight years old, that had lasted for eighteen hours; he took away eight ounces of blood, with most excellent results. Urea-charged blood causes the convulsions; by bleeding we remove some of this urea, and we also relieve the tension of the vascular system. We can also put a drop of croton oil, mixed with a little sweet oil on the tongue. Jaborandi is sometimes very useful; as the patient, under these circumstances, cannot swallow, we must give it hypodermically; $\frac{1}{6}$ to $\frac{1}{2}$ grain of pilocarpine (the active principle of jaborandi) will produce diaphoresis in fifteen minutes. In the adult we may use from $\frac{1}{3}$ to $\frac{1}{4}$ of a grain, though the dose must be regulated according to the physique of the patient, as it is a depressing drug, though Dr. Tyson is fearless of it, since he has never had any accident from its use. To a child of eight years, he would give from $\frac{1}{10}$ to $\frac{1}{8}$ of a grain. It acts so promptly that we can afford to commence with very small doses and repeat them. It may be used by enema—taking two drachms of jaborandi leaves to one pint of hot water, steep for a few minutes, strain and inject four ounces, and repeat in fifteen minutes if no sweating has been produced. He has never known jaborandi to fail to produce diaphoresis.

DECEMBER 6.

Sub-acute Bright's Disease.

Colored boy, 19 years old, has lived in this city for a year, working along the wharves as a stevedore. In August last, he had quotidian intermittent for two weeks. After this his feet began to swell, followed by swelling of the abdomen and face. Abdominal dropsy usually occurs only when the disease is severe, and it always succeeds swelling in the face or feet, or both; hence if found alone, we must look for disease of some other organ, especially the liver. The swelling had existed for nine weeks when he entered the hospital. The urine is very albuminous, and there are numerous casts, bloody and granular, particularly. As already said, well defined blood casts and blood corpuscles mean an acute case. When you find waxy casts, it is more apt to be chronic. Fat casts mean the sub-acute or chronic form, while highly granular casts may be found in either the acute or chronic. This man had blood casts when he entered the hospital, so it is fair to presume he had an acute attack.

Present Condition.—Very slight œdema of lower limbs; none of face; pulse 84; says he feels well; so that since there are no objective symptoms, the urine alone must be our guide in making a diagnosis. It is very pale; sp. gr. 1012 which means that the disease is either sub-acute or chronic. When you hear a person say that the urine contains 25 per cent. of albumen, it is an absurd statement, because the blood only contains 5 per cent.; what is meant is that one-quarter of the bulk of the urine is albumen, which really represents about $\frac{1}{2}$ per cent, so that we should express the relative bulk of albumen, and not its per cent. In this urine he has found hyaline casts, to which were attached leucocytes, granular casts, and compound granule cells, which are the epithelium of the tubules that have undergone fatty degeneration. He can exclude the acute form, but he has not one evidence of a

chronic case. To diagnose the sub-acute form is a nice problem; but he would call this such a case.

Prognosis.—This is comparatively favorable; as the case progresses, the prognosis becomes, of course, less favorable. Malaria seems to be a cause of chronic Bright's disease, and also probably of the acute form; exposure may also act as a cause. The free use of alcohol is often set down as a cause, but Dr. Tyson is not clear as to whether the alcohol or the exposure usually accompanying itsexcessive use is the most potent cause. The impregnation of the system with arsenic or phosphorus, as occurs among those who work in these drugs, is also a cause.

Treatment.—We have no remedy that is a specific cure, no remedy to act directly on the kidney and cure the disease. We must place the patient under conditions favorable for nature to work; rest in bed, protection from cold, and absolute freedom from work, woolen garments next to the skin. Food to make as little urea as possible. Urea is the ashes of the food, that left over unoxydized, to be removed. Milk is the ideal diet for these cases. We may use vegetables freely, if they are well digested. If symptoms are urgent, we must exclude meat; if not, we may use meat once a day, the white meat of poultry preferably, and broths. We must be very cautious in the use of eggs. Eggs can produce an albuminuria, where it does not previously exist, and they act as irritants to the kidneys; in the contracted kidney, they should be absolutely forbidden. We can use fish and oysters. If there is no dropsy, do not use diuretics, although if the urine is very scanty their use may be called for; but they will do no good unless the bowels are free. We should not omit the use of counter-irritation over the kidneys, which may be made with pitch plasters or mustard plasters—to make the latter, mix one part of mustard with four of flour, and *mix* this with equal parts of the white of eggs and glycerine; simply *mix*, do not beat it up. This mixture will be sufficiently mild to be worn almost constantly, and will keep up a gentle, but constant and efficient counter-irritation.

Case 2. Man, about sixty; urine high-colored, sp. gr. 1024. The man says that he does not feel sick and looks the picture of health. He came into the hospital five weeks ago, with swelling of the feet, which he had noticed for two months. He is a carpenter by trade, working up to the time of his admission, being able to do a full day's work up to two months ago. The urine contains albumen (about $\frac{1}{8}$ of its bulk) and a good many hyaline casts; nothing else. These casts have no distinctive value. The symptoms are so vague as to create the suspicion that the albumen may be due to heart disease, but the heart is normal. He has been a regular drinker all his life. Interstitial nephritis is the form of Bright's disease, most commonly caused by alcohol. In this case we can only diagnose contracted kidney. In this form the most important item of treatment is diet. Milk, especially; eggs and *red* meats should be avoided. Counter-irritation is no good here. Iodide of potassium, owing to its repute in absorbing inflammatory products ought, theoretically, to be almost a specific here, but experience proves that it is not. The treatment must be hygienic, paying great attention to keeping up the action of the bowels and kidneys. In *anæmic* cases, iron is good, but the popular notion that iron is indicated in all cases of Bright's disease is erroneous. It is apt to lock up the secretions, produce a condition favorable to uræmia and cause headache.

DR. W. G. PORTER.

Hydrocele; Debauch.

An old man, over sixty, was brought into the hospital in an ambulance in a condition bordering on delirium tremens. His limbs were swollen and his penis and scrotum enormously infiltrated. As he said that he had not passed water for two days, it was supposed that there was a rupture of the urethra and an infiltration of the scrotum and penis with urine. Additional weight was given to this opinion from the fact that the first attempts to pass a catheter were failures. Free incisions were made in the scrotum to let out the urine. A catheter was subsequently passed, when it was found that the urethra was not ruptured, but that the swelling of the scrotum was a hydrocele, which received appropriate treatment. Dr. Porter made some practical remarks on "The Importance of Food" in threatened delirium tremens. Persons who have been drinking heavily, generally eat little or nothing, hence, they are nearly starved. Under the use of milk and beef tea, the tremor will often disappear rapidly. The beef tea should be well spiced with cayenne pepper and salt. In connection with this diet, he would use small doses of morphia (gr. $\frac{1}{12}$–$\frac{1}{6}$), with bromide of potassium (gr. xx). As a rule we can abruptly discontinue the use of alcohol without danger; if there are symptoms of heart failure, we can combat it with ammonia.

MEDICAL SOCIETIES.

PHILADELPHIA COUNTY MEDICAL SOCIETY, SEPTEMBER 24, 1844.

Dr. Henry Leffman read a paper on

A Discussion of Some of the Questions of Medical Education and Medical Ethics.

From the valuable volume on medical education published by the State Board of Health of Illinois, we learn that the United States contains one hundred and twenty-three medical colleges, of which ninety-one are classed as regular. The Illinois Board has been an active one, has adopted a list of minimum requirements for admission and graduation, and in conjunction with other State Boards has accomplished much for medical reform, as the following figures will show. Prior to its present organization, thirty of the regular colleges required an admission examination; now fifty-nine require it, and this number will doubtless be largely increased next year. Ten colleges formerly required three courses of lectures; sixteen now require them. The course of instruction has, in many institutions, been improved by the addition of chairs of hygiene and medical jurisprudence. A part of these improvements has been brought about by the natural progress of educational methods, and by the desire on the

part of teachers to add to the attractions of their institutions; but a portion is also in deference to the demands of the State Boards.

A perusal of the volume referred to, in which the requirements and facilities of the colleges are set forth, shows us how very unequal is the character of the education given in different parts of the country. With some of these institutions the course of study must be a mere pretence.

It has been apparent for many years that active measures must be taken for securing reform in medical education. In considering the topic, we must bear in mind the responsible position which the medical man holds in society. He is no longer called upon merely "to give the potions and the motions." Education and legislation, the control of which has for centuries been in the hands of clergymen and lawyers, is becoming largely a medical problem, and the well-informed physician becomes a factor of no mean importance in social progress. At the same time, the requirements of a thorough medical education, in the narrowest sense of the term—that is, a knowledge of disease and its treatment—has become a problem of far greater difficulty than it was a generation ago. A correct and sufficient knowledge of the instruments of precision requires an acquaintance with various accessory sciences. The laryngoscope and ophthalmoscope involve optical principles, the elaborate electrical machinery employed calls for a more than rudimentary acquaintance with mathematics and physics, and the many chemical tests which are required for diagnosis involve a need for some practice in the chemical laboratory. On the other hand, the importance of classical training has been overrated, and in the preliminaries to a medical education it may receive scarcely any attention; but its place is supplied by two of the modern languages, in which so much of the important scientific literature is found.

In offering a synopsis of the directions which medical reform should take, I may conveniently present the topic under four heads: 1, the preliminary examination; 2, the course of study; 3, the method of graduation; 4, the ethical relations.

The preliminary training presents great difficulties. It is nearly impossible to say what amount of actual information would be the minimum which should qualify a young man or woman to enter the study of medicine, and the opponents of the admission-examination system have urged this as an objection, and have spoken about "natural aptitude" in those comparatively uneducated; "rough diamonds," etc., which are likely to be unjustly excluded on account of technical deficiencies. Yet it must be noted that all colleges and high schools conferring degrees other than those of medicine, have always had such conditions of admission, and no one has ever thought the obligation burdensome. I do not think that the requirements for admission to medical schools should include a knowledge of the dead languages, except possibly an acquaintance with the regular declensions of Latin nouns—a degree of information which could be acquired in a few hours; the value of the knowledge is only its bearing on correct prescription-writing. I take issue, therefore, with such conditions as those imposed by Harvard College, which requires the translation of easy Latin prose; and also the schedule of the Medical Society of this State, which imposes a knowledge of this tongue. On the other hand, an elementary knowledge of algebra and geometry is essential to a correct understanding of the teachings of chemistry, electrotherapeutics and ophthalmology, and from practical experience I know that insufficient preparation in these matters has cost many a student a vast amount of labor and study. It is not at all improbable that, as the standard rises, some of the essentials of anatomy and chemistry will be entered among the preliminary requirements.

I must also object to the following requirements in the Pennsylvania schedule: Botany, Logic, Drawing, Greek, Political Economy, and Algebra, except to simple equations. Botany, as generally studied, is a mere accomplishment, and its practical value in medical science is very small. Political economy is, in my opinion, a department of science in which the danger of a little learning is very serious; it has no elements.

We must by all means regard the preliminary examination as a protection to the pupil. It is said that one of the head masters of Eton would not infrequently say to the scholar about to be thrashed, "Sir, this is the office of a true friendship." Pupils do not take kindly to admission-examinations, and it will be more difficult to enforce them in medical colleges, because every one has become accustomed to the unrestricted acceptance of students.

An effort will have to be made to secure for this examination an approach to uniformity among the different colleges. It will not amount to much if each institution is allowed to set up the standard for itself, and to determine privately how far each pupil attains it. It is hinted that in some institutions, which have made great claims on account of their admission requirements, and the diplomas of which have received special privileges abroad, the examination is a mere form. The attitude which the Medical Society of Pennsylvania holds in reference to this topic is very unsatisfactory. For years it has been adopting resolutions and threatening punishment, but it seems never to get its courage up to the point of insisting on reform. These standing resolutions appear to be remarkable for little else than their hollowness and insincerity.

Opportunities for great improvement are to be found in the course of study. It would be curious to know under what circumstances originated the extraordinary method of medical instruction according to which the student is not to know anything, however easy, if he has heard it once, and to know everything, however difficulty, when he has heard it twice. I cannot see that this state of affairs is materially improved by extending the term over three years. It relieves, perhaps, the pressure of study, but it only nominally lengthens the course. It is now generally thought that the science and art of medicine cannot be acquired in two years, and most of the American colleges state in their announcements that the candidate for graduation must have studied three years. The usual plan is, however, to allow these three years to be two courses of lectures, and one year under a preceptor, whose certificate to that effect is generally taken. When it is re-

membered how easy it is to secure such certificates, and how irregular and uncertain is the instruction often given by preceptors, it will be seen that this preliminary year may be a fiction. If a year outside of college is to be counted at all, it should be upon a record dated at the beginning of the year; that is, the pupil should produce evidence of having declared his intention to pursue his studies for a year in a physician's office. I do not think, however, that this matter will require much attention, for the pre-college year will soon be abandoned. Another method by which the study is cut down to short periods and insufficient work is the practice of giving credit at one college for the time spent at another. As a general rule, the evidence of the prior study is merely the statement of the pupil and the exhibition of a full set of tickets. Neither of these is sufficient proof of actual attendance, and even if they were, there would still be no proof of the student's fitness to proceed with the second course. The proper test of the student's fitness to proceed with his studies is an examination. This is the test that non-medical colleges would apply.

The most radical improvement that I have to suggest is that to which I have already referred in a paper before the Medical Society of Pennsylvania, namely, that the full college course should include a recognition of each specialty, and offer the option of pursuing the study of one or more of them, not as side studies or post-graduate courses under junior teachers, but as part of the requirements of graduation. I have compared this plan to that under which the universities give courses of instruction in mechanical, mining, or civil engineering, the option of one or the other being left to the student. The whole tendency of medical practice is towards specialism, and one of the difficulties of maintaining the ethical standard is the constant struggle of specialists to draw attention of the community at large to their lines of practice. Forbidden to advertise directly, they seek methods that are illegitimate. I think it will be admitted that the best interests of the profession and the public are subserved when the patient is directed to the proper physician with the least inconvenience, delay, or confusion. Those who object to specialism forget that the degree of M. D. is itself a special degree, and limits the service of those who bear it. No one objects to the degree of D. D. S., and no one can deny that the value of dentistry has been vastly improved by the establishment of colleges and the creation of the degree. Why should we not multiply these degrees, and so arrange the college courses that each might be conferred on those who prepare for it? Doctor of ophthalmology, otology, or dermatology, may seem strange to our ears, but they are as reasonable as the titles, bachelor of science, of mining, or of music, now conferred by the universities. The *Journal of the American Medical Association* has declared it allowable for a physician to put on his card, "practice limited to such and such diseases," but I do not think that this view has been generally accepted. The proper method to secure recognition is by degrees, which indicate that studies have been pursued which fit the practitioner for the work undertaken. "John Smith, M. D., D. D., S.," is the legitimate manner of showing that the said person has pursued a course of study in general medicine, and then in a special dspartment. I cannot see why "John Smith, M. D. O.," should not indicate the same with regard to ophthalmology. I wish to present the idea that these special degrees should all be in the compass of a regular medical school; the studies for the first year would be the same for every degree; but in the second and third years they should be directed to the end in view. I consider this preferable to forcing all into the same studies, and then resorting to post-graduate instruction as a preparation for practice. Instead of a faculty of seven chairs, it would be more satisfactory to have fourteen. There is no good reason why the instructors of diseases of the eye, ear, or mind and nervous system should not atand on an equal footing with the professor of gynæcology or obstetrics, instead of being, as they now are, mere appendages to some chair, or recognized only as subsidiary summer lectureships. That some of these departments cannot be satisfactorily included within the original chairs, is because they are, for the most part, developments of late years. Sanitary science, psychiatry, and inebriety have become distinct sciences. The first has acquired so much importance that in some States of the Union a knowledge of it is necessary to the validity of a medical degree.

It is not possible to present here all the details of a college instruction, but I think that a few words should be said about the thesis. As a rule, it is of little value. Under the system of preliminary and term examination, it will have less value, for it is now looked upon mainly as an index of general proficiency in orthography and grammar. It would be unreasonable to expect students to produce anything of scientific value. There are, however, some exceptions, and it is not unwise to extend direct encouragement to those who seem to possess the means and desire for original work, and to reward the effort in proportion to its merit. I would, therefore, say that no theses should be exacted, except those that are to compete for prizes, and that after the award is made, all that are deemed worthy of mention should be published.

In this connection I wish to allude to a department of instruction for which there is special need in this country, that is, medical jurisprudence. It is a common opinion that the mere fact of a man being a doctor, fits him for expert service, whereas there is very little attention given to the topic in medical schools. The recent suggestion of Dr. Bronadel, made before the French Society of Legal Medicine, seems most admirable. It is that a regular college, or at least a regular course of instruction, should be instituted in medical jurisprudence, the evidence of proficiency being in the conferring of such a title as Doctor of Medical Jurisprudence. Only persons bearing such title would be competent experts, and undoubtedly in such an arrangement some of the objectionable features of expert testimony would disappear.

I think it cannot be denied that a feeling is gaining ground in the community that the right to practice medicine is one that should be more more completely under State regulation, than at

present. The objects to be sought are, that all practitioners shall be able, and as nearly as possible equally able, and the latter cannot be attained as long as the graduation is made to depend on the standard set up by individual institutions. The transfer of the work of examination to a State Board, and the conversion of the colleges to centres of instruction only, would solve several of the troublesome problems of college management. The faculties would surely not regret the loss of the labor of either the oral or written examination. It would place competent and efficient teachers on a much higher plane than they now are, while it would go far towards crowding out inefficient ones, for each examination would be a record of the manner in which the candidate was prepared. These State Boards should accept any one who could bring certificates of good moral character, proper age, sufficient preliminary training, three years' study under instructors recognized by the Board. Under the present arrangement, a student attending any given college is obliged to take all his instruction from the faculty thereof. If one or more of the professors are inefficient, he must take extra time and spend extra money to get proper preparation. Under the system here advocated, he could select his instructors from the different faculties accessible to him. Such a weeding process would very soon throw out the weak teachers, and form faculties strong at all points, and this surely would be to the advantage of the profession and its education.

A vital question that arises in reference to State Boards, is their relation to the different schools of practice into which the medical profession is unfortunately broken. It is the fear of the homœopathic portion that has in part prevented the establishment of these Boards. They are afraid that they will be used for the purpose of preventing any but regulars from getting into practice. They have insisted on, and I believe obtained in most cases, recognition and representation. I desire not to be narrow or bigoted, but I cannot divest myself of the impression that it is thoroughly absurd to suppose that there can be two systems of therapeutics; but, however this may be, the course to be pursued by the State is plain. The majority must rule, and the system which is most comprehensive must be insisted upon. There can be no question that the majority of both learned and unlearned persons in such a community as ours favors what is known as the regular system. On this ground, therefore, a knowledge of that system should be required for practice. Those who desire to pursue any special system, ought, in addition, be required to pass an examination in the special features of that system.

The adoption of the system of official supervision will be slow, but the profession, especially of the larger commonwealths, has it in its power to anticipate the system in a tolerably satisfactory manner; that is, by means of examinations before committees of the State or County Medical Society, these examinations being in addition to those given by the faculty. One of the New England Colleges already has this plan, and an analogous method has been in use in the College of Pharmacy in this city, a committee of the Alumni Association giving a set of questions covering the principal branches of study.

The vexed question of medical ethics is not a suitable one for general discussion, but I cannot close this paper without expressing my agreement with the views advanced by Dr. Gihon, at the Cleveland (1883) Meeting of the American Medical Association. Times have changed, and medical education has much changed, since the section of the code was written which proscribes as irregular any one "whose practice is based on an exclusive dogma, to the rejection of the accumulated experience of the profession and of the aids actually furnished by anatomy, physiology, pathology, and organic chemistry." Under State Boards, all students would be obliged to pursue these studies, even if the different colleges did not have them of their own accord. I am not disposed to advocate consultation with non-regulars, but I think that the ethical error at the present time is, that while many are excluded who only nominally at variance with the requirements of the code, many are admitted who are only nominally in agreement with it. The standard for admission of a physician to professional relations ought to be his moral character and educational attainments. Failing in these, it seems to me he is unfit, though he proclaim ever so loudly his faith in the letter of the law, and sign ever so often a printed promise to abide by it. In the words of Dr. Gihon, "Medical education is the true standard of medical ethics."

I have brought this paper forward with a view of eliciting discussion on all the points, but particularly on those that seem new. To me the fallacies, if any exist, in the arguments, are not observable; but those who approach the question from a different point of view may discern them, and I trust any such weak spots will be pointed out. I expect that it will be urged in objection to some of the schemes that they would involve too complicated arrangements, but I think this is most in apprehension, not a reality. I presented views somewhat similar in a paper read before the Medical Society of Pennsylvania, but of course no opportunity was there presented to discuss it. The question of advance in medical education appears to be attracting more attention in the West than in the East, and we may infer that the reforms which the colleges will not of themselves make will be forced upon them by the official requirements. The Illinois State Board of Health has adopted the following as the minimum requirements to constitute a college in good standing, and the Nebraska State Medical Society, has adopted them as conditions of eligibility to membership.

Conditions of admission.—Credible certificates of good moral character, diplomas of literary college or preliminary examination in English, mathematics, and elementary physics.

Branches to be taught.—Anatomy, physiology, chemistry, materia medica and therapeutics, the ory and practice of medicine, pathology, surgery, obstetrics and gynæcology, hygiene, medical jurisprudence.

Length of courses of lectures.—Two of not less than twenty weeks, and not more than one course in same year.

Attendance.—Regular attendance; absence by

sickness only allowed, and not to exceed twenty per cent. of the course. Examinations by quiz twice a week. Final examination to be conducted, when practicable, by other than professors.

Dissections and Hospital work.—Two courses of each.

Duration of study.—Not less than three years.

The college must show that it has a sufficient corps of instructors and facilities for hospital work.

The points presented for discussion to-night are:

What should be the extent of the preliminary requirements, and how should they be ascertained?

How far should specialization of the course be carried, and would it be feasible to confer special degrees?

Could such a special degree as Doctor of Medical Jurisprudence be conferred, and would it be of advantage?

Would the profession and the community be benefited by a State Board of Examiners, who alone should have power to grant licenses?

If a State Board should be established, do the interests of the higher education require that any but regular practitioners should be represented on it?

In case a student transfers himself from one college to another of equal standing, should he be subjected to an examination with a view to determine his fitness to pursue his studies?

(*To be continued.*)

Editorial Department.

Periscope.

The Surgical and Orthopœdic Treatment of Infantile Paralysis.

Dr. Bernard Roth read this paper before the last meeting of the British Medical Association.

I wish to refer in this paper to the treatment of infantile paralysis after the acute stage has passed, when it is possible to recognize which muscles are likely to recover more are less complete power, and which will be more or less hopelessly destroyed as far as voluntary contraction is concerned.

It is during this stage, while the previously paralyzed muscles are beginning to recover their power, various deformities of the trunk and limbs are prone to occur, deformities which frequently cause more grief and hardship than the permanent paralysis left, and which yet, with care and perseverance, can be nearly always prevented. The two guiding principles in the surgical and orthopœdic, or after-treatment of infantile paralysis, are:

1. To improve the power of those affected muscles which have still some voluntary power left.

2. To prevent the onset of any deformity, or, if this has already occurred, to reduce it to a minimum.

With reference to the diagnosis of infantile paralysis, this presents little difficulty when the chronic stage has been reached. In all cases a thorough examination should be made of the trunk and limbs; each joint in turn should be examined; and the patient's will is to be strongly urged to exert voluntary contraction to effect all the movements possible in the given joint, *i. e.*, flexion, extension, rotation, etc. By first doing the movements on the opposite limb, if that be normal, he will more readily understand what is required of the partially paralyzed one. When the patient is unable of himself to execute a movement, the surgeon should do it passively, and if there be any contraction or limitation of motion in a joint, this will be at once noticed, and errors of diagnosis avoided.

1. *To Improve the Power of those Affected Muscles which have still some Voluntary Power Left.*—The first thing to be done is to correct the lowering of temperature, nearly always present, of the limb or limbs. If one leg is affected, the parents should be told not to be satisfied unless it is as warm as the healthy one. It will be generally found that, after a night's rest in bed, the paralyzed leg will be perfectly warm. The patient should be quickly sponged all over, on rising, with tepid water, followed by good rubbing and drying, and sufficient extra clothing applied to the affected limb. Loosely knitted woolen stockings, thick cloth leggings, or, best of all, cloth leggings lined with cat's skin, or other fur, should be constantly worn during the day.

Warm baths, temperature 98° to 100° Fahr., for from ten to twenty minutes every evening, are most useful. For young patients of from five to ten years old, a small barrel standing on end answers admirably, as the patient can stand in it up the waist or neck in water if required, and a smaller quantity of hot water is needed. The bath should be followed by a rapid sponging of the whole body with cold water, so that no undue sensitiveness to changes of temperature be induced. If properly applied, the cold sponging produces such a reaction after the bath, that the pale paralyzed limb becomes as red as a boiled lobster.

Next, *massage* or rubbing is specially indicated, and although many medical men employ it, it is seldom practiced sufficiently long daily, or with enough force. Half an hour, or an hour, twice daily, is often hardly enough. In every case the rubbing should be practically superintended by the surgeon for the first time or two. In cases of long standing, more or less of the situation of the wasted muscle is frequently taken up by tenacious adipose tissue, through which the pressure of the rubber's hands has to be transmitted to reach the diminished mass of the muscle.

The rubbing or massage I employ may be roughly classed as kneading, circular friction with the thumb, fulling, and firm stroking down. "*Kneading*" is a combination of grasping, and large pinching and pressure, with the two hands used alternately, one after the other, so that whatever is left of the wasted muscle, is thoroughly squeezed and moved about. As considerable force is required, the skin should be protected from abrasion by lubrication with olive oil, or vaseline, or other innocuous fatty substance.

"*Circulur friction by the thumb*" is done as follows: The operator's thumb-end is firmly placed on any given spot, and while considerable pressure is exerted, describes small circles, ten times from right to left, and ten times from left to right. A spot an inch higher or lower, or to one side, is then treated in the same way, and so on until every part of the muscle has been thoroughly manipulated. This method of rubbing is very useful when the space occupied by the wasted muscle is small, as in the case of the anterior tibial muscles, or of the muscles on the anterior or posterior aspects of the forearm, etc. It is, however, equally efficacious for large muscles—for example, the quadriceps extensor of the knee, or the glutei.

"*Fulling*" acts less directly on the muscles, but rather on the whole of the tissues of the paralytic limb; it is effected by a rapid to-and-fro alternate gliding of the two palms on opposite sides of the limb, which is at the same time as firmly compressed as possible. If the leg is to be "fulled," the operator begins close to the groin and gradually works his way down to the foot, moving the hands rapidly to and fro the whole time. The first time, the hands should be on the outer and inner aspects of the leg; the next, they should be placed higher on one side and lower on the other; the third time, this position is reversed; and, finally, the hands are placed posteriorly and anteriorly to the limb. Such a manipulation, for five minutes vigorously carried out, will seldom fail in producing a most wholesome glow, and increased circulation in the blue-looking and chilly limb. A dozen or two firm "*strokings down*" of the leg ends the rubbing.

Even more important than the rubbing or massage is the methodical exercise of those muscles which have partially recovered. Every muscle which is still under control of the will, if it be ever so slight, should be acted upon; for whenever, by a great voluntary effort, a patient can contract a paralytic muscle, an increased amount of power can be obtained by long-continued perseverance in methodical exercise. Medical gymnastics, or so-called "Swedish exercises," where each muscle or group of muscles is made to contract, and then gradually relax, at first actively, and then against resistance by the surgeon, are most efficacious. Although faradization is useful when the voluntary power is very feeble, or not yet present, it cannot be compared to this treatment by exercise, with resistance alternately by the surgeon and the patient.

The following is a short description of some of the simple exercises required in ordinary cases of infantile paralysis. As it is always necessary to have a good *point d'appui*, I shall begin with the proximal joints. If there be any weakness of the spine or thorax, I must refer those interested in the subject to my article, "The Treatment of Lateral Curvature of the Spine," in the *British Medical Journal* of May 13, 1882.

Hip-joint.—The gluteal muscles are by far the most important of the muscles of the lower extremities, for, if their power be left, or if they can be sufficiently developed, the patient may eventually be made to walk, with or without sticks, even if all the other muscles of the legs are utterly wasted. Thus, if the quadriceps extensor muscle of each knee-joint has been lost, the patient may sometimes be able to stand erect or walk, by keeping the knees extended, without any posterior splint, by means of the posterior and crucial ligaments of the joint, with the help of the gluteal muscles, and a slight inclination forwards of the trunk. I have had several patients who were enabled to walk fairly well without any thigh-muscles, front or back, in whom the gluteal muscles had become sufficiently developed under treatment, a back-splint for the knee being all that was required to prevent hyperextension of the knee and consequent relaxation of its ligaments.

An efficient exercise for the gluteal muscles is for the patient to lie prone and to raise the leg, with knee kept extended, from off the ground; if the gluteal muscles are too weak, the surgeon, or the properly-trained assistant, helps the patient by supporting more or less of the weight of the limb, by placing the hand under the front of the knee; this is really an extension of the hip. After a few days, circumduction of the hip from right to left, and *vice versa*, is to be tried ten or twelve times each way. By the time the patient has increased in power, and finds this circumduction easy, its severity can be augmented by the surgeon's hand pressing downwards with more or less force against the back of the heel, or by placing a double bag of shot or bullets over the tendon Achilles. If the abductor muscles of the hip are weak, the simple expedient of making the patient lie sideways, and doing the hip-circumduction with the uppermost leg, will bring them into action. For the flexors of the hip, the same circumduction is to be done with the patient lying on his back and the knee kept extended (if this cannot be done voluntarily, by means of a lightly applied wooden back-splint). The patient can be easily taught to rotate the limb out at the hip, at first if necessary, with assistance, and, finally, against resistance.

Knee-joint.—For exercising the extensors, the patient, lying supine, has the knees flexed, and the legs hanging vertically over the end of the padded table on which he lies; he is requested slowly to extend one knee; if the weight of the leg is too great, the surgeon assists by supporting the foot while the patient voluntarily performs the movement. The flexors of the knee generally escape paralysis, but are easily brought into action by the patient lying prone and trying to lift the foot off the ground by slowly flexing the knee, against the surgeon's resistance, if necessary, applied to the back of the heel.

Ankle-joint,—The patient, sitting, has the leg supported on a chair, with the foot projecting beyond; flexion, extension, adduction, abduction, and circumduction, are executed either volun-

tarily by the patient or passively by the surgeon; if the former, when strong enough, also against the surgeon's resistance. If there be any contraction of the tendo Achillis preventing normal dorsal extension of the foot, passive extension of the foot, with considerable force, should be daily employed; and if there is not sufficient elongation at the end of three or four weeks, tenotomy must be performed. This operation should be avoided, if possible, when voluntary dorsal extension is absent, or so deficient as not to be able to overcome the weight of the foot. Whenever I employ tenotomy, I recommence systematic exercise as soon as the skin-incisions are sufficiently healed, *i. e.*, on the third or fourth day. The previously-learned exercises are found much easier by the patient after the tenotomy, which gives at once greater range of movement. (See my article, Treatment of Non-spasmodic Wry-neck, in the *British Medical Journal* of June 14, 1884.) We now take the upper extremities.

The Shoulder-joint.—The patient lying on the back, circumduction from before backwards is one of the exercises most easily taught, if there be any voluntary power; the elbow and wrist being kept extended, either voluntary or, if that be impossible, by means of a wooden splint. To bring the scapular muscles into action, the patient, lying supine, with the arms down by the sides of the trunk, or abducted at right angles to the body, or extended upwards by the side of the head, is told to resist the arms being brought forwards by the surgeon from either of the positions, and then voluntarily returned to the initial position against the surgeon's gradually yielding resistance, the elbows being kept well extended. The rhomboidei and subscapularis muscles are chiefly brought into action in the second movement with the arms at right-angles to the trunk.

The Elbow-joint.—The upper arm being fixed by the surgeon against the table on which the patient lies, the motion of flexion or extension is easily resisted by the surgeon's other hand, the elbow being either flexed or extended to begin with. Pronation and supination, also flexion and extension of the wrist, present no difficulty if a little time and attention are devoted to carrying out similar exercises to those already described. So, again, the same remarks apply to flexion, extension, adduction, and abduction of individual fingers.

Throughout all these exercises, care should be taken that, while the patient is trying to contract (that is, exereise), he is prevented involuntarily contracting other stronger or normal muscles which should be kept at rest.

2. *To Prevent the Onset of any Deformity, or if this be Already Present, to Reduce it to a Minimum.*—Where one limb is affected, it is most important to prevent shortening of the bones as the result of a less active nutrition as compared with the opposite sound limb. Where one leg has already become shortened as the result of a quicker growth of the healthy leg, before the patient has come under observation, it is nearly always possible to prevent further increase of the difference by religiously carrying out the suggestions already given. It is essential for the prevention of lateral spinal curvature to have the lengths of the two limbs equalized by a thicker sole on the boot of the shorter.

In the upper extremities, where one arm only is paralyzed, it is often most useful to bandage the healthy one close to the body for some hours daily, so as to induce the patient to use the weak arm as much as possible. In all cases, it is essential to stop at once all unnatural modes of progression, such as crawling or walking on the hands and feet, hopping, or running with the legs much flexed at the hips and knees. So, again if there be flat-foot, properly-shaped laced boots, with felt-pads, should be precribed, and other special treatment followed, as given in my article, "Early Treatment of Flat-foot," in the *British Medical Journal* of November 18, 1882.

If the toes are much deformed or curled over one another, stockings with toes will be found efficacious. In no case should garters be worn, but suspenders used instead.

With reference to the general health, I attach much importance to milk forming a large element in the food. I strongly advise tepid water enemata, on alternate days if necessary, rather than purgatives, when there is any tendency to chronic constipation. The patient should be in the open air for several hours daily, and should always remain in the best possible positions, whether sitting or lying.

I have not referred to the subject of division or excision of tendons for shortening partially paralyzed muscles, as I have not yet seen any cases in which this treatment appeared likely to be of the slightest use.

Prognosis.—If there be ever so small an amount of voluntary power left, some improvement should be obtained by a month's treatment, and a very decided and marked improvement by the end of three months. Afterwards, the friends, having been properly trained, as well as the patient, can carry on the treatment almost as successfully at home for as long as is necessary.

Diarrhœa, or Intestinal Catarrh.

Dr. Robert J. Lee thus writes in the *Medical Press and Circular*, November 5, 1884:

It is the commonest malady of infancy and childhood; the one that in family practice we are required most frequently to treat. To do this successfully we must have clear ideas upon its pathology, and be guided by judgment and experience in the details of treatment. In the history of most cases you will find as a rule that the illness began in a distinct and rather sudden way. It is true that some weeks or longer may have elapsed since that time, and that you have to deal with a diarrhœa that has become chronic; but this is a condition that has generally succeeded to an acute attack. The cause is usually exposure to cold, and such exposures occur more frequently in hot than in cold weather. Exposure of the feet, legs, and lower parts of the body of an infant is more likely to occur in hot weather, from the fact that these parts are but little covered in the summer time, and are much less protected than the parts above the waist. The sudden attacks to which children seem to be very liable when at the sea-side are due in by far the greater number of instances to cold, induced by wet feet or paddling in the sea. These attacks are serious.

The inflammation and diarrhœa are active, the pain is often great, there is much straining and spasmodic contraction of the bowels; there may be discharges of blood with the mucus, and there is often prolapsus of the bowel. The prostration caused in a few hours may be very marked, and all the conditions which you are called upon rather suddenly to deal with may present the most serious aspect. For these reasons it is very important, as I have said, to have clear ideas upon the nature and proper treatment of such sudden attacks. When the case has changed its character, and the symptoms after some abatement have assumed a chronic form, it is still important to know how to treat them.

The disease may be regarded as an acute catarrh of the intestine. The contents of the bowel are first discharged, then there is an abundant escape of watery, bilious fluid, which probably flows from the great and small glands which excrete into the bowel; then the mucous membrane suffers, and while the quantity of the discharge is diminished, its character changes to a thick glairy mucus, often tinged with blood. At this stage the pain from spasm and straining is most severe. These stages may succeed one another rapidly, that is, in twenty-four hours or less. Each time that milk or other food is given, in a few minutes there is spasm, and in common language, "everything runs through the child." Although it takes fluid eagerly, the stomach generally refuses to retain it, and if some passes into the bowel, much is rejected by vomiting. Such an attack as I have described is a severe one, and more rare than less acute attacks, but in each the conditions and symptoms are similar, and only differ in degree. Improper food, acid milk, or if an infant is being suckled, some derangement of the mother's health, may cause intestinal catarrh. Under these circumstances, the attack is generally less acute than when cold has caused it.

You may form some idea of the condition of the bowel from the appearance of the prolapsed rectum, two or three inches of which are often everted, and are seen to be red, congested, and covered with glairy mucus.

If you leave a child in this state alone, without treatment or food, the acute inflammation may subside in the course of a few days, but the catarrh generally continues for some time, varying according to food and other circumstances. But the question we have to decide is what is the best treatment. If you follow a certain routine practice, you will order some carminative draught, of no very active property, with perhaps a gentle opiate. Such treatment will not do any harm. At the same time it won't do much good. Opiates will not stop the diarrhœa or spasm. Half measures are of no use in these severe cases. The most important agent for the relief of the symptoms is heat. The child should be placed in a bath of temperature 100° or higher, and kept in the bath for half an hour or longer. On taking it out, a large linseed poultice should be applied to the abdomen, warm bottles placed in the cot, and the child left thus for two hours or so, when the poultice should be renewed. A powder composed of two grains of calomel and one of Dover's powder should be mixed, and if the child is under twelve months old, one-third should be given every four hours. If the age is above twelve months, one-half the powder should be given, and repeated in six hours.

In the former case two powders may be sufficient. The administration of the third powder will depend upon circumstances to be judged of by the medical adviser.

Before giving the second powder, the child should be again put in a hot bath, and the poulticing repeated as before. Nothing more to any purpose can be done during the second twelve hours. At the end of twenty-four hours a small dose of castor-oil with a few drops of compound tincture of camphor should be administered, and the poultices renewed every four hours or so.

With regard to food, it is better to give little, if any. Some well-boiled arrow-root and milk, thinly mixed, may be tried, but if the stomach rejects it there is no use in pressing it. It is very usual to order brandy and milk; but there can be no question, judging by experience, that brandy is harmful and apparently irritating to the mucous membrane. I have seen such opposite kinds of treatment adopted in cases of acute intestinal catarrh, that from the ill success of others I have formed the very decided opinions I entertain, as much as from the success of the plan I am advocating. It is the old-fashioned plan of treatment, and it seems to be one quite consistent with the pathology of the disease.

I have heard of ice being applied to the abdomen and cold compresses, with results by no means satisfactory.

During the week following the attack we have been considering, great attention must be paid to diet. Arrow-root and milk and water, or some such farinaceous food, is preferable to beef tea or or other animal fluids, however much disposed we may feel to try to restore the child's strength by the latter means. We must wait till the inflammation of the intestinal mucous membrane has subsided before animal fluids can be borne. During this week it is proper to administer every night a powder composed of a grain or a grain and a half of hyd. c. creta, with a third or half a grain of pulv. Doveri, according as the child is below or above twelve months old. This plan of treatment may seem rather active, but it has the advantage of restoring the bowel quickly to its healthy condition, and of preventing the chronic diarrhœa which so commonly succeeds the attack.

If several weeks have elapsed before the child comes under your care, and its usual kinds of food have been tried without success, you will find that the best plan of treatment is to deal with the case very much as though you were treating the acute symptoms; but instead of calomel, let grey powder be given in two-grain doses for two or three successive nights, and then follow the plan recommended during the week succeeding an acute attack, not forgetting the occasional hot bath and the poultices to the abdomen.

When the mucous membrane has suffered for some time, it is highly probable that the mesenteric glands will be secondarily affected, and the nutrition of a child is thus seriously impaired. Flatulent distension of the bowel prevents us from detecting any enlargement of the mesenteric glands; nor, indeed, is the glandular enlargement as seen in post-mortem examinations so de-

cided as to allow itself to be diagnosed during life. The glandular inflammation passes through the ordinary stages of hyperæmia, as seen in typhoid fever, then of diminution of redness with change of color to a yellow tinge, due to fatty infiltration, and this state may continue for many weeks, until the gland ducts are again free. In scrofulous children the glandular inflammation extends to the stroma of the glands, and the more or less ordinary forms of tabes mesenterica are developed. It is very generally imagined that the condition of chronic catarrh is to be relieved by change of diet; and thus we find parents, particularly in the better classes of society, expending much trouble to little or no purpose in trials of the various infant foods of popular reputation, or, if the child be very young, in hoping for some advantage from the wet-nurse. Whatever may be the diet, the process of digestion must be imperfect while the morbid condition of the intestinal canal exists, and this condition requires to be treated by appropriate remedies. We may be sure that if some such simple system of feeding as, for example, that recommended in the "Rules" given to patients at this hospital, be not satisfactory, no kind of food will succeed better; at least, such is the result of my own observation. When the mucous membrane has recovered itself, when the diarrhœa and spasm have ceased, and simple food is being fairly well digested, we may begin to administer some stimulating tonics, such as the dilute mineral acids with iron and quinine, or with small doses of some vegetable aperient, such as rhubarb or jalap. As a rule, the acids are more suitable than the alkalies, although the flatulence and acid fermentation which is the apparent cause of the flatulence would theoretically suggest the administration of alkalies and carminatives.

It is well to give special directions that the abdomen should be covered warmly with wool or flannel, and that the legs and feet should be carefully protected from cold.

I have only attempted in these remarks to give a general view of the causes, pathology, and treatment of intestinal catarrh, and beg you to consider it as merely a preface to further details, which clinical examples from among the patients here will afford the means of illustrating.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Two gynecological articles by Dr. E. S. M'Kee, of Cincinnati, are on "Irregular Contraction of the Uterus," and the "Membrana Virginitatis." The latter is an interesting discussion, but rather litera *y* and forensic than medical.

——The therapeutic value of permanganate of potassium is examined by Dr. Roberts Bartholow in a reprint before us. He assigns it a high position, but rather from the opinions of others than his own observation.

——A very sensible pamphlet is that by Dr. J. J. Levick, on the treatment of typhoid fever. His method may be seen from his closing words:

"I am bound to say that whatever of success I have met with in the treatment of typhoid fever has been in direct proportion to the simplicity of that treatment. Attention to minuteness of detail, both in what I do myself and in what I order to be done by others, frequent visits to the sick, constant vigilance with respect to diet, the avoidance of all harsh and dangerous drugs, and the use of such simple medication as has here been indicated, have, in their results, been sufficient to satisfy me in the past and to make me hopeful for the future."

——An interesting operation is described by Dr. Wm. S. Forbes, of this city. It is the liberating of the ring finger in musicians by dividing the accessory tendons of the extensor communis digitorum muscle. It is described, with cuts, in a reprint from the *Proceedings* of the Philadelphia County Medical Society.

BOOK NOTICES.

A Practical Treatise on Massage: Its History, Mode of Application, and Effects. By Douglas Graham, M. D. New York, Wm. Wood & Co., 1884.

The subject of massage has been one toward which the attention of the profession has been directed more and more of late years. As a therapeutic measure, it has been growing steadily in favor. A careful monograph on it has long been desired. We mean one written from a physician's point of view. This is presented in the volume before us. It gives the history of the process, its mode of application, its physiological effects, and its appropriateness in various diseases. Of course, the author is enthusiastic on his subject. He pushes its utility further than most will assent to; but the range of its value is certainly large, and he does well to insist upon it.

The Philadelphia Medical Register and Directory for 1884 and 1885. By William B. Atkinson, M. D. 8vo., pp. 259.

This exceedingly useful and well-arranged directory appears in its annual visit on our table. It is an indispensable adjunct to every physician's office in this city, as nowhere else will he find so many points about professional matters, which he requires to know, as in this handy volume. The editor is fully aware of just what doctors want to learn about the city of their residence, and presents it to them in the neatest manner.

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THE NEW SCHOOL OF BIOLOGY.

As we intimated some time since a school of biology has been for some time in contemplation in connection with the University of Pennsylvania. This contemplation has now become a reality. The new building is a plain, two-story red brick structure, near Pine street and Woodland avenue. The laboratories, library, and private rooms for the professors are all on the upper floor. The first floor is divided into lecture theatres, working rooms and museum, while in the basement is a large, dry storage room, an aquarium room, a live-stock room, and apartments for the janitor. The rooms are all well lighted with large plate-glass windows, and well ventilated. The prime object of the school, which will be under the direction of Dr. Joseph Leidy, the most eminent of American biologists, is the encouragement of individual and original biological research. All the best-known methods will be employed in teaching, a capital library has been loaned by Dr. Horace Jayne, and the professors themselves are all known enthusiasts. This biological department is the only one in America that has rented a table at Dr. Dohrn's celebrated zoölogical station at Naples, Italy. Dr. Dohrn, a German biologist, was struck with the richness of the fauna in Naples Bay, and, after considerable effort, he succeeded in establishing a school, or rather a station, at which eminent scientists from all the principal universities in Europe may study. Dr. Dohrn makes a request that each scientist should write a treatise on the subjects of his study, with the result that a highly valuable series of works is annually given to the world. Dr. Charles Dollay, of Rochester, New York, at present represents the Philadelphia Biological Department at the Naples station and part of his duties consists in keeping the department constantly enlightened as to new discoveries and developments. The course of biology is one of a number, a choice of which is necessary to obtain the philosophical degree.

The new department was formally opened December 4th, in the presence of the faculty, Board of Trustees, and a number of prominent clergy-

men, Provost of the University William Pepper, M. D., LL. D., presiding.

Professor Harrison Allen, in his opening address, said: "The aim of this department is to encourage original research in biology, by offering facilities to scientists engaged in investigation and by giving instructions to advanced students prosecuting special work."

Continuing, he said that the biological department claims to be more than a department of the University. It is the only institution of the kind in the country. It will, it is hoped, be received as a distinctively Philadelphia enterprise, whose plan of work is entirely separate from that undertaken by any other organization. The biological department needs for its successful maintenance $100,000. It is not designed in the meaning of the term maintenance to make easy places for men of elegant attainments, to make "bug hunters," "bachelor butterflies," or what you will, but to diffuse knowledge of the natural sciences that will gladden the mind. We know that this assistance must come from the few, but we hopefully appeal to the intelligence, to the culture, of a great community noted for its good will to men.

Already thirty students have enrolled themselves on the books of the school, which opened for general study on Monday, December 8th.

THE LANCASTER CREMATORIUM.

Elsewhere in this issue we note the dedication of the Lancaster Crematorium, which was formally opened November 25. The views of sanitarians are decidedly in favor of cremation, as being the most hygienic method of disposing of the dead, while only two objections have been urged against it; the one a sentimental objection on the part of surviving relatives and friends, and the other, from a medico-legal standpoint, fearing that the incineration of the body would destroy the evidences of the poisoning in criminal cases. While there is some force in this latter argument, yet the hygienic advantages to accrue from cremation so far outweigh the objections, that we have no doubt the practice will eventually become very common in this country.

We must remember that there are two sides to every question, and that the advocates of either side can always find arguments to sustain, or at least to support their cause; but we must also remember that it is the judicial province to decide on the relative merits of the various arguments. In this matter of cremation, sanitarians are the proper judges; and they decide that cremation is the best method of disposing of the dead—that it entails far less risk upon the living than does the method by inhumation.

The instructions issued by the Lancaster Crematorium are as follows:

"1. *Application.* All applicants for cremation of bodies must present a certificate of death, signed by the physician attending during the last illness, whose standing as a reputable practitioner must be attested by a magistrate or notary public. A blank for this purpose will be furnished by us; but in lieu of this, the certificate of the health officers of cities, in legal form, will be accepted.

"2. *Preparation of Body.* The body should be dressed in a shroud of cotton or linen fabric, being particular to avoid all metallic substances—hooks, buttons with metallic eyes, etc.

"3. *Coffin.* The body should be enclosed in a plain wooden coffin, or what is preferable, in a coffin made of sheet zinc; being particular to make the coffin no larger than is needed to contain the body.

"4. *Shipment of Body.* To avoid unnecessary expense, when accompanied by friends, a passenger ticket should be purchased for the body, which is then shipped as baggage, not by express.

"5. *Religious Services.* When religious services at the time of cremation are desired, we will arrange for them with some one of our city pastors, if timely notice is given.

"6. *Cost.* The cost of incineration is $25. The additional expense of conveying the body from the depot to the Crematorium, services of undertaker, one coach for friends accompanying the body, and a plain receptacle for the ashes, will aggregate $10. This amount ($35) must be received by us in current funds, postal order, or certified check, before the body is cremated. A hearse will be furnished when desired, at $5, and additional coaches when needed, at $3 each. Urns to receive the ashes will also be furnished when

desired, as soon as arrangements now in progress are completed."

The officers of the society are D. G. Eshleman, esq., President; Rev. J. Max Hark, Henry Carpenter, M. D., Vice Presidents; H. C. Brubaker, esq., Corresponding Secretary; J. D. Pyott, Clerk; Geo. K. Reed, Treasurer; M. L. Davis, M. D., J. D. Pyott, H. C. Brubaker, esq., Executive Committee.

PHYSICAL CULTURE IN THE UNIVERSITY.

The University of Pennsylvania has taken a step in the right direction, and has placed the seal of its recognition upon the science of "hygiene," by establishing among its many notable improvements, a department of "Physical Culture."

Dr. J. William White has been elected by the trustees to preside over this new department, and his selection is a most assuring guarantee that this very excellent departure will not be allowed to slumber. Dr. White is a believer in the equal distribution of mental and physical exercise, and he thoroughly realizes that "all work and no play will make Jack a dull boy."

"Our idea," says Dr. White, "is to have each student a better man physically as well as mentally at the time of his graduation than he was when he matriculated. My duties will be to examine each man at the time of his entry into college to see where he needs physical development. If, for instance, he is weak in the muscles of the back, the course of training recommended to him will be the rowing machine in winter and the Schuylkill in summer; not that I mean by this that he should train for a race. If his chest is flat and general pectoral development beneath the normal, he will be advised to try the parallel bars.

"You see the point here. An ordinary trainer would pick out the man for the boat who didn't need it, and vice versa. Another branch of the work is that although statistics prove that most college athletes live to a good old age, the fact remains that there are some cases of over-training. We don't want any men to go from our crews or our teams with hypertrophied hearts or diseased lungs. We shall see when a man comes from a half-mile training run how it affects him. If it leaves him in bad condition, the trial can be shortened or enjoined altogether. The plan will go into effect immediately, or, rather, as soon as I have returned from Harvard, where I am going soon to observe its workings there."

"How do the students take to it?"

"Very well, I believe. I am President of the University Athletic Association, and have means of knowing what their opinion is."

We congratulate the University on this progressive step, and fully agree with Dr. White that the students will take very kindly to it.

THE ANTI-VACCINATION OUTCRY.

In spite of the absolutely overwhelming testimony proving that vaccination, properly performed and repeated as required, is a preventive of smallpox as complete as can be desired, and that its ill effects are so rare and so slight that they do not have the weight of a feather in comparison, there are yet blind agitators who oppose and condemn this grand discovery.

One such, by name Tebb, has been writing from London to the *Times-Democrat*, and other western papers, repeating the oft-confuted statistics of the anti-vaccinationists, and dragging forward the bugaboo of vaccino-syphilis. Any such statements made in Great Britain would receive prompt contradiction on the spot. Therefore they are sent to journals thousands of miles away, and to those which are not edited by medical men.

We brand all statements to the effect that vaccination has not been efficient and protective in England as false, and we can prove our assertion by any reputable English journal. As for the nonsense of vaccino-syphilis, not one practitioner in twenty, either here or in England, ever saw a case of it.

—Vienna has been chosen as the place where the next International Hygienic Congress will take place, in 1886.

Notes and Comments.

Subscriptions Falling Due.

With the beginning of the year, many subscriptions will fall due. It is our hope that all our subscribers will renew for the coming year. With our enlarged form, printing thirty-two pages in each issue for most of the year, each page containing, on an average, over one thousand words, the Reporter gives, in quantity, as much medical reading as the ordinarily busy physician can digest, with regularity, every week. That, in quality, it is fully up to his legitimate demands, has been, and shall continue to be, our faithful endeavor.

It greatly aids our labors if subscriptions are paid promptly. We earnestly ask our friends to remit to us as near January 1st as possible. We pay cash as we buy, and hence it becomes absolutely necessary for us to ask the subscription *in advance*. We hope that this one general request will be sufficient for all.

The Relation of Certain Diseases of the Eye to Gout.

Mr. Jonathan Hutchinson chose the above as the title for "*The Bowman Lecture*," delivered before the Ophthalmological Society of the United Kingdom, November 13, 1884, and after noting several diseased conditions of the eye which he considers gouty in their nature, such as "*Hot Eye*" (see page 721), "*Transverse calcareous bands of the cornea*," "*Arthritic Iritis*," "*Cyclitis*," "*Neuritis*," "*Glaucoma*," and "*Retinitis Hemorrhagica*," he thus concludes:

"And now, gentlemen, as my last word, I do not know whether I have to defend myself in the eyes of any of you from the charge of 'seeing gout in everything.' I am well aware that this diagnosis is a very easy one, and seductively ready at hand for the idle prescriber. I submit, however, that it has not been exactly in that temper that I have brought before you the statements which I have made this evening. My desire has been to state the issues explicitly, and to keep close to facts. Where statistics were admissible, and obtainable, I have had recourse to them. I may assert that I have said nothing but what has been based, not only upon clinical observation, but upon clinical note-taking, and the subsequent collation of cases. Nor, I contend, have I made any very sweeping statements. So far from my having exceeded the truth, my conviction is that when our clinical pathology shall be more advanced, and diseases more minutely classified, we shall in all probability recognize as gouty yet other maladies, and perhaps not a few beyond what I have claimed. It is a subject upon which skepticism is as irrational as credulity. That the gouty constitution exists, and is very common in our English population, that it is potent in the production of disease, and that it is remarkably hereditary, are facts which no one will doubt. In relation to the multiform diseases of the eye it must have a domain, and that an important one. To discover some of the extensions and limits of that domain has been the object of my best endeavors to-night."

Atrophy of Optic Nerves, Treated by Hypodermic Injections of Nitrite of Pilocarpine.

A man who had for a long voyage been exposed to a vapor-charged atmosphere, whose temperature ranged from 110° to 120°, but in whom there was no history of syphilis, rheumatism, excessive smoking, or sexual excesses, complained of a disinclination for work, took no interest in anything, and ate but little. He had no pain in the head, no diplopia, was not sick, did not vomit, and did not experience loss of sensation in any part of the body. After landing from his voyage, he observed a dimness coming over his sight, which gradually increased. For twenty-one months, he was treated with phosphorus and strychnia, phosphoric acid and tincture of the chloride of iron, with friction on the forehead with compound camphor liniment, all without avail. Finally, Dr. David McKeown, who reports the case in the *Brit. Med. Jour.*, November 8, 1884, decided to give hypodermic injections of the nitrate of pilocarpine (ranging from $\frac{6}{20}$ to $\frac{1}{2}$ grain) daily. Under this treatment the improvement was marked, and Dr. McK. concludes by saying: "This seemingly hopeless case, which has, by what is certainly not a recognized method of treatment, given a most gratifying result, suggests the following conclusions: 1. There are probably some cases of atrophy of the optic nerve in which the hypodermic injection of pilocarpine would prove a valuable addition to the recognized methods of treatment. 2. These injections may, in suitable cases, be continued daily, for a long time, without lowering the patient's health. 3. Strychnine and pilocarpine may be administered subcutaneously at the same time."

Treatment of Ingrowing Toe-Nail.

Since we have recently published several notes on this subject, which differ in substance from the views which Dr. J. Walton Browne publishes in the *Brit. Med. Jour.*, November 1, 1884, we deem

it well to cover the ground by reproducing the principal points of his article:

"The common mistake made is to blame the nail. The nail is not at fault, but the skin surrounding this becomes thickened, hypertrophied, and ulcerated, and grows until the nail is overlapped. Granulations then spring up, from which an irritating discharge proceeds. I need not recount the various operations which have been described by Sir A. Cooper, Mr. Hutchinson, and other surgeons, for the relief of this affection.

"The operation which I advocate is that introduced by Mr. Stilwell, of Epsom, and mentioned in the *Brit. Med. Jour.* of 1872, and consists in removing with a scalpel all the granulations and hypertrophied skin, together with a large portion of the surrounding sound structures, skin-deep from the side of the toe, sometimes making an open wound nearly one inch long by three-quarters of an inch wide. I generally apply to the wound pads of lint saturated with compound tincture of benzoin.

"By this operation all the diseased parts are removed at once, and a clean healthy wound left to heal by granulations. As cicatrization proceeds, contraction takes place, and leaves the nail perfectly free, which has no longer any material into which it can be pressed.

"I have practiced this operation many, many times with most gratifying results, no recurrence having taken place in any of my cases, which is common enough after the usual methods adopted."

Stretching of Lingual Nerve for Neuralgia of the Tongue.

The *Brit. Med. Jour.*, November 15, tells us that Mr. Clement Lucas operated for the relief of extreme neuralgia of the tongue, at Guy's Hospital, on November 11, by stretching the lingual or gustatory nerve. He pointed out what he believed to be an original observation; that, if the tongue be seized at the tip, and drawn forcibly out of the mouth and to one side, the lingual nerve of the opposite side is made to stand out as a firm band beneath the mucous membrane on the side of the tongue, where it can be readily felt and secured. The operation was performed as follows: A suture was placed through the tongue to the right of the septum, by means of which the organ was drawn forcibly out, and to the left side. A sharp-pointed hook was then pased under the nerve to fix it. The mucous membrane was next divided over the nerve for about half an inch, so that it could be readily seen, and an aneurism-needle having been passed immediately under the nerve, the sharp hook was withdrawn. The nerve was, in this way, easily reached and stretched.

Nitrite of Amyl as an Antidote in Strychnia Poisoning.

Dr. Hobart A. Hare publishes a paper on this subject in the *Boston M. and S. Jour.*, November 20, 1884, which thus concludes:

1. Nitrite of amyl does prolong life in strychnia poisoning, although its action is so fleeting compared to that of its adversary, that it can only be used to tide over the patient until more persistent remedies or antidotes, such as potassium bromide, or chloral, can be administered.

2. That it cannot be used by inhalation as an antidote with any chance of security from a fatal termination, owing to the facts regarding expiration before stated.

3. That the longer the nitrite is given after the strychnia the less good it will do, *provided* the strychnia has already shown itself by convulsions or otherwise. This is true not because the nitrite is less powerful after the first convulsion, but because death is more apt to come before the nitrite can fully act.

4. That the nitrite has to be given in such quantities and at such times that its full physiological action be present constantly, otherwise in the instant which may supervene between the after effects of one dose and the beginning of the next the patient may die.

5. That in cases of strychnia poisoning, the nitrite of amyl being used as an antidote, an injection of the nitrite should be given, and the patient kept moderately under its influence by inhalations until other remedies are obtainable.

Inflammation of Limb Relieved by Ligature of the Main Artery.

Before the Sheffield Medico-Chirurgical Society, (October 9, 1884), Mr. C. Atkin read the notes of a case occurring at the infirmary, in the practice of Mr. Favell, in which he had ligatured the brachial artery for secondary hemorrhage after amputation in the upper third of the fore-arm, with an immediate marked effect on the inflammatory condition of the stump. Though the flaps healed externally by the first intention, the whole limb went into a state of over-reaction after the amputation, and a general arterial oozing occurred on the tenth day. After ligation of the brachial artery, the hemorrhage ceased; and the limb, which before had been swollen to twice its natural size, dark, red, doughy, and semifluctuating, resumed its normal form and color in a few hours.

Mr. A. Jackson remarked that deligation for the arrest of disease was first performed in England by Mr. Favell, at the suggestion of Mr. G. A. Brown, then the house-surgeon of the infirmary, and now of Tredegar. Mr. Brown had had a case in which sloughing phagedæna of the palm had been arrested by the ligature of the radial and ulnar arteries for hemorrhage.

The Hydrochlorate of Cocaine in Genito-Urinary Procedures.

In the *N. Y. Med. Jour.*, December 6, 1884, Dr. F. N. Otis tells us that as the result of his own experience and that of others, he thinks that it will be proved that the greatest good will come from the use of the cocaine in the cases of irritability of the deep urethra associated with prostatic disease. In these cases the passage of a catheter, so essential to the comfort and even the life of the patient, is frequently rendered painful, and not rarely impossible, by spasm of the deep urethra. The use of cocaine promises quickly to reduce both the pain and the spasm, and allow of the easy passage of the instrument, and this, too, by a procedure quite within the province of an intelligent patient to use after proper instruction. A 4 per cent. solution of the hydrochlorate of cocaine in almond-oil makes an excellent lubricant for urethral instruments, and he thinks it may prove even better than the watery solution for applications to the urethra. Its use in this way, in a few cases, has been very satisfactory.

The Communicability of Consumption.

The question as to whether consumption is communicable or contagious has been very frequently discussed and answered both affirmatively and negatively; so that it seems to-day to be an open question. A still further contribution is made to the subject, by Dr. G. W. McCaskey, in the *American Practitioner* for November, 1884, who thus summarizes his conclusions:

"The inoculability of tuberculosis having been admitted, and the exact nature of the virus clearly demonstrated, its communicability by contact becomes more than probable. The sputum having been shown under certain conditions to contain the bacilli, constitutes when dried and pulverized a part of the atmospheric dust, and its inhalation is *certainly a possible cause of pulmonary phthisis*. To guard against these dangers the breath of consumptive patients should be carefully avoided, and the sputum of such persons systematically destroyed by burning or other efficient means."

Potassium Bromate in Epilepsy.

Before the Philadelphia Neurological Society, Dr. Guy Hinsdale made some remarks on this subject, saying:

"Bromate of potash, $KBrO_3$, resembles in some respects chlorate of potash, while retaining the characteristics of bromides. It was used in the Spring of 1881, by Dr. Weir Mitchell and Dr. Hinsdale. The latter made a personal test of the substance, and found that doses of ten, twenty, and thirty grains, three times a day, slowed the pulse decidedly, and depressed the heart, the larger doses causing purging and drowsiness. A single dose of forty grains caused watery discharges from the bowels and drowsiness.

"In the nine cases of epilepsy its use was satisfactory in only one; doubtful in two; unsatisfactory in six. The drug is such an irritant poison, and depresses the heart to such a degree that the substance had to be discontinued in most cases, although it evidently controlled the seizures."

Ichthyol in Eczema.

Since this disease is so obstinate, it will be interesting to note that Dr. Alex. J. Sinclair reports in the *Brit. Med, Jour.*, November 22, 1884, that he has treated several cases fairly well with this drug. However, its use may be attended with some danger, as the following case would indicate. The patient was a child four months old, suffering from chronic eczema of the head and extremities. He directed that an ointment, made up of one part of ichthyol to five parts of vaseline, should be rubbed over the parts affected. Within two hours of the application, the child sank into a stupor, from which he could with difficulty be roused. This condition lasted for twelve hours, during which time he was unable to suck, and could with difficulty be made to take nourishment. However, his recovery was complete. Dr. S. would like to know if others have met with a similar case, and if these unusual symptoms can be accounted for.

Cigarette Smoking.

There seems to be an opinion somewhat prevalent that cigarette smoking is more injurious than when tobacco is used in other forms. A query as to the reason for this, in the *Brit. Med. Jour.*, is thus answered by Dr. W. A. Sinclair:

"I tkink I am right in saying that it is not the tobacco, but the paper used in rolling the tobacco.

"I have at present under treatment two cases, both cigarette-smokers, who complained of severe pain down the middle line of the sternum, with

anxiety, especally at night when in bed, and which was particularly relieved by a high pillow. In both cases, I could not make out any heart affection, and treated them both with fifteen-grain doses of the trisnitrate of bismuth, and advised them to stop smoking cigarettes. In two days they were relieved of all symptoms. I have never seen any injurious effects from cigarette-smoking when the skin of the upper part of the rupa palm-leaves was used instead of paper."

Paracentesis as a Therapeutic Agent.

Dr. W. Henry White publishes a paper on this subject in the *Brit. Med. Jour.*, November 1, 1884, in which he thus recapitulates his principal points:

1. In pleuritic effusion, early evacuation of the fluid is advocated by the siphon principle, discarding the aspirator.

2. In empyema, pus should be withdrawn at once, by the siphon or by the respirator, with the use of the manometer, and the pleural cavity irrigated.

3. Incision is called for where large empyemata have existed for some time in old or rigid chests, or where irrigation, having been practiced several times, has failed.

4. Where incision fails to effect a cure, resort must be had to resection of ribs.

5. Paracentesis, with drainage, should be employed in the treatment of lung-cavities.

The Diagnostic Value of Hot Urine.

Though we very much doubt its practical utility, yet we note from the *Deutsche Med. Zeitung*, August 14, 1884, that Dr. F. Betz says that the urine participates in the temperature of the bladder, which in itself does not develop heat. The temperature of the bladder, as well as that of the urine, can be altered, however, by the temperature of surrounding parts, which communicate heat to the bladder, and the urine contained in it. This occurs in inflammatory processes in the pelvis, and in the peritoneum not covering the pelvis, as in the loops of bowel lying in the cavity of the pelvis. When a patient complains of hot urine, and cystitis is excluded, inflammation somewhere in the neighborhood of the bladder is indicated.

Cocaine in Intra-Laryngeal Operations.

Dr. Felix Simon reports the following instructive case in the *Lancet*, November 22, 1884:

"I have under my care at the present time a lady with the largest papillomata of the larynx I have ever seen in an adult. The prolonged interference with respiration has so lowered the patient's vitality, that on each of the seven occasions on which I have removed masses of the growth by forceps, the mere introduction of the instrument has caused alarming shock. Recently I painted the interior of her larynx with a 20 per cent. solution of muriate of cocaine once, and after waiting five minutes I was able to introduce the forceps four times and remove each time considerable portions of the tumors without the patient experiencing any pain at the moment or subsequent shock. She described the sensations caused by the cocaine as, first, a slight feeling of constriction, followed by a sensation of burning, which quickly passed away."

Calomel in Diphtheria.

Dr. H. A. Cleland reports four cases so treated in the *Detroit Lancet*, November, 1884. Bichloride of mercury was also used, and Dr. C. comes to the following conclusions:

1. When large doses of either of these salts of mercury are given in diphtheria, they do not produce catharsis to any extent, or induce any of the ordinary constitutional effects of mercury.

2. That no after unpleasant effects have been noticed to have followed the exhibition of these large doses of mercury during the convalescence, or after the complete recovery of diphtheria patients who have taken the drug in this manner.

3. That mercury exhibited in this manner has, in some cases, manifested an unmistakable power in controlling diphtheritic exudate, and arresting its development.

Curability of Syphilitic Arteritis.

From the *Lancet* we learn that M. Leudet has recently related the case of a man, the subject of syphilitic infection, who was noticed to have undergone a decided alteration in mental behavior, to have lost memory, and to have suffered from frontal headache. Whilst these symptoms prevailed, the superficial branch of the left temporal artery was seen to have become much thickened, so as to feel like a hard cord, and twice its normal diameter. Seven months later the corresponding vessel on the right side became affected in the same way, and coincidently the cerebral symptoms increased in intensity. The administration of anti-syphilitic treatment was followed by the return of the affected arteries to their natural state, and by the recovery of the patient.

The Treatment of Puerperal Septicæmia.

Dr. T. Gaillard Thomas, of New York, delivered an address before the first meeting of the New York State Medical Association, in the course of which he said:

"Were I called upon to sum up the treatment of a *declared undoubted* case of puerperal septicæmia, marked by the usual symptoms of pulse of 120, temperature 105° or 106°, which would meet the requirements of our time, I should give it categorically thus:

"1. Quiet all pain by morphine hypodermically.

"2. Wash out the uterine cavity with antiseptics.

"3. Lower the temperature at once below a hundred, not by the barbarous method of a cold bath, but by the far better one of the coil of running water.

"4. Feed the patient upon milk and nothing else, unless some good reason exists for changing it.

"5. Exclude from her room all except the nurse and doctor, keeping her as quiet as possible."

A Lead-Pencil Removed from the Penis and Bladder.

To a recent meeting of the New York Surgical Society (October 28, 1884), Dr. Stimson related the case of an unmarried man aged forty-six, from whose penis and bladder he had removed, by means of a perineal incision, an ordinary lead-pencil, that had been introduced, so the patient said, because he found himself unable to urinate. Dr. Post related a somewhat similar case, where, the pencil being sharpened, the patient had taken the precaution to coat the sharpened end with sealing-wax.

Correspondence.

A Case of Headache.

Eds. Med. and Surg. Reporter:—

About two years ago I was called to see a young lady suffering from a very severe headache. She has the following history: She is 31 years of age, of small frame and short stature, dark and sallow in complexion, and of very sedentary habits. She has suffered from these attacks, which have been of the most intense character, since she was eleven years of age. At my first visit she did not weigh more than 95 pounds, her headaches occurred every week, and continued from one to three days at a time.

She was accustomed to using various domestic remedies, such as hot foot-baths, moist heat to her head, etc., with some benefit. I gave her at this time the usual remedies for headache, but her stomach is so weak during the attack, that water will sometimes cause persistent vomiting.

I remember giving her at one of my visits a small dose of ipecac, as she complained of having eaten something that distressed her, and she vomited for many hours. By careful attention to diet, and more out-door exercise, with at times tonics, she made some improvement, but still it was far from satisfactory.

Five months ago she informed me that of late she had suffered from constipation, and I prescribed the following pill:

℞.	Ext. belladonnæ,	gr. v.
	Ext. nucis vomicæ,	gr. x.
	Ext. colocynthis,	℥i.
	Sodii bicarbon.,	ℨii.

M. et ft., pil. xl. Two each night.

She has gradually left off taking these pills, and the result has been in every way satisfactory. I advised at the same time the removal of her corsets, as she complained of a constant pain in the lumbar region of the spine, and I am pleased to say it has produced the happiest results. No less an authority than Dr. B. W. Richardson says, "The effect of the pressure is equally injurious to the organs of digestion, respiration, and circulation."

Since I adopted this plan of treatment, she has gained twelve pounds in weight; her food does not cause her any distress, and the headaches have left her, with the exception of a slight attack at the catamenial period.

But what seems the most remarkable in this case is, the pain in her back is gone, and the menses have been regular and without pain.

This is something that has not happened since she was first unwell. She has taken no medicine, with the exception of the pills for her constipation, and it seems to me proven that the cause of her suffering was an error in dress.

I regard the removal of the corsets as the principal treatment in this case, and as the treatment was so simple, and the affliction so great, I trust my lesson may be of some use to others.

J. Sutcliffe Hill, M. D.

Saxton's River, Vt.

A Third Testicle.

Eds. Med. and Surg. Reporter:—

Called November 10, 1884, to H., age 22, stout, robust man, weighing about 175 or 180 pounds, white, married, one child about eighteen months old. The messenger informed me the man was suffering from strangulated hernia.

On examination, found a small tumor lying against the pubic bone, right side. A slight examination caused the man to cry out with pain. In answer to questions, said the *tumor* came suddenly, that he never had anything like it before. I instinctively examined the scrotum for an absent testicle, but found two well-developed testicles in the scrotum. I alternately pressed the tumor and one of the testicles in the scrotum, and he said the pain was the same. Although the man was suffering terribly, I took my time and very carefully examined the swelling. With very little effort I pushed the little tumor back into the

abdomen, with instant relief, and without that peculiar gurgling characteristic of a return of intestine.

I am satisfied I had a third testicle to deal with.

O. Hough, M. D.

Conneautville, Pa., December 8, 1884.

News and Miscellany.

For the Public Health.

PROVISIONS OF THE NEW BILL THAT IS TO BE SUBMITTED TO CONGRESS.

The Committee on Federal Legislation, appointed by the National Conference of the State Boards of Health, has completed the bill upon which it was engaged, and which embodies the views of the conference as to the best method of preventing the introduction into the United States of cholera and other diseases dangerous to the public health. It is entitled "A bill to amend an act entitled an act to prevent the introduction of contagious and infectious diseases into the United States, and to establish a National Board of Health."

The first of the ten sections comprised in the bill provides for a National Board of Health, to consist of one member from every State Health Board now or hereafter to be established, to be appointed by the President and confirmed by the Senate. This differs from the original act in that it largely increases the membership of the board, and excludes from it the medical officers from the army, navy, and marine hospital service, and the law officer from the Department of Justice.

The second section of the new bill provides, as did the corresponding section of the original act, for the collection and dissemination of sanitary information, etc., but greatly enlarges the scope of the Board's powers by authorizing it to frame rules and regulations for the government of the quarantine service of the United States, and by vesting in it (the Board) all authority which is now or may hereafter be provided by law for the control and protection of the public health. It directs the National Board to co-operate with local boards, as far as it lawfully may, and to aid in the enforcement of the latter's rules and regulations; but it also authorizes the National Board, upon direction of the President, to act in the several States independently, and to make and enforce their own rules, regardless of the local boards. The third section relates to the regulation of the marine quarantine service, and authorizes the National Board to frame rules to be observed by all vessels sailing from foreign ports to ports of the United States; and provides that such rules, when approved by the President and issued by the Department of State, shall be enforced by all consular officers and agents of the United States, as well as by medical officers serving under this act.

Section four provides that any vessel from any foreign port which shall attempt to enter any port of the United States in violation of the above-mentioned rules and regulations shall be liable to process in the proper District Court of the United States, and upon conviction shall forfeit to the United States a sum to be awarded in the discretion of the Court, not exceeding $1,000, which shall be a lien upon such vessel. In order to show that it has complied with these rules and regulations, every vessel shall be provided with a proper certificate from the United States consular or medical officer at the point of departure, who must be satisfied that the statements therein contained are true. Section fifth provides for a similar observance of these rules and a corresponding certificate from the health officer at the port of entry. Section sixth authorizes the President of the United States, in any threatening emergency, to make known by proclamation measures which he may think necessary to meet it, such as suspending the introduction by land or sea of any dangerous kind of merchandise, or prohibiting entry into United States ports of vessels from infected countries. He shall, at the same time, convene the National Board of Health in special session, and the measures devised by the latter shall, upon approval by the President, supersede the Executive proclamation.

The remaining four sections provide for the collection by consular officers of sanitary statistics and information in foreign ports; for the detail by the President of departmental officers to serve temporarily, under direction of the Board, without extra compensation; for an appropriation of $500,000 to meet the expenses incurred in carrying out the provisions of the bill, such sum to be disbursed under the National Board's direction and by its own disbursing agents, and for the repeal of all acts inconsistent with the terms of this one.

A delegation of physicians and members of State Boards of Health in attendance at the conference placed the bills in the hands of the House committee on the public health on the 12th inst. Dr. Walcott, of Boston, Erastus Brooks, of New York, and Dr. McCormack, of Louisville, made short speeches before the committee. They urged legislative action in the direction proposed by the bill, and said that the measure was approved by the Boards of Health of twenty-five States. Representative Beach, Chairman of the Committee on Public Health, says that he regards the measure prepared by the conference as a most important one, and that his committee will give it consideration at an early date.

Diphtheria and Measles in New York.

The diphtheria scourge that never leaves New York, though it lets up occasionally to a limited extent, has recently taken a fresh start, and is at present devastating more homes than has been its wont. The usual death rate of fifty per cent. of reported cases has been exceeded, and is at present sixty per cent. and over. Last week the deaths from diphtheria numbered forty-three to seventy-five reported cases. As the prevalence of the disease has diminished during the last few weeks, it has increased in violence until it has reached its present severe type.

"People talk about Asiatic cholera," said a physician connected with the Board of Health recently, "as something dreadful; and here, right in this city, is a disease raging all the time that is a hundred times worse than cholera. Let us get one case of that epidemic by ship, and see what an

alarm there will be; yet they hardly seem to know that diphtheria is about, and is killing people right and left. The worst cholera that ever was never killed half of the people it attacked. Diphtheria does, whenever it gets bad. Indeed, when it is bad there is no dealing with it at all. The patient dies before you can do anything for him."

The health officers take patients suffering from this disease to the Riverside Hospital whenever it is desired by parents or friends. If the Board of Health ever gets through building on North Brother Island, they will be taken there. Measles have been increasing steadily for a week or two, since the coming of cold weather. It is, however, not of a very severe type. Last week 152 cases were reported at Sanitary Headquarters, and 22 deaths. That was just three times the number of the preceding week and the week before that. Among the new cases reported yesterday were four in the Foundling Asylum at Sixty-eighth street and Third avenue. The patients were babies from four to eight months old. In an institution of that character the mortality can be expected to be high, but the arrangements for isolating and treating such cases at the Foundling Asylum are of the very best.

Guarding Against Cholera.

The New Jersey Sanitary Association ended its tenth annual session in Trenton, December 5, 1884. The duty of the State and local authorities as to cholera was the subject discussed. Resolutions were adopted calling on the National and State Governments to adopt the strictest quarantine measures to prevent the introduction of cholera into the country, declaring it to be the duty of the State and local Boards of Health in the winter and early spring to place every city, town, and township in the most favorable sanitary condition, and urging the people to coöperate by a systematic overhauling and disinfection of every part of their houses. It was also declared necessary that health officers should have police powers to enter any house to detect nuisances and abate them. Attention was called to the necessity of having pure water for domestic purposes.

The following officers were elected:

President.—Dr. Robert Westcott, Elizabeth.

First Vice-President.—Dr. Laban Dennis, Newark.

Second Vice-President.—Professor Jas. M. Green, Long Branch.

Recording Secretary.—Dr. D. C. English, New Brunswick.

Corresponding Secretary.—Professor J. Madison Watson, Elizabeth.

Treasurer.—Dr. W. K. Newton, Paterson.

Cremation: Dedication of Crematorium at Lancaster, Pa.

The second crematorium completed in the United States was dedicated at Lancaster, Pennsylvania, on Tuesday, November 25, at 2 p. m., when the body of a lady from Jersey City, N. J., was incinerated. The building occupies a commanding position on the west bank of the Conestoga, in the immediate vicinity of the largest cemetery in the city. It is in the Gothic style of architecture, 30x48 feet in its ground plan, and is divided into audience, furnace, and reception rooms. Over the main entrance to the building is the single word "Crematorium" in very prominent Old English Text, the most appropriate name that we have yet seen used in this connection. There will be two retorts, one of which has already been used, the largest yet constructed for this purpose—entirely original in the design of its heating apparatus.

The Society was organized May 27, 1884, and has purchased land, erected its building, and had its first cremation within the period of six months, while none of several other societies thus far organized have as yet advanced much beyond laying the corner-stones of their respective buildings. The subject-matter of the addresses made on this occasion, gives evidence that those who are directing attention to this coming mode of disposing of the dead are thinking men, who know how to present their case, Cremation *vs.* Inhumation.

The King of Italy's Cholera Tour.

We learn that the following inscription, from the pen of Professor Domenico Gnoli, will be inscribed on the tablet about to be placed in the capitol at Rome in commemoration of King Humbert's visit to cholera-stricken Naples:

S. P. Q. R.
A RICORDARE AI POSTERI
CHE RE UMBERTO I.
NEL SETTEMBRE DEL 1884
ACCORREVA A NAPOLI
AFFLITTA DA EPIDEMIA COLERICA
RECANDO NEGLI OSPEDALI E NE' TUGURI
CORAGGIO, CONSOLAZIONE, SOCCORSO
E VI RESTAVA FINCHE IL MORBO NON DECLINASSE
FRA LE BENEDIZIONI DI TUTTA ITALIA
PER LUI TREPIDANTE,
ROMA
LIETA DI RISALUTARLO INCOLUME,
SUPERBA DEL SUO RE,
INTERPRETE DELLA RICONOSCENZA UNIVERSALE
POSE.

(*Translation.*)

THE ROMAN SENATE AND PEOPLE.
TO RECORD TO POSTERITY
THAT KING HUMBERT I.
IN THE SEPTEMBER OF 1884
HASTENED TO NAPLES,
IN HER AFFLICTION FROM EPIDEMIC CHOLERA,
BRINGING INTO HER HOSPITALS AND HOVELS
COURAGE, CONSOLATION, RELIEF,
AND, UNTIL THE SCOURGE ABATED, REMAINED THERE
AMID THE BLESSINGS OF ALL ITALY
TREMBLING FOR HIM.
ROME,
REJOICING TO SALUTE HIS SAFE RETURN,
PROUD OF HER KING,
INTERPRETING THE UNIVERSAL GRATITUDE,
PLACED THIS TABLET.

Personals.

—Dr. J. C. Biddle has been re-elected, for a term of five years, Surgeon and Superintendent of the Miners' Hospital at Ashland.

—Dr. Henry A. Martin, widely known in connection with vaccination, died December 7, 1884, at his residence at Boston Highlands.

—Dr. John Charles Faget, an eminent Creole physician of New Orleans, died Sunday, December 7, 1884. His parents were emigrés from San Domingo, and he was born in New Orleans in 1809. He was educated for medicine in Paris, and held high rank in his profession. He was the author of several standard works on yellow

fever and kindred diseases, and after the epidemic of 1867 was created a Chevalier of the Legion of Honor by Napoleon III. for his services in behalf of his needy countrymen.

Items.

—Dr. Louis A. Duhring, of Philadelphia, has recently been elected an Honorary Fellow of the Dermatological Society of London.

—In the *Polyclinic*, November 15, 1884, Dr. Arthur Van Harlingen reports a case of chancre of the eyelid produced by inoculation through a contused wound.

—At the annual meeting of the American Academy of Medicine, in Baltimore, held October 28 and 29, 1884, Dr. Albert L. Gihon, of the U. S. Navy, was elected President for the ensuing year.

—In the *Journal Am. Med. Ass.*, November 1, 1884, Dr. Augustus P. Clarke, of Cambridge, Mass., reports a case of hemiplegia with recovery, and death nearly four years later from aneurism just above the arch of the aorta. The autopsy revealed the site of the old lesion in the middle of the left half of the corpus callosum.

—Maharani Surnamayi, of Cossim Bazaar, Moorshedabad, one of the millionaires of Bengal, and already well known for her munificent liberality, has given a lakh and a half of rupees towards the scheme for providing separate classes for female medical students at the Calcutta Medical College, and has promised to increase the gift to eight lakhs, should a separate college be provided.

—The *Union Médicale* says that Zeissl uses the following formula in the internal treatment of catarrh of the bladder:

Powdered leaves of *Herniaria glabra*,
Chenopodium, each, 5 grammes.

Mix and divide into five parts. Add one part to a litre of boiling water. The infusion may be made more agreeable by the addition of milk.

—In a case of lupus, in which the disease had already done much damage to the side of the nose, the cheeks, and the eyebrows, Dr. Marshall (*Algem. Wiener Med. Zeit.*) succeeded in healing the ulcer with salicylic acid. He employed an ointment containing ʒj. of the acid to ℥j. of vaseline. The cicatrix obtained was flexible and smooth. Altogether the result of treatment was very gratifying, and the author warmly recommends the use of the drug in similar cases.

—In the churchyard at Fredericksburg, Va., is a tombstone on which may be deciphered these words:

"Here lies the body of
EDWARD HELDON,
Practitioner in Physics and Chirurgery. Born in Bedfordshire, England, in the year of our Lord 1542. Was contemporary with, and one of the pall-bearers of William Shakespeare, of the Avon. After a brief illness his spirit ascended in the year of our Lord 1618—aged 76."

—The dental school and hospital of Paris celebrated its fifteenth year early in November. M. Paul Bert presided. In his speech, he criticised adversely the doctrine that all dentists should obtain a doctor's degree. Dental students should be required to have an exact and extended knowledge of all subjects in connection with their profession. The president terminated his address by expressing a hope that the French dentists would soon possess a college equal to that of their American colleagues.

OBITUARY NOTICES.

DR. H. A. GRANT.

Dr. H. A. Grant, who died at Enfield, Conn., Sunday, November 30, 1884, was born in 1813 on St. Simon's Island, Georgia. He was graduated at Union College in 1832, and completed his medical education at the Baltimore Medical College. After practicing his profession in Albany for three years, he went to Europe, where for four years he studied surgery under Velpeau and others. On his return he settled in Hartford, Conn., where he soon took high rank as a surgeon, but in 1854 he was compelled by ill health to relinquish the practice of his profession and remove to Enfield, Conn., where he resided till his death. Though a Georgian born, he threw himself heart and soul into the Union cause. He was appointed by Governor Buckingham Surgeon-General of Connecticut, which post he filled faithfully and efficiently till the close of the war.

QUERIES AND REPLIES.

Dr. L. N. F., of Ills., wishes suggestions for the most palatable combinations for administering hydrofluoric acid to children.

Dr. R. A. I., of Ohio, sends a prescription written by an irregular as an example of illiteracy. It is, indeed, bad enough, but we not unfrequently receive worse. It is appalling to reflect on the absolute ignorance of men allowed to practice on the lives and health of their fellow-creatures.

Dr. Macready, Canada.—A Canadian diploma will allow you to practice in most states of the Union, but not in all.

Lay Brother, Pa.—We are not believers in the open window theory. A person not entirely strong and well had better sleep with closed windows when the night temperature is below 50° Fah.

MARRIAGE.

SMITH—KNAPP.—December 3, 1884, at the Memorial Presbyterian church, Brooklyn, by Rev. H. W. Knapp, D. D., Charles Stenbridge Smith, M. D., of Cincinnati, and Emma, daughter of the officiating clergyman.

DEATHS.

ASHBRIDGE.—Twelfth month 13, 1884, in this city, Wm. Ashbridge, M. D., in the 39th year of his age.

FRANKISH.—December 3, 1884, in this city, Dr. Joseph Frankish, aged 58 years.

GRANT.—November 30, 1884, at Enfield, Conn., Harry Allen Grant, M. D., in the 72d year of his age.

POTT.—December 9, 1884, in this city, Dr. J. C. C. Pott, at the age of 80 years.

SHAW.—December 7, 1884, in this city, Dr. Sam'l Francis Shaw, formerly Surgeon U. S. Navy.

SITES.—November 30, 1884, Dr. Oscar Sites (formerly of New London, Conn.), in the 75th year of his age.

STEPHENS.—December 4, 1884, at 83 Lexington avenue, New York, F. P. Stephens, M. D.

GROESBECK.—November 25, 1884, at his residence, in Chicago, Abram Groesbeck, M. D., aged 67 years.

MAGILL.—November 14, 1884, at Niles, Michigan, Chas. Arthur Magill, M. D., aged 67 years.

THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Communications.

A NEW METHOD FOR THE TREATMENT OF INGROWING TOE-NAILS.

BY T. D. KING, A. M.,

Stud. Med., University of Pennsylvania.

Probably it would be more correct to speak of an overgrowing fold of skin, rather than an ingrowing toe-nail, for the former expression more accurately describes the condition of things in most, if not all, such cases.

This overgrowing of the skin is caused usually by the pressure of the adjacent toe; or, if on the outside or the inside of the foot, by the pressure of an ill-fitting shoe. It was the observance of this fact, followed by attempts to counteract or remove this pressure, that finally led to the mode of treatment here suggested.

Scrape or gouge out a narrow groove in the centre of the nail from its base to its free margin, making the nail so thin that when either side is lifted it will turn on this groove as on a hinge, and will not press the opposite side of the nail down into the flesh. Force a small piece of cotton under the edge of the nail on the sound side of the toe. Then take an oblong piece of cotton, as long as you judge you can possibly use for the purpose, and force the *centre* of it as far under the irritating point and buried edge of the ingrowing nail as the patient can bear to have it. A very gradual, interrupted introduction of the cotton will cause the minimum of pain to the patient. Then pack one end of the cotton around under the lower margin of the nail. Fold the other end back upon the nail, and push it as much as possible under the flesh at the side and base of the ingrowing nail.

Up to this point there is nothing new in treatment, except, perhaps, the folding over of one end of the cotton so as to form a compress along the inner side of the flesh which has overlapped the ingrowing nail.

Now, take a bandage of muslin, as broad as the toe is long, and about a foot and a half in length, and place the initial extremity underneath the affected toe. Carry it up on the sound side of the toe, over the toe, down over the ingrowing nail, and beneath the toe which lies against the ingrowing nail; then up on the far side, and back over the top of that toe; over the top of the affected toe again, down on its sound side, and under it, thus fixing the initial extremity of the bandage.

Then, lifting the adjacent toe in the loop you have made around it, pull it as far as possible up over the top of the affected toe, and fasten it there by carrying the bandage beneath both toes and making circular turns around the two, held in that position until the bandage is exhausted. Having made as firm pressure as possible without causing pain, fasten the bandage with a pin on top and between the two toes.

Often the bandage may have to be comparatively loose when first applied, but in a day or two it will be found that it can be made very tight without discomfort or pain.

When first put on, this bandage will feel very uncomfortable to the patient; but, if a well-fitting shoe (not a tight shoe) is worn, and the patient goes about his or her usual occupation, in an hour or two this uncomfortable feeling wears off, and the ingrowing nail is forgotten.

Fresh cotton should be put under the nail every day, in the manner described, till it can be pushed back under the edge of the ingrowing nail almost to its base. After that the cotton need be changed but once a week, unless it becomes wet from any cause, when it should be immediately changed.

The bandage may be removed at bedtime, and replaced on arising in the morning, if it occasions any discomfort when worn at night.

The groove in the centre of the nail must be constantly renewed as the nail grows out; and the nail must be trimmed square across when it gets too long for comfort. It should never be trimmed closely, nor should the corners ever be rounded off in trimming it.

This treatment ought to be continued until the adjacent toe has acquired the habit of remaining above the ingrowing nail instead of below it, for it will be found that the majority of ingrowing nails are caused by the adjacent toe, which presses the flesh up over the ingrowing nail.

As will be readily perceived, the effect of this treatment is, in the first place, to press the flesh down and away from the ingrowing nail by means of the superimposed toe; and secondly, by means of the upward pressure of the cotton under the edges of the nail on either side, together with the hinge-like action of the central groove, to encourage the nail to spread out over the top of the toe.

The flesh over the ingrowing nail is pressed down, and forms a teat-like projection at the side of the toe, which rapidly atrophies and disappears, leaving the ingrowing nail bared and free to spread out. The compress, formed of one end of the piece of cotton used, aids in this very much.

The removal of the pressure of the adjacent toe (which is usually the chief cause of the ingrowing toe nail, and which often prevents a permanent cure), together with the use of that toe in exerting pressure in the opposite direction, are the essentially new points in this treatment.

The results, wherever this treatment is faithfully carried out, are most satisfactory. Immediate and entire relief is given to the patient, and the case goes on to a permanent cure, requiring litle care and causing no pain or discomfort after the first few days. The writer has seen these results repeatedly in patients whose business has kept them on their feet for a large part of the time during the treatment.

Doubtless cases of ingrowing nail will be met with which will not yield to this treatment; yet we believe that many cases can be cured more rapidly and more pleasantly by this method than by any other conservative treatment now in vogue.

It will be observed that this method of treatment cannot be used when the ingrowing nail is on the inner side of the big toe, or on the outer side of the little toe. In such cases the nearest approach possible to this treatment will be the use of a piece of cork in the manner suggested by Prof. Agnew.*

ON THE DIETETIC FACTOR IN THE TREATMENT OF ANGINA PECTORIS.†

BY N. A. RANDOLPH, M. D.,

Of Philadelphia.

There has recently been under my care a patient suffering from true *angina*, in whom, as is not seldom the case, any slight gastric irritation constituted the immediate exciting cause of the frequently-recurrent paroxysms.

After the last attack there existed an inability to retain the lightest and simplest foods, their ingestion inducing not only nausea, but much cardiac distress. Recourse was had, with advantage, to milk, partially digested by the commercial Extractum Pancreatis; but the flavor of the resultant preparation was unappetizing, and finally became repulsive to the patient, who whimsically described its taste as that of "stewed corpse."

To meet this emergency, there were devised two food products, which I have not seen described, and which, in practice, proved eminently satisfactory.

1. *Pancreatized Oysters.*—The oysters of an ordinary stew (containing milk), are removed and finely minced, then returned to the liquid portion of the stew. The whole is brought to a temperature of 100° F., the appropriate proportions of pancreatic extract and sodium bicarbonate are added, and the mixture maintained at the temperature mentioned for thirty minutes, with occasional stirring. It is then strained and served, and forms not only a highly nutritious and palatable soup, but one which is retained by very irritable stomachs, and utilized with a minimum of digestive power. After boiling, to prevent the further action of the digestive ferment, gelatine may be added, and the mixture served cold as a jelly. Cooked tomato, onion, celery, or other flavoring suited to the individual taste of the patient, may be added at the beginning of the artificial digestion, and the solid residue removed in the final process of straining, at which time it

* Principles and Practice of Surgery, vol. iii., p. 487.

† Read before the Philadephia Neurological Society.

will be noticed that the minced oysters originally added have been in great part dissolved.

2. *Pancreatized Milk-toast.*—Ordinary milk-toast, in which there is an abundance of milk, when digested in the manner just described, becomes an almost homogeneous pulpy mass, which, when the crusts have been removed, is usually acceptably retained by the irritable stomach. In extreme cases, however, it may advantageously be strained and the fluid portion alone used, in which the partially peptonized solution of casein of the milk is reinforced by actually digested gluten and starch of the bread, together with a very little dextrin. Plain, light sponge-cake may be similarly digested, and occasionally forms a desirable change.

In conclusion, I would express the hope that these rather homely suggestions may prove of value in other hands, in extending the somewhat scanty bill of fare suited to patients suffering from gastric hyperæsthesia, and the various neurotic troubles of which such a condition may be the exciting cause.

Medical Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

(*Concluded from page* 717.)

Discussion on Medical Education.

Dr. Oscar H. Allis, in opening the discussion by request of the Chair, said: "The lecturer is to be commended for his paper, and I compliment him and congratulate myself on being present at the reading of so interesting and elaborate an address—I regret, however, the duty that devolves upon me of opening a discussion upon a subject, the details of which I was necessarily ignorant but a moment before.

"The paper of the evening comes from one who has spent many years in public and private medical teaching. With many points brought forward I am in fullest accord. The whole matter of medical education, as it confronts us to day, is not what we would desire, but what is the best course to pursue under existing circumstances.

"Were I to map out a plan that I should feel would advance the student of medicine most rapidly, and prove of the highest permanent good, I would insist upon a judicious and adequate preliminary course of study. The clinics and higher mathematics are not merely accomplishments, there is a training in their mastery, that will show itself in every step in after life.

"But viewing matters as they are, such a standard is impractical, and this the lecturer knows too well. I would, then, take the student just as he is, presuming, of course, he has made sufficient advancement in the rudiments of an English education, and at the very outset of his medical education put him with instructors in the practical branches of his course; thus bringing teacher and pupil into daily and hourly contact, rather than have them meet but once, and that at the end of a short two years' course of study.

"We all have our ideals. Were I to found a medical college, some such preparatory course would be adopted, and no one would be permitted to attend upon the lectures of the professors until he had mastered the elementary branches, such as anatomy, chemistry, materia medica, and the like, under competent teachers, and with all the advantages of laboratory and class instruction. For my own part, I know of nothing more unsatisfactory, more distracting, than for a surgeon to attempt to explain the nature, importance, or difficulties of an operation, to a class half of whom have never entered a dissecting-room. He must either ignore the freshman, or descend to his level, and in either case doing new-comers, the advance pupil and himself great injustice.

"If I understand the lecturer correctly, he would dispense with the preliminary examination, such as now demanded by the Medical Society of the State of Pennsylvania, and in many of the medical colleges throughout the land; with this I cannot agree. I know of no better time or place to ascertain the fitness of the student for his work than at home and at the outset of his studies. Preliminary examinations are meant to deter only those whose elementary studies have been grossly neglected."

Dr. Wm. Pepper: "Mr. President, when I received the special invitation you were courteous enough to send me, I determined to be present this evening, more especially in order to benefit from the views of others who have had much and varied practical experience in medical education. I will, however, make a few brief remarks upon some of the points touched upon by Dr. Leffmann; and first, as to preliminary examination: I think it is a great thing to have one, and even though it be not adequate nor properly enforced, still the mere statement that there will be an examination deters lazy and badly-prepared students from even applying; and if a mere shadow of one be thus useful, we may imagine how valuable uniform and properly enforced examinations will be. Unfortunately, there are but few colleges who exact them, and it is a question for the profession at large to decide whether all colleges shall or shall not establish this essential requisite of a good education.

"So long as students are sent to colleges which have no such preliminary examination, and which have a comparatively low standard of requirements, so long will such colleges continue in their course. In regard to the character of the preliminary examinations, I consider a good knowledge of mathematics and of physics, together with the elements of a good English education, of much more consequence than the classics, and I would willingly accept proficiency in modern English as a substitute for the latter.

"With the lecturer's views on special courses I must disagree, unless the period of medical education is made longer than in any of our colleges to-day. I do not believe in differentiation of medical studies at an early period. It is true that modern practice leads to more and more specialization, but unless we insist that the

specialist shall have the broadest general education, his value as a specialist is greatly endangered, and I cannot help feeling that if students were to be encouraged at an early period of their course, as being engaged for fitting themselves for this or that specialty, the tendency to concentrate their attention upon it to the serious neglect of the necessary elementary branches would be insuperable. Equally strenuously must I object to any increase in the number of degrees. Already the variety of degrees bestowed by American colleges is ridiculous, and if we were to enter upon the practice of giving different special degrees for attainments in different specialties, no one could foretell the chaos of titles which would result. The truly reliable specialist readily becomes sufficiently distinguished in the esteem and confidence of the community.

"I cordially agree with Dr. Leffmann, with reference to a State Board of Examiners, but until that becomes possible, our final examination should be made more practical. The candidate for graduation should be compelled to show his knowledge in actual diagnosis and the direction of treatment, and it will be easy to invite several disinterested physicians to attend such examinations, which would thus acquire almost the success of those conducted by a State Board. In colleges where a suitable preliminary examination is held, the thesis seems to me to no longer possess much value, and I would suggest substituting for it the preparation in each term of one or more clinical records by every student, which would certainly serve not only as a test of literary qualifications, but as evidence of their close attention to practical teaching. I would further offer prizes of special grade of merit for voluntary theses, based upon original investigations.

"With reference to the time of beginning clinical studies, I realize the difficulty of lecturing to an audience, a considerable portion of which are still ignorant of the very rudiments; still I do not believe that the few hours weekly spent in the clinical amphitheatre by first-year students are lost. There is a dramatic element in the instruction thus given which is important, and the whole constitutes a portion of the necessary training of the special senses and faculty of observation. There is, however, a kind of practical instruction which is really clinical, which should begin at the very outset of the student's course, and for which I am happy to say, provision has now been made in the University of Pennsylvania. I refer to the demonstration before small sections, with careful training of each individual student in the perception of the normal physical signs. This will afford most valuable training for the first-year students, while it will enable the student in his last year to receive true clinical teaching in the wards, instead of being compelled, as is now too often the case, to spend his last year in elementary practical work, which could be mastered by the veriest tyro."

Dr. Charles K. Mills: "I do not agree with the views presented by Dr. Leffmann on the granting of degrees for attainments in specialties, but rather with those of Dr. Pepper. It would be unfortunate to multiply the number of degrees. It is highly important, however, to have instruction and examinations more specialized. As it is now, the examinations are only on seven or eight branches. Nothing so stimulates the student as the knowledge that he will be examined on his work. The thing to do, as long as examinations are still held by the colleges, is to specialize them as much as possible. There is no danger of this making specialists, though the giving of the degrees mentioned might have the tendency to check pseudo-specialists. It is well known that the University of Pennsylvania has recently added a fourth year for special instruction to under-graduates and graduates. An examination is held on each branch. Those who took this course last year went before the examining board of one of our large hospitals for examination for the position of *internes*. More than half were successful, though no specialists were on the board; an excellent showing for the method of instruction and examination pursued in their cases.

"Every institution should have at least a full and regular course on medical jurisprudence, but it is a mistake to suppose that a general course of this kind will of itself make medico-legal experts. It will further and more fully equip those who are already medical experts in special departments. The physician of the specialty concerned becomes the true expert in the case under trial, and as these are diverse there cannot be a general professional expert.

"The question involved may be one of insanity, nerve injury, ophthalmology, poisoning, etc., requiring a physician who has especially devoted himself to a certain line of work for many years."

Dr. J. E. Garretson: "I compliment the man who, in this dollar-and-cent age, directs attention to the flaws in American medical education, at the expense of his pocket. Everything, however, is not wrong. Teachers are, as a rule, the advance guard of the age. What they leave undone is a result of their not finding themselves able to do. Professors teach; students learn. Silk purses are not to be made out of sows' ears. The material is too often of a sows'-ear character. To make something ont of nothing is not easy. Let us turn our attention to the students. You must know a man in order to know him. I have been a teacher for over twenty years, and I think I know students. A full half of the young men that come to Philadelphia to study medicine should be turned face about and sent to a village school. In order to fit pantaloons to legs we must have the legs; while to know about legs, one must see them. The legs of a student are to be made bare only by an examination. Dr. Leffmann is right; examination is the thing. Another, and very different thing, however, is the fact that examinations are against big classes, while little classes are against the exchequer. It is a pity that the medical schools are not endowed; otherwise, it is a pity that American professors are not, like the Germans, able to subsist on lager beer and pretzels. Personally, I favor preliminary examinations, or, if this be not democratic, be not what people call "giving a fair chance," why then let a student, even though he be dull as a clod, enter the freshman-class, but let him be kept in this class until he helps himself out and over it. Going to school is synonymous with

growing a medical junior. If a freshman fall short of an *m* in inflammation, or if he insist on spelling college with a *d*, it hardly seems unfair that time be allowed him to turn to a dictionary, which shall be neither Dunglison's nor Thomas's. Perhaps, when all is said, time—and not examination—is the thing. Two years for the making of a doctor! Is it not farcical? This paper, by the essayist of the evening, should receive every attention; it has the ring of science, and not of silver. If it be not for good to ourselves, why then for the benefit of the world, let not the doctorate be cheapened. Already the degree is not what it once was. The matter of standing is now in personality, not in a degree. No diploma seems safe in the hands of a democratic American. To-day, boys are found full-grown doctors of philosophy.

"The standard has, in some way, come to be suited to the demands of the trade. Memory, not mind, is the gold which buys. Here, indeed, am I profoundly disappointed. I had hoped that Olympus might have remained unfenced and untoll-barred; that the grand robes of philosophy might have been kept unspattered by dirt.

"It is not possible to talk about this suggestive paper by Dr. Leffmann otherwise than excursively, except by taking up its various suggestions in detail."

Dr. John B. Roberts: "Mr. President, you have requested me to make some remarks on this subject, and I shall do so with pleasure. I fully recognize the importance of a preliminary examination to the intending student himself, for I believe he had better prepare for the preliminary examination of the succeeding college year, than to enter college a year earlier with a deficient knowledge of fundamental educational branches. The argument that a poor student, deficient in education, cannot afford to wait a year before beginning medical studies is specious. Let him work at the plow or desk that year, buy a few second-hand books, devote two hours to study, and he will not only be making money, but will, at the year's end, be able to pass a preliminary examination. Thereafter medical studies will be intelligible to him, the final examination more easy, and a higher professional income assured. A year will not be lost, but gained.

"While I believe the preliminary examination advantageous to the pupil, and therefore endorse it, I deem it unnecessary if the medical colleges could be compelled to adopt a high-grade final examination. The examination then should be partially written. As the U. S. Naval and Army Boards need no preliminary examination, so would medical colleges need none. I know that in the Naval Board, and probably in the Army Board also, many candidates, though graduates of noted schools, are rejected because of inefficient general education before they come to the professional examination. A man who can't write a simple record of his own life, in his mother tongue, is not apt to reach the professional examination before the Examining Boards, composed, as they are, of men whose duty is simply to find out what the candidate knows. This shows the advantage of examining boards whose income does not depend on the number of candidates passed.

"My former experience as a quiz-master gives me some right to speak of the defective knowledge often found in advanced medical students. I have also read some graduation theses. Perhaps some other members of this Society have enjoyed that high privilege. If any such are present, they will remember the circumstance because of the ludicrousness of the high-sounding name 'thesis.' The Paris theses are printed, and often referred to as sources of medical information. A collection of all the theses presented to the American medical colleges during the last five years would be more entertaining than that book of books, 'English as She Is Spoke;' and no Mark Twain's preface would be needed.

"Does it not seem strange that the profession of Pennsylvania should take no radical step to elevate medical education, when Illinois, Virginia, and even the youthful Nebraska, have struck terror into the heart of the half-educated graduate? The State Board of Health of Illinois will not recognize a diploma as entitling the holder to a certificate for permission to practice in Illinois, if the college granting it falls below the minimum schedule. This schedule requires a preliminary examination or equivalent documentary evidence, and teaching in hygiene and medical jurisprudence in addition to the ordinary branches. It also demands three full years of professional study, quizzes at least twice a week, and the final examinations to be conducted, when practicable, by examiners other than the professors.* How rigidly this standard is enforced I am unable to say, but I know that a graduate of last year in this city, who intended settling in Chicago, showed me a few months ago his papers, telling him to appear for examination in hygiene before the Board. What a slur upon Pennsylvania medical teaching! A Philadelphia doctor who graduates with honors cannot practice on the western paririe until he is examined as to his professional knowledge! In other words, he is a good enough physician for old Philadelphia, but not for the young west! Humiliating, truly! but not to Illinois.

"Virginia has done even better, for she has established a State Board of Medical Examiners, before which every applicant for practice after January 1, 1885, must pass a satisfactory examination before receiving a license to practice medicine or surgery. Two examiners-at-large are to be elected by the Society, three from each of the ten electoral districts of the State. A fine of $500 is to be imposed upon those who do not comply with the terms of the law.†

"The Nebraska State Medical Society also is on the alert, and will accept as member no physician who is a graduate of a college falling below the requirements of the Illinois State Board of Health.‡ Those requirements I have already indicated. Philadelphia doctors will scarcely be welcomed in any part of the United States if this epidemic demand for educated physicians extends much farther. As we cannot control the epidemic, had we not better take the quickest possible steps to elevate ourselves to the level of the profession of the prairie and the plain?

* Medical Education and the Regulation of the Practice of Medicine in the United States and Canada. Issued by the Illinois State Board of Health, 1883, p. 4.

† Medical News, Sept. 20, 1884, p. 326.

‡ Medical News, June 7, 1884, p. 682; Journal American Medical Association, Sept. 13. 1884, p. 306.

"New York, or at least the Erie County Society of New York, has endeavored to have a legislative enactment passed, providing for a State Board of Medical Examiners. Soon our graduates may be debarred from practice in New York also. The time has evidently come for conservative Pennsylvania to fall into line and act.

"The Medical Society of the State of Pennsylvania has for many years been passing resolutions bearing on this question; but to resolve is not to act. I myself was one of those appointed by the State Society to prepare a schedule for preliminary examination of intending office students. The schedule was adopted by the Society, and the law became operative in some of the counties, but in Philadelphia it has been entirely unheeded up to the present time.

"The correct remedy for defective education and examination in this State is, Dr. Leffman has said, the establishment of a non-teaching board, who shall examine all those proposing to practice in this commonwealth. Let the colleges teach and grant degrees if they choose, but let no man practice in Pennsylvania who shall not have been examined by the State Board. This Board might, by legislative enactment, always contain some members who were connected with the faculties of the colleges; but the major portion of its membership should be unconnected with collegiate instruction, and should be appointed by the State Society and the County Societies. At the coming meeting of the State Society this topic will come up for discussion, when it is hoped that something more forcible and creditable than 'Resolved' will be brought forth."

Dr. Benjamin Lee: "It is sometimes charged, Mr. President, that bachelor uncles and maiden aunts know, or think they know, more about the education of children than their married brothers and sisters. In relation to the subject under discussion, I confess that I occupy the position of the bachelor uncle. I am not a practical educator; having been compelled, however, to give this question a great deal of serious consideration, my outside standpoint may, perhaps, have had its advantages. But in what little I have to contribute, I shall not hesitate to avail myself of the published testimony of those who have had a practical experience in the education of medical and scientific students. A man recently apologized to me, on a street car, for the hilarious conduct of a companion, by saying that he had just completed his six years' apprenticeship at the trade of blacksmithing. It made me blush for my profession. I said to myself, it takes but two years to teach a man to perform the manifold and arduous duties of a physician, yet, in the judgment of practical men, six years are required to learn to shoe a horse. It has been truly said by one of the speakers this evening, that the medical profession does not now possess the high standing in the eyes of the community of former years. This is evidently owing to the fact that its literary status has deteriorated. But three colleges now demand the requirements held one hundred years ago in this city and country, in order to enter upon the study of medicine.

"In support of this assertion, allow me to quote for a moment from an introductory address of our distinguished fellow-member, Professor Pepper:

"'The first medical school was founded in 1767, though it is stated, by Dr. J. B. Beck,* that the State of New York is "entitled to the honor of adopting the first effectual measures for regulating the practice of medicine." This was in 1760, "when the General Assembly of the Province ordered that no person shall practice as physician or surgeon in the city of New York before he shall have been examined in physic and surgery, and approved by one of His Majesty's Council, the Judges of the Supreme Court, the Mayor of the city, or by any three or more of them, taking to their assistance for such examination such proper person or persons as they in their discretion shall think fit." A fine was attached to infraction of this law. In 1772 a similar law was passed in New Jersey. Those eminent men who formed the University of Pennsylvania, boasted —and it was no idle boast—that their scheme of medical education was to have as extensive and liberal a plan as in the most respectable Europe seminaries, and that the utmost provision was made for rendering a degree a real mark of honor, the reward only of distinguished learning and abilities. This plan was, "that all such students as have not taken a degree in any college shall, before admission to a degree in physic, satisfy the trustees and professors of the college concerning their knowledge of the Latin tongue, and in such branches of mathematics and natural and experimental philosophy as shall be judged requisite for a medical education."'

"From this it will be seen that not only at that early day was the preliminary examination, which has been so properly insisted on by the lecturer of the evening, demanded, but that it was an examination of an advanced character, including the Latin language, and that high dignitaries of the city were required to be present, and take part in it.

"With the multiplication of medical schools, however, the conditions of entrance began to be debased, and the process of deterioration steadily continued until within a very few years, in spite of the earnest and repeated protests of many, both individuals and societies, who had the welfare of the profession at heart. And, in this connection, I confess, Mr. President, that I cannot sympathize with the lecturer in his criticism of the action of the Medical Society of this State in passing 'empty' resolutions from year to year, urging a reform in this matter. The American Medical Association, from the first year of its inception, has made this one of the leading subjects of discussion. No State Medical Society has more persistently and vigorously seconded it than that of Pennsylvania. And so far from its efforts having been fruitless, I believe that it is just the agitation, agitation, agitation, of the question, which it has kept up from year to year, which has made such a paper as we have listened to, and such a discussion as we are now participating in, possible this evening. Another result of constant presentation of the subject has been the formation of a society in this county, having for its principal object the elevation of the literary

*Address before the State Medical Society of New York.

and social status of our profession, by the introduction of a higher standard of education—a society already very respectable in numbers, as it has always been in character. I say, then, all honor to the men who have thus persistently, in the face of discouragement, and often of opposition from the leaders of the profession, year after year, devoted their energies to calling the attention of the profession, of the public, and especially of educators, to this crying evil. Allow me now, very briefly, to quote the opinions of some practical educators on the subjects introduced to our notice. And, first, in reference to the preliminary education: our late venerated fellow-member, Prof. S. D. Gross, than whom no one was better qualified to give an opinion on the subject of education, wrote in 1867: 'A sound preliminary education cannot be too strongly insisted upon or too highly prized. It is a boon of inestimable value.' Prof. Gross enumerates in the preliminary studies English, Latin, Greek, logic, mathematics, history, and geography—such an education as every well-trained scholar should possess—and commends a knowledge of French and German.

"Prof. Gross took a very gloomy view of the situation.

"Dr. Yarnall says: 'My distinguished and honored master, Prof. Gross, declares: "The future holds out no promise of amendment. We shall go from bad to worse until the people can stand it no longer, and then we may hope to be able to effect some reform."'

"I cannot share in this pessimistic view. I believe that the reform has already commenced and feel confident that it will go on with increasing impetus.

"In regard to the study of Latin: it does not seem to me that its true value as a factor in education has yet been sufficiently emphasized by previous speakers. It is not for the immense aid which it gives in the ready understanding of technical medical language and nomenclature that it is chiefly useful, but as a mental training, in developing habits of strict thought and application, in teaching the student how to study, how to arrange and utilize the great mass of facts which the strictly technical education will later furnish him, how to sift the numberless theories which will confront him—in short, how to use his mind. This view is amply confirmed by the results of an experiment made upon a grand scale in Germany, and lasting over a period of ten years. From 1870 to 1880, students were admitted to the University of Berlin as well from the Real Schule or scientific schools as from the Gymnasia or classic schools (colleges). The following are the opinions of several of the professors as to the comparative capacities for study and acquirement of those who had enjoyed the advantages of a classical education, and those who had been deprived of them, but had, instead, been trained in certain branches of modern education supposed to be an equivalent:

"The professor of chemistry says: 'That students from the scientific schools cannot, in this branch of study, be placed upon the same plane with the students of the gymnasia.'

"Prof. Hoffman observes, 'That the matriculates from the non-classical schools often show, at the beginning of their chemical studies in the University, a more rapid progress in acquiring a knowledge of the elementary principles of the science, as well as a greater dexterity in the early practice of chemical manipulation; but that before their studies have advanced very far these relations are reversed, and the non-classical students are left behind.'

"Prof. Rammelsberg gives similar testimony in regard to students in the school of technology. He remarks, 'That those who take his lectures on chemistry during the first semester, the students trained in the gymnasia, though without any previous knowledge of the subject, take a far greater interest in the instruction than that shown by the students from the non-classical schools. At the final examinations the work of the non-classical students is generally inferior to what in advance would be expected, while the work of the classical students is almost invariably better.'

"Zupitza, the professor of English, says, 'That the attainment of the non-classical students is greatly inferior; and what is of still greater importance, they almost invariably show a want of keenness of apprehension and independence of judgment that prevents them from taking any other than a prescribed method.' He also testifies, 'That, as a member of the Examining Committee of the Government, he has noticed that, although the students prepared in the scientific schools begin their studies of English before they go to the University, their knowledge of the language at the completion of their University course is generally much inferior to the knowledge shown by the classical students.'

"Herr Mühlenhoff, one of the professors of the German language and literature, uses these expressive words: 'According to my experience, it is hopeleesly impossible for a student prepared in a scientific school to acquire what may be called a thoroughly satisfactory development. No one ever acquires it through the study of the modern languages; no one ever will, without the solid foundation of a training in a gymnasium.'

"I submit, sir, that such testimony from those so well qualified to judge, and based upon so extended an experiment, is entitled to profound respect. This verdict, I may add, was concurred in by the scientific as well the classical professors."

Dr. John J. Reese: "It is late in the day to find it necessary to advocate medical jurisprudence as an integral part of a medical man's education; yet of the ninety colleges in this country but few make it a necessity. Among the majority of these it is an appendage to various chairs, and, in point of fact, is not taught at all. In neither of the two schools here is it held to be a necessary part of education. It is well known that the late Prof. Geo. B. Wood endowed various chairs as an auxiliary medical department of the University, of which this subject proves one; but very few attend these lectures, in fact, only those who are animated by a keen desire for knowledge. In the Jefferson College, I am told but two lectures per year are delivered on this subject by the chair to which it is an appendage. This subject does not receive proper attention in any medical college in this country, though it may form the subject of the first case of the new physician."

Dr. James Tyson: "Much of the discussion, as well as action in the matter of higher medical education during the next ten years will circle about the subject of the admission examination. In my own experience, the best and most successful students, who make the most successful physicians, are those who have had the broadest preliminary education. Such an education should include the ancient and modern languages and the natural sciences, as well as physics, and all the branches of a thorough English education. But since it is impossible, at the present day, to insist upon such requirements, we should agree upon a reasonable and practicable preliminary education, which the colleges, through professional opinion, should be required to adopt. It is not to be expected that the average college professor, who has reached middle life, will initiate a change which at first may effect a reduction in his income.

"I do not agree with the author of the paper in the views advanced upon medical ethics. I do not understand how the regular physician could care to consult with the homœopath, or the homœopath with the regular physician, as there is no common ground. I am, however, satisfied that a broad and thorough preliminary education is an effectual guarantee against a student's embracing homœopathy. While I have known a number of imperfectly educated physicians who have embraced homœopathy, I have never known an instance in which a thoroughly educated college man, who began the study of rational medicine, has become else than a regular physician, even when the strongest temptation existed to make him a homœopath. Witness a number of the sons of homœopathic physicians, members of this Society.

"I hope the influence of the Society will be exerted to change the existing registration law, which requires the medical colleges of the State to endorse, after examination, the diplomas of the extra-State graduates disiring to practice in Pennsylvania. This duty should be placed in the hands of a Board of Examiners, independent of the colleges. Indeed, I see no reason why the graduates of our own colleges should be exempt from examination by such a Board. All should be put upon a common plane."

Dr. Ulrich, of Chester: "Dr. Leffmann objects to the demands made by the State Society. As I happen to be a member of the committee to arrange the subjects for this preliminary examination, it seems proper that I should make some explanation as to the views of that committee. In doing so, I would say thatI represented the minimum demand, and Dr. Finley, of Altoona, the maximum. We were in existence for at least two years, making at each meeting a majority and a minority report—Dr. Finley, whose demands were very high, making the minority report. I think the differences in our views were entirely due to the differences in our early education. I did not think then, nor do I think now, that worthy students should be shut out, though I desire to advance the interest of the profession as much as possible.

"At the time this report or programme was under discussion, the late Prof. Gross suggested that it would have kept him out if it had then been enforced. No such man could have been shut out; he would have turned back and mastered the requirements. I often, very often, have regretted that my own preceptor had not advised me to a preparatory course; it would have saved me so much labor.

"I take issue on the view in favor of specialists presented by this lecture, and would object to any special teaching during the general or college course. I have always held that specialists should be well grounded in general medical knowledge, and it would lower my opinion of them to think otherwise. I hold that all specialists should be most thorough physicians. What signifies the ability of a man to diagnose an abnormal condition of the eye, ear, uterus, or skin, if he cannot estimate the constitutional relation to either? Mere local treatment is not all that is required in such troubles. There is no question in my mind but that those schools which have adopted the graded course will, in the very near future, command the best pupilage, and the greatest respect for their diplomas."

Dr. Jackson, of West Chester: "While I would not be understood as holding that study of the classics was valueless, as a means of mental training, I certainly think that for such purpose it has been relatively too highly valued. Though the experiment of the last decade in Germany was held by the faculty of the University of Berlin to show that such study best prepared the mind, even for the study of science, it must be remembered that this faculty undertook the experiment with a strongly-expressed prejudice in that direction, and that an opposite conclusion was reached by the faculties of most other German Universities watching the same experiment. Then, too, the gymnasia doubtless attracted the better class of students, because their diploma had, for generations, been necessary for admission to the Universities.

"It is said that the requirements for the medical degree are not now as high as they have been in the past. This naturally results from the 'downward competition' of the schools. A State Board of Examiners, by showing which schools do good work, would establish competition upward, and so raise the standard of medical education."

Dr. Keyser: "From the remarks of Dr. Jackson, there would possibly be a misconception in the minds of those present as to the position of the German Real-Schule in the teaching of the classics. Greek, it is true, is not in the curriculum, but Latin is as carefully and as thoroughly taught as in a gymnasium. We have heard much, this evening, in relation to the necessity of a preliminary education before matriculation in a medical school; but another question is, 'How are we to change the ever-continual quantity into the more proper quality of graduates of the medical schools?'

"We should so agitate this question as to cause students to go to the best and highest educational institutions—colleges which admit none but those well fitted by education and proper mental training as their matriculants, and where the teaching is in graded courses, and not the constant repeating of lectures year after year. It is also necessary to look to the final examination for the medical degree. Let it be stringent, open to public and in full faculty, instead of the accus-

tomed way of going alone and quietly to the professor's office—no slipping quietly into the profession, as I have several times been informed by some of the graduates of our schools. To raise the standard as it should be, we must have the preliminary requirements for matriculation and final examinations for the degree—both high, open and above-board at all times."

Dr. Wm. S. Stewart: "I endorse everything said by the writer on the subject of the necessity of a preliminary education. They have exterminated homeopathy in Germany, and it is to be hoped that a more thorough system of education will do the same in this country. I am also in favor of an examination by the County Societies. In the matter of a State Board, there might be some difficulty arising from the character of the appointments; but I would be willing that the final examination be conducted by the faculty under an outside supervisory committee, and that such an examination should be written as well as oral and public."

Dr. Henry Leffmann: "It will be impossible at this late hour to consider the many points raised in the discussion. I wish to return thanks to the members for their attention to the paper, and especially to those who have taken part in the discussion. I, of course, framed many of the propositions dogmatically; but, I believe, not too stringently. In reference to the attitude of the Medical Society of Pennsylvania, my objection is that it has been too tender in dealing with the matter. If it wishes to enforce the schedule of preliminary examination, let it resolve that after a definite time—say, five years—no person shall be received as a member who is graduate of a college not respecting that schedule or its equivalent. Let the County Society also adopt such a rule. Under such pressure, we will soon see all the colleges respect the requirements. It is true that the State Society has insisted on the appointment of examiners, but the examiners of the Philadelphia County Society have not been given much chance to do their duty."

Editorial Department.

Periscope.

The Pathology of Sensory Aphasia.

Before the New York Academy of Medicine (November 6, 1884), Dr. R. W. Amidon read a paper with this title, based upon original observations in one case, and upon the review of the history of twenty-three other cases reported by different authors. In his own case, the patient, a female, aged sixty-four years, married, had been in perfect health up to nine years ago. At that time she began to suffer from flatulent dyspepsia, headache, and other neurasthenic phenomena. Six weeds before Dr. Amidon first saw her, which was in June, 1883, she was seized with severe pain on the left side of the head, which continued three days, when she became flighty and excitable, and vomiting took place. The right pupil was larger than the left, the tongue deviated slightly to the right, the right hand was not as much stronger than the left as it should have been, and was somewhat tremulous. There was no weakness of the right lower extremity, nor any marked disturbance of motility. The fundus oculi was normal, and acuity of vision was apparently perfect. With regard to speech, it was only in answering questions that she spoke incorrectly; she gave inappropriate answers to interrogatories. She could not count or say letters, but when the spoke of her own accord her remarks were connected and intelligible. She knew all her friends except her husband, and she called her son her father. She could not read, and could not be induced to write. She could hear well, and could sing correctly. She was subject to periodic attacks of a spasmodic nature, occurring at intervals of about a month, characterized by a cry, a drawing up of the right hand, and drawing of the mouth to the right, followed by general convulsions, sometimes with involuntary evacuations.

February 15, 1884, she was seized with a convulsion at 7 p. m., which continued until 11 a. m., the 16th, when she became comatose and died. During the last twenty-four hours of her life she had passed very little urine.

At the autopsy the kidneys were found to be the seat of advanced interstitial changes. The right cerebral hemisphere was normal. On the left side there was an irregular depression, with destruction of the cortex by softening, involving the inferior parietal lobule, the angular gyrus, and the second occipital and first temporal convolutions. There were atheromatous changes in vessels supplying these parts, one of them being entirely occluded.

Dr. Amidon then presented eight diagrams, and read the histories of cases reported by several observers.

Of the twenty-four cases, in eight, with lesions affecting both the visual and the auditory regions of the left hemisphere, there were word-blindness and word-deafness; in two, in which the area of vision alone was affected, there was word-blindness; in fourteen, with the lesion in the auditory region, there was word-deafness.

Dr. Amidon drew the following conclusions: Word-blindness was an incapacity to understand speech, written or printed, vision and intelligence being preserved. It was generally dependent upon a destructive lesion of parts of the left side of the brain.

"Hot Eye," Irritable Eyes, Quiet Gout, etc.

Mr. Jonathan Hutchinson thus writes in the *Brit. Med. Jour.*, November 22, 1884:

"There is a condition to which, for want of a better name, I have for long been in the habit of

recognizing as 'hot eye.' It is one of the many curious phenomena which attend quiet gout. I use the term quiet gout as distinct from acutely paroxysmal gout. In families liable to gout, for one person who becomes the subject of acute attacks of podagra, what is known as unequivocal gout, there are often half-a-dozen who are the subjects of minor symptoms which denote a similar tendency. In them, the tendency never rises to sufficient height to induce a severe and characteristic paroxysm. They are nevertheless liable, after taking beer or wine injudiciously, as to quantity or quality, to experience slight pricking pains in joints, attended by lithic acid in the urine, and other unmistakable signs of the diathesis. In many, these symptoms occur in such invariable associations with the causes suggested, that it is not possible to doubt as to their nature. The liability varies with the weather and time of year, and it often ends, unless precautions be taken, in a sharp attack in the great toe. The term suppressed gout, or, better, undeclared gout, is often used in reference to it; but, since it is simply a minor form of the disease not in any way suppressed, and certainly not to trained observers undeclared, I prefer the term quiet. Amongst the frequent occurrences which denote its presence are repeated short attacks of congestion of the eye. Usually, one only is affected, but sometimes both. The conjunctiva becomes red, and the eyeball feels hot, and pricks, as if sand were in it. The attack may come on within half-an-hour of the meal which has disagreed, and it may last a few hours, or a day or two. Sometimes, owing to interference with the ciliary muscle, vision is slightly dim, and all attempts at accommodation are usually painful. Those who are liable to hot eye, not unfrequently in the end suffer from iritis; indeed, it is not unfrequently an introductory stage to that disease. On the other hand, many are liable for years to very frequent attacks of it, without apparently any risk of its assuming more serious proportions. In the intervals of the attacks, the eye is usually quite well: and it is indeed its definitely paroxysmal character, its sudden development, and very complete and rapid disappearance, which especially mark its arthritic relationship.

"In connection with this subject, it may be noted that, not unfrequently, those who suffer from unequivocal gout, experience shoots of sharp pain in the eyeballs, the nature of which they well understand. A man, William B., aged 51, who had suffered much from gout, and whose father, and four of his father's brothers, had complained much of this kind of pain, yet had never had iritis. When he was gouty, he said, he frequently had 'darts of pain through the middle of each eyeball,' and occasionally across the bridge of the nose.

"A further practical note I must ask leave to make. It is to the effect that many cases of irritable hyperæsthetic and easily-tired eyes in young persons are in association with inherited gout. I feel sure that, in some of these cases, we are in the present day in danger of pushing the recommendation of spectacles to an excess. Some slight degree of hypermetropia may be detected, and it is assumed to explain the irritability of the eye. Yet glasses do no good, and in fact only increase the irritation. In such cases, very often, the real malady is inherited gout."

Concretions in the Pancreas.

Before the Cambridge Medical Society (*British Medical Journal*, November 15, 1884,) Dr. Crowden reported this case, extending over twenty-five years:

W. B. C., married, aged 50, robust and of temperate habits, consulted him in 1880, giving the following history: About his twenty-fifth year, he suffered from scrofulous glands in the neck, for which he underwent a long course of iodide of potassium. Two years later, he suffered occasionly in the morning from great pain in the epigastrium; the attacks soon became paroxysmal, and were considered to arise from indigestion. These increased in frequency and severity, chiefly during defæcation, and were accompanied with peculiar emotional phenomena. Sometimes, the process lasted from one to three hours, during which he had frequent recourse to laudanum and brandy; at the conclusion, he usually passed a few drops of glairy mucus from the bowel, with the simultaneous shedding of a few tears. When seen during the paroxysm, his countenance was pallid, and bathed with perspiration, expressing the greatest agony. Before his death, which occurred suddenly, he became very restless and exhausted. At no time were there any physical signs. The post mortem examination revealed a hard substance near the centre of the pancreas. The head appeared natural; but extending from about the middle of the body, a line of prominences could be seen running along the long axis to the tail, accompanied by great structural change. Some of these masses were very pointed, denuded, and projected under the areolar tissue and peritoneal covering. The lower part consisted of one amorphous mass of concretions, without any soft gland-structure. The peritoneum and wall of the stomach close to the sharp points were acutely inflamed, but there was no effusion The concretions consisted of carbonate and phosphate of lime. Dr. Crowden alluded to the scantiness of the literature on pancreatic concretions, and remarked on the absence of symptoms in his case. He thought probably the emotional phenomena might be due to reflex irritation of the alimentary canal. The sudden death he referred to the injury to the peritoneum by the sharp projections.

Professor MacAlister related the case of a lady, aged 80, in whom the symptoms of intermittent pain at the epigastrium, with emotional phenomena, existed for fifteen years. The case resembled in many points that of Dr. Crowden; and, at the necropsy, there was found a spindle-celled sarcoma of the head of the pancreas, but no concretions.

—The *Revue de Thérap.* gives this formula for an ointment to be used for hæmorrhoids:

R.	Camphorated ointment,	℥j
	Powdered galls,	
	Acetate of lead, each	ʒiiss
	Extract of belladonna,	gr. iv.

Apply from two to four times daily.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——The value of boracic acid in chronic suppurative inflammation of the middle ear is not unknown to aurists, and additional testimony in its favor is offered by Dr. Charles J. Lundy, of Detroit, in a recent paper.

BOOK NOTICES.

Modern Medical Therapeutics: A Compendium of Recent Formulæ and Specific Therapeutical Directions. By George H. Napheys, A. M., M. D. Edited by Joseph F. Edwards, M. D., and D. G. Brinton, M. D. Eighth edition, enlarged and revised. 8vo., pp. 629. Price, cloth, $4; sheep, $5. Philadelphia, D. G. Brinton, 1885.

Of the thoroughly useful books to the practicing physician, there is probably none to which he would refer oftener and with greater satisfaction than the one above named. It has stood the test of seven editions, and now appears for the eighth time, bringing the art of applied therapeutics down to the close of 1884.

The revision it has undergone has been a most searching one, as the numerous omissions from previous editions testify. But the additions have been greater. In spite of dropping many procedures and articles which have not stood the test of experience well enough to justify their retention, and in spite of relegating the section on Diseases of Children to another volume, the present edition is noticeably bulkier than those which preceded it. The new matter, indeed, amounts to about one hundred and fifty pages.

It would be difficult to give in any brief space a just idea of the wide range of this new matter. It embraces everything of value that has appeared during the last four years with reference to the treatment of the diseases considered in the volume.

Singling out some of the novelties almost at random, we may note the anti-parasitic treatment of phthisis, precise nerve vibration in locomotor ataxia, the plan of subcutaneous nerve-tension in sciatica and neuralgias, the radical treatment of hay fever, as developed by Roe, Sajous and Allen; the direct method in post-nasal catarrh, the control of emphysema by elastic respirators, the proper rules for the use of cold-water packs in pneumonia, and many other such novel therapeutic methods, which a practising physician should at least know about, as they come with the weight of high authorities.

This is particularly full and satisfactory with regard to all the approved new remedies. We have noted a number, but have space to name only the more interesting. Thus, we are supplied with particulars of the use of kairin in pneumonia and rheumatism, of naphthaline in bronchitis, cotoin in cholera in Egypt, pitzahoic acid in obstinate constipation, trichlorphenol in dysentery, kreochyle and midza ame in wasting diseases, brayera and aspidium marginale in tenia, resorcin in chills, and eserine in chronic diarrhœa, arlentin in dysuria, paraldehyde in insomnia and insanity, helenin in bronchitis, nickel bromide, as administered by Da Costa, in epilepsy; napelline in neurasthenia and neuralgia, codeia phosphate and diethylacetal as hypnotics, chloro-phosphide of arsenic in neuralgic disorders, the anodyne, tannate of cannabine, manaca, the Brazilian cure for rheumatism, the expectorant cheken, the heart tonic convallaria majalis, and many more, "too numerous to mention," as the auction bills say.

It may be that a large part of these recent introductions will not hold their place in the materia medica; but some of them are doubtless valuable, and certainly it is the duty of every physician to know about them and their uses. He can get that knowledge nowhere more clearly and succinctly than in the volume before us.

Various diseases are introduced, not included in former editions, as insanity, suffocative bronchitis, paroxysmal hæmaturia, etc. The references show that the editors have gleaned carefully the whole field of medical literature, both periodicals and books. In addition to this, the preface informs us that the editors obtained by personal correspondence with leading physicians a considerable number of details of treatment and formulæ which have never been previously published. Hence the work is to a certain extent based on unpublished material.

Ergot in Constipation.

In the *Allgemeine Med. Cent. Zeitung*, Dr. Granzio reports two cases of constipation, following the abuse of purgatives, relieved by ergot. Three doses of ten grains each were given at intervals of two hours, and were followed by a copious evacuation. A second stool occurred spontaneously the next day, and after the administration of ergot in smaller doses for a few days a definite cure was obtained. The constipation was due to atony of the muscular wall of the intestines.

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THE CLOSE OF THE YEAR.

Again the flight of time has brought us to the close of the year. From a professional point of view, we may call 1884 a year of progress. Both in the study of disease, in its prevention, and in the methods of its treatment, there have been notable additions to the general store of knowledge.

Whoever doubts of this, has but to look over the files of the REPORTER, taking the numbers rapidly week after week, and he will not fail to experience an emotion of surprise at the intellectual activity which he will find displayed, emanating from all lands of the civilized world.

Our own country has been by no means the last in this onward march of successful investigation; but the most telling discoveries have, it is true, come to us from across the water. The ardent students of spores and germs, of the abstracter parts of medical science, continue to be found in France and Germany. On the other hand, practical therapeutics and the investigation of new remedies have been more earnestly and fruitfully pursued in the United States. These branches are more consonant to the tastes of our people.

The medical press has been unusually active. Volume after volume has poured forth, of very unequal merit, and too often at the urgency of the bookseller rather than from any demand from the profession. It is a laborious work to separate the wheat from the chaff in such a heap.

Speaking for ourselves, it is a gratifying duty to thank our friends for the kindly support they have given us; and we trust that our efforts to merit this support have been such that it will be continued during the new year on whose threshold we stand.

NOTES AND COMMENTS.

A Case of Thomsen's Disease.

Thus far but three or four cases of this peculiar disease have been reported, amongst them one by Westphal and one by Engel. The main symptoms of this malady are these: An individual apparently healthy, and not suffering from any muscular affection, when about to undergo any exer-

tion, is suddenly seized by a sort of muscular spasm or muscular rigidity; his limbs refuse to move, and he falls down.

A. Eulenburg has recently published another case (*Neurol. Cbl.*, 1884, No. 17). In this case there was no hereditary history, and the twenty-seven years old patient had observed no symptom of the disease until his twentieth year. The quadriceps and the calf-muscles were rigid and hypervoluminous, the mechanical contractility of the rigid muscles was diminished rather than increased; while skin reflexes were normal, the knee phenomenon was wanting on both sides, but Westphal's dorsal reflex could be elicited. Rigidity and hypertrophy of the muscles were also met with in the upper extremities (deltoid, triceps, extensors of the hand); otherwise, no abnormities, sensation intact, but urinary difficulties were present in the form of retention, tenesmus vesical, and occasional incontinence. The direct and indirect electric irritability for both currents was decidedly diminished in the upper as well as in the lower extremities. Eulenburg is of the opinion that the symptoms were caused by a grave intramedullary neuropathy, which view would by itself be an evidence of his not being a case of Thomsen's disease, as in this the prognosis at least quoad vitam is by no means a grave one. Still in the present state of knowledge the case reported by E. would be best classed with those of the Thomsen variety.

Adipose Diarrhœa.

This was the name given to a case by Dr. Allen, of Rensselaer county, who described it before the first annual meeting of the New York State Medical Association (November 18, 19, 20, 1884). The patient was about sixty years of age. The stools were not very fluid, but contained matter looking like melted fat. There was pain at umbilicus, and borborygmi just before the stools. The patient had three or four movements a day, the odor of which was unbearable. The fæces presented bundles of fasciculi surrounded by fat; appetite variable. Pepsine and pancreatine, āā gr. v., t. i. d., and an opiate constituted the treatment. For diet, soft-boiled rice, milk, toast, and tea. Under this treatment there was less adipose matter in the stools. There was coldness of extremities noticed to be present. The patient improved, but had a relapse from eating pork. He grew rapidly worse, and sank into a deep stupor; urine partially suppressed, and an examination showed one-quarter part sugar, one-sixth albumen, with epithelium, hyaline casts, and broken-down blood corpuscles. The patient died in coma and no autopsy was permitted. The case was presented to the association as a remarkable one.

Sweating to Death.

Such an unusual case as that which Dr. Myrtle reports in the *Brit. Med. Jour.*, November 1, 1884, is worthy of comment. The patient, a healthy, active man, after suffering for three weeks from pain of rheumatic character, relieved by sodium-salicylate, was seized with profuse sweats, frequently of most offensive character, and lasting at times for ten hours. Atropine and ergotine both caused sudden symptoms of collapse. He improved for a time on arsenic, and the perspiration lost its fœtor. He died from exhaustion 121 days after he had first felt the flying pains. No necropsy could be obtained. Dr. Myrtle regarded the case as one of paresis of nerves supplying the sweat-ducts, caused by frequent exposure to cold during his employment. Dr. Braithwaite, Dr. Hutchinson, and Mr. Wheelhouse related cases of excessive sweating, which in one instance was relieved by the external application of belladonna-liniment, and in another by taking copper-sulphate. Dr. Jacob thought the intermittency of the attacks precluded a peripheral paresis, and pointed rather to the sweat-centres being affected.

Transmission of Bovine Tuberculosis by Milk.

Dr. F. Imlach instituted a series of experiments, in which he fed young animals on the milk of cows that had given evidence of tubercular phthisis during their life-time, and where the post-mortem examination proved the correctness of the diagnosis. Of two calves, two pigs, one young goat, four guinea pigs, and two monkeys thus nourished, only the monkeys contracted the tubercular malady. Controlling experiments were not omitted, but Imlach mentions one fact which does not only throw a totally different light upon the question, but in some respects even deprives the experiments of all value, viz., that the milk employed in these investigations, in no instance contained tubercular bacilli. His researches, therefore, simply go to prove that the bacilli are the real pathogenic element, and that no matter what part of a tissue, tubercularly diseased, is used for inoculation, the result regarding the transmission of phthisis will be a negative one, as long as no bacilli are contained in the morbid material.

News and Miscellany.

Ohio State Sanitary Association.

The second annual meeting of the Ohio State Sanitary Association will be held at Columbus, Ohio, February 5th and 6th, 1885. Programmes containing full information as to papers, sessions, railroad rates, etc., can be had by addressing the secretary, Dr. R. Harvey Reed, Mansfield, Ohio.

Colorado Beetles in the Stomach.

To the *Canada Lancet* (October, 1884), Dr. Harrison, of Keene, Ont., sends the following: On July 9, a child two years old was brought to his surgery very ill. The symptoms were indicative of intestinal and alimentary irritation, with tendency to stupor. He was doubtful about the cause, but thought it might be due to worms or something the child had eaten. He gave some powders of santonine, aloine, etc. Two days after the parents were amazed and alarmed at seeing the child pass a large quantity of Colorado beetles in the pupa state. The child continued to improve steadily as soon as rid of the offenders. Strange to say, they do not appear to be the least inconvenienced by their sojourn in the child's stomach.

The Heredity of Longevity.

The *Lancet*, November 29, says: "It would be interesting to study more closely, in the case of centenarians and other aged people, the ages of their near relatives and immediate ancestors. It will probably be found not rarely that long-lived persons have not been stronger than those who have been short-lived. They have their "often infirmities" like other people. It will also frequently be found that their brothers and sisters have been as short-lived, or more so, than others. At the same time an element of heredity may not seldom be traced, or may have to be recognized, for we have not yet sufficient data for dogmatic conclusions. We are able to give to-day some few more particulars of the ages of the immediate family relatives of Sir Moses Montefiore, which we have reason to believe are correct, though in one particular at variance with a statement in a previous number. Thus one parent died at 79, one at 83, his grandfather at 87, his grandmother at 93, a brother at 75, another at 69, a sister at 84, another at 79, another at 82. These nine ages at death give an average longevity of 81 years. The first four—those of the parents and grandparents of Sir Moses—give an average of 85 years."

Personals.

—The College of Physicians and Surgeons of Chicago has invited H. V. Sweringen, A. M., M. D., of Fort Wayne, Indiana, to occupy the chair of Materia Medica and Therapeutics in that institution.

—Twenty medical practitioners died in Naples, out of 139 engaged in attending cholera patients under the White Cross Society during the recent epidemic.

Items.

—At Lesignan (Aude) some families showed symptoms of poisoning, which were proved to have been caused by eating salads grown in vineyards treated with chemical products which had been employed against the phylloxera.

—In the *Annales de Gynécol.*, October, 1884, Dr. Léon Dumas reports a case in which he performed the Porro operation on a woman, thirty years of age, for rachitic pelvis. The child was saved, but the mother died of peritonitis on the sixth day after the operation.

—The Cheyenne Indians would rather eat dog than venison. A few weeks ago, Iron Shirt, a chief of the Cheyennes, managed to steal a valuable Gordon setter which belonged to some English tourists, and at once killed and ate it, although there was plenty of other meat at his hand.

—A statue of Claude Bernard is to be placed at the top of the grand staircase of the College de France, at Paris. It will be the work of M. Guillaume, whose sketch in plaster was last week erected on the site intended for the work when completed, which will be in about a month hence.

—The *Medical Report of the London Temperance Hospital* for 1883–4 gives a list of fifty-three cases of typhoid fever which were treated with the result of six deaths. All the fatal cases were complicated. None of them were total abstainers. Of the abstainers who were under treatment all recovered, though some of them were severe cases. Alcohol was not administered in any case.

—The following formula, suggested by Gruber, in the treatment of deafness of labyrinthine origin, is published in the *Union Médicale:*

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	Veratrine,	0.10 gramme.
	Iodine,	0.025 "
	Iodide of potassium,	1.00 "
	Simple cerate,	10.00 grammes.

—In England, recently, whilst a dentist was complying with a patient's request to use his painless dentistry process, in which bichloride of methylene was used, he observed that the boy's head dropped, that he turned pale, and that he was gasping for breath. A restorative was administered, but without success, and a medical man was summoned, but before his arrival death had occurred.

OBITUARY NOTICE.

DAVID H. CROUSE, M. D.

Dr. David H. Crouse died at his home in Dayton, Indiana, December 7, aged seventy-three years. Dr. Crouse was a native of Pennsylvania, having been born at Mechanicsburg. When he was very young his parents moved to Ohio, and from there to Indianapolis, and finally to Dayton. Dr. Crouse graduated in medicine from the Jefferson Medical College, of Philadelphia. Dr. Crouse was a man of strong religious convictions, and thoroughly loved his profession, in the practice of which he was actively engaged until his death. He seemed to have a special faculty for endearing himself to his patients, whose confidence and esteem he rapidly gained.

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